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Pennsylvania Medicine

JANUARY 1977

ACT 111 REACHES AGE 1

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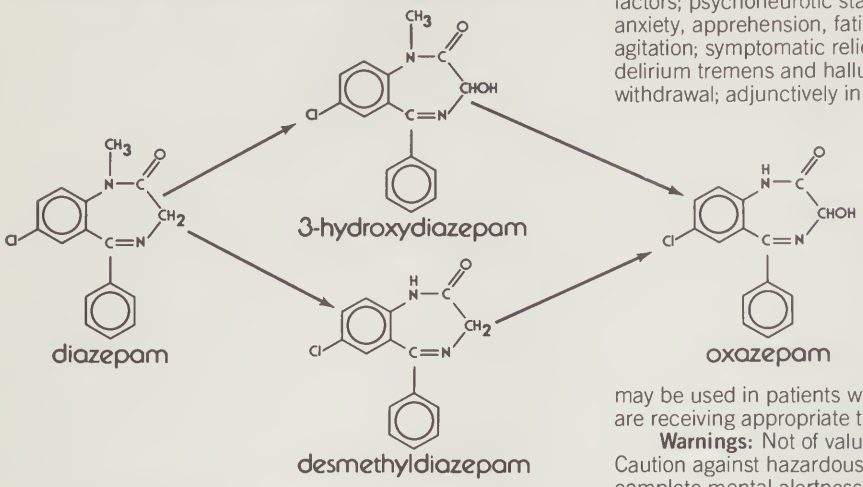
A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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BLUE PLANS ACT ON 65 SPECIAL DENIAL Pennsylvania Blue Shield has petitioned for an Administrative Code Hearing by the Insurance Department into the denial of its 65-special rate increase request, a spokesman said December 30. He said the Blue Cross plans will act similarly. Decisions made at Insurance Department Administrative Code Hearings may be appealed to Commonwealth Court. The rate requests, which totalled $26.1 million, had been filed in response to federally mandated increases in coinsurance and deductible payments. In announcing rejection of the rate request, Insurance Commissioner William J. Sheppard said that the plans would be required to develop alternate methods of financing their 65-special programs. Earlier Blue Shield had been granted a 21.6 percent overall rate increase, following their request for 25.7 percent, and three of the Blue Cross plans had subscription increases approved. In granting these increases, Sheppard ordered the plans to step up utilization review and limit advertising and public relations to subscriber health education activities. He also said the department plans to have legislation introduced outlining a new composition for the Blue Shield Board of Directors to permit greater consumer representation.

COURT ORDER ON ARGONAUT CONTRACT EXTENDED Philadelphia Common Pleas Court Judge Stanley M. Greenberg issued an order December 6 keeping the contract between the Pennsylvania Medical Society and Argonaut in effect at least until March 31, 1977. He also ruled that the Society's Commission on Professional Liability Insurance will again be the final arbiter of appeals on non-renewals and cancellations. Under the terms of the present court order keeping the contract in effect, decisions of the commission can be appealed to Judge Greenberg. The trial in the suit which the State Society filed against Argonaut in Common Pleas Court and that filed by Argonaut against the State Society in U.S. District Court have both been postponed. No date has been set in the Argonaut pleading in Commonwealth Court that the Insurance Department's denial of a 42 percent premium increase be overturned. The Society's Commission on Professional Liability Insurance will study a proposed new Argonaut rate increase filing before it goes to the Insurance Department.

FIVE COUNTY PHILADELPHIA AREA BACK TO ONE HSA U.S. District Court Judge Clifford Scott Green has ruled that Philadelphia, Montgomery, Bucks, Delaware, and Chester Counties will be one Health Service Area with one Health Systems Agency as originally determined under P.L. 93-641, the Health Planning Act. It was divided into three areas after local government officials,

citizens, and health care providers from all counties protested. Last May the Health Systems Steering Committee for Southeastern Pennsylvania, an organization favoring a five county HSA, brought suit against the Department of Health, Education, and Welfare to change it. HEW is considering appeal of the ruling.

PROFESSIONAL CORPORATION NOT "HEALTH CARE PROVIDER" The State Department of Justice has ruled that a professional corporation is not a "health care provider" as defined by Act 111, the Health Care Services Malpractice Act. William K. Myrtetus, director of the Medical Professional Liability Catastrophe Loss Fund, has ordered insurance companies to return to policyholders any surcharges collected for the fund for coverage above $100,000/$300,000. Insured professional corporations should be receiving letters of explanation from their carriers. Further information on insuring professional corporations appears on page 23 of this issue.

A/NEW JERSEY VACCINE TO BE RETURNED Robert D. Gens, M.D., director of adult health services for the Department of Health, has requested that unused vaccine be returned to the health centers where it was issued, along with both completed and unused patient consent forms. The department is attempting to finalize data on the inoculation program. The request for the return is unrelated to and was made before the moratorium on the program imposed by the Federal Center for Disease Control. Health Department Secretary Leonard Bachman, M.D., has launched an investigation of persons hospitalized with Guillain-Barrè syndrome to determine how many had been immunized. He said about 14,000 persons a year become ill with the syndrome nationally, so that Pennsylvania normally could have as many as 120 persons contact the illness in a year.

STATEWIDE PSRO COUNCIL MEETS JANUARY 5 The first Pennsylvania Statewide PSRO Council will meet January 5 in Philadelphia. The Council consists of a representative from each of the twelve PSROs, four public members, and Sidney O. Krasnoff, M.D., Philadelphia, representing the State Society; Robert L. Lambert, M.D., of Philadelphia, and David A. Smith, M.D., of Harrisburg, representing the Hospital Association of Pennsylvania; and Earl A. Gabriel, M.D., representing the Pennsylvania Osteopathic Medical Association. Dr. Krasnoff is president of the Pennsylvania Medical Care Foundation and Dr. Smith is medical editor of PENNSYLVANIA MEDICINE.

Pennsylvania Medicine

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Dr. Masland testifies at Act 111 hearings

David S. Masland, M.D., chairman of the Society's ad hoc committee on medical malpractice, called for legislative action to strengthen the state's Medical Malpractice Act when he testified at hearings November 29-December 1 held by the Joint Legislative Committee established by Act 111.

The Society's reform amendments were made public as part of the testimony, and Dr. Masland encouraged the committee to include them when it reports to the Legislature and recommends changes for Act 111 this month, as Section 1006 of the Act charged it to do.

Citing the frustrations caused by the malpractice problem which physicians have been experiencing, Dr. Masland said: "We believe there are certain additional legislative remedies needed to improve the insurance climate.

"Binding arbitration is now an accepted, fair method of adjudicating disputes. Pennsylvanians must not be denied access to binding arbitration. We will, therefore, propose **legislation which would permit voluntary binding arbitration entered into willingly by patients and physicians at the time of treatment.**

"We will propose **to reduce the statute of limitations to a maximum of three years.** What the three year rule would do primarily is to speed up the filing of claims and aid substantially in calculating losses and rates.

"We will propose **legislation directing all recovery money solely into areas of economic loss.**

We will recommend **language permitting periodic payments in place of lump sums** with the necessary safeguards for the plaintiff.

Punitive damages, when assessed, should go to the proper licensing board to aid in disciplining the profession, and this we will recommend."

Robert L. Archer, director of health policy and operations for the Pennsylvania Insurance Department, presented the department's report, saying there had been "a serious deterioration" in the malpractice insurance market in the last eight months.

"Through October 1976, 1,895 physicians and 44 hospitals have been terminated (by their liability insurers)," he said. In addition, nine nursing homes and 91 physician groups have been terminated."

Archer recommended several remedies for increasing the availability of professional liability insurance, including a rating formula that would reduce rates for high risk specialists while increasing premiums for physicians in lower risk classifications.

William J. Sheppard, insurance commissioner, chaired the hearings. Serving with him on the "1006 Committee" are Secretary of Health Leonard Bachman, M.D.; Senators Freeman Hankins, of Philadelphia, and Henry Hager, of Williamsport; and Representatives Norman Berson, of Philadelphia, and William Hutchinson, of Cressona (Schuylkill County).

Others testifying included William Lennert, general manager of the Joint Underwriting Association established by Act 111; William K. Myrtetus, director of the state's Catastrophe Loss Fund; Edward Robinson, Jr., commissioner of the Bureau of Professional and Occupational Affairs; and several representatives of the high risk medical specialties.

Act 111 has a birthday

In this issue of PENNSYLVANIA MEDICINE the State Society formally recognizes the first birthday of Pennsylvania's Health Care Services Malpractice Act. Several articles on the professional liability insurance issue come together to form a status report at the end of one year under Act 111. A month ago, the Joint Legislative Committee on Medical Malpractice, established by Section 1006 of Act 111, conducted formal hearings with a view to recommending corrective amendments to the Legislature. A report of those hearings appears on this page. Other related news, a feature on the most frequently asked questions on the Act, and an article on the professional corporation surcharge, appear on the pages which follow.

Your answer may be here

Malpractice law inspires many questions

In the year since Act 111 became effective, many Society members have called and written with questions about it. The Communications Division here provides concise answers to the most frequently asked questions about the new law.

Who must comply with the Act?

The Act covers Pennsylvania licensed M.D.s, D.O.s, podiatrists, and specified health care institutions (hospitals).

Must I carry insurance?

Every licensed physician must carry professional liability insurance for $100,000 per occurence/ $300,000 per annual aggregate. Physicians who exclusively practice the specialty of forensic pathology and physicians who are members of the Pennsylvania military forces while in the performance of duty are exempt from the provisions of the Act. The State Society is challenging this requirement before the State Board of Medical Education and Licensure and, if necessary, Commonwealth Court.

How can I get excess coverage?

Awards in excess of $100,000/$300,000 will be paid from the Catastrophe Loss Fund, which is funded by surcharging each health care provider (including hospitals) up to 10 percent of the premium for basic malpractice insurance, or $100, whichever is greater. Fund liability is limited to $1,000,000 per occurence/$3,000,000 per annual aggregate. The fund is administered by a director appointed by the governor. The surcharge will total $3 to $5 million per year. If, at the end of any calendar year after payment of all claims and expenses the total fund exceeds $15,000,000, the director must reduce the next surcharge. All claims on the fund are compiled on December 31 of the year in which the claims become final and are paid within two weeks thereafter. If the fund is exhausted at the end of any calendar year, payments will be prorated and the balance paid in the following year.

How is the surcharge collected?

The surcharge is billed and collected by your malpractice insurance company.

What happens if I don't pay the surcharge?

Physicians who do not pay their surcharge will have their licenses revoked or suspended.

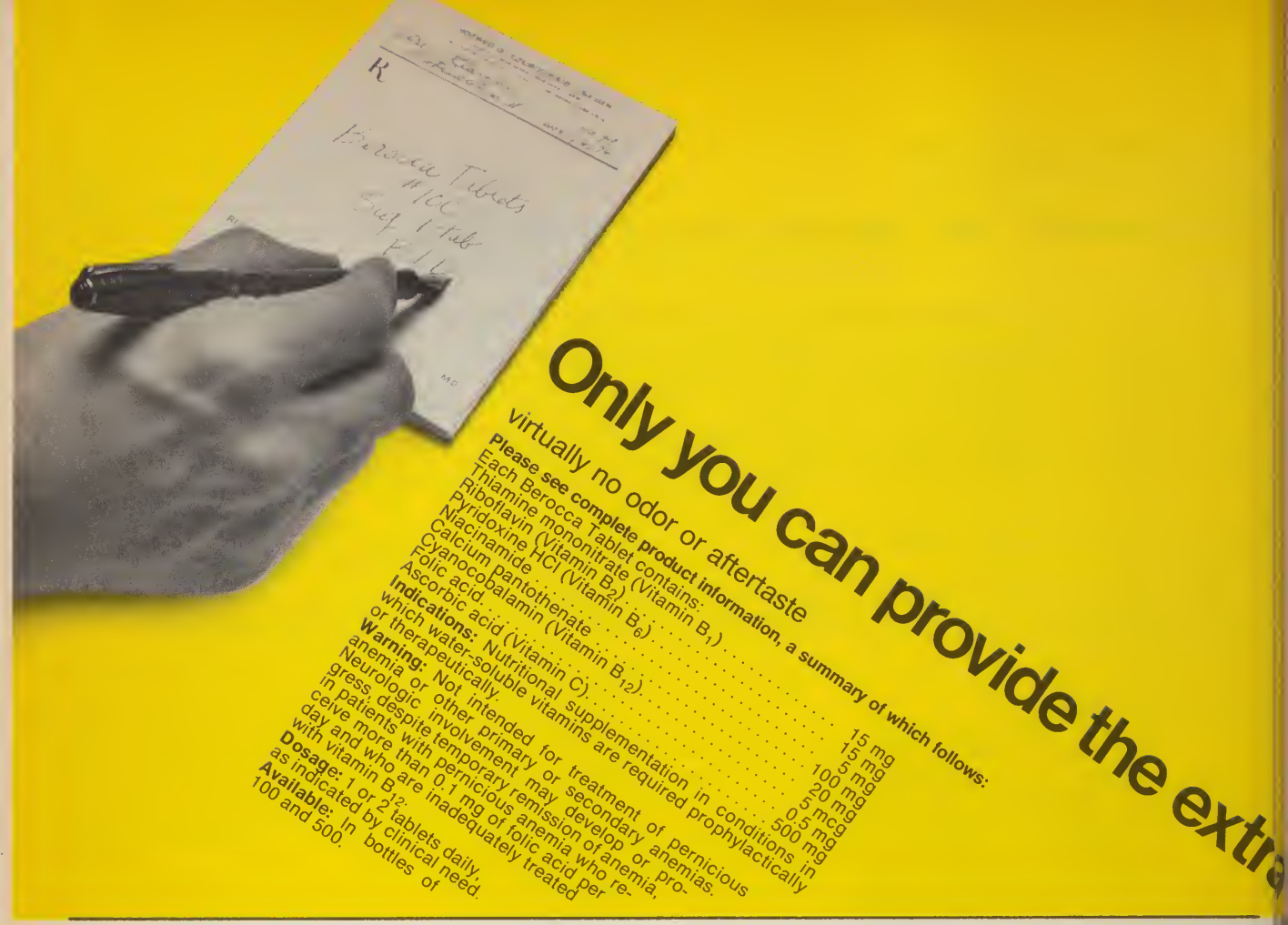
Who will defend me?

When a claim is filed your basic malpractice insurance carrier defends you. The carrier also notifies the fund which has the option of joining in the defense. The director of the fund may adjust, litigate, settle, or compromise any claim in excess of the basic coverage.

What happens if the fund goes broke?

If after two years experience, the fund falls below $7.5 million the director must notify the General Assembly. The General Assembly then has twenty-five legislative days in which to take action. If the General Assembly does not act, the Catastrophe

FOLLOWING the hearing of the Joint Legislative Committee on Medical Malpractice at which he testified, David S. Masland, M.D., right, discusses the problems raised with Representative William D. Hutchinson, of Schuylkill County, a member of the Judiciary Committee of the House of Representatives and of the Joint Legislative Committee. Dr. Masland, the State Society's immediate past president, is chairman of the PMS ad hoc committee to study malpractice insurance.



Loss Fund and the Joint Underwriting Association terminate. However, the Catastrophe Loss Fund will continue to be liable for any outstanding losses and the director will continue to collect the surcharge annually for as long as necessary to satisfy its (the fund's) obligations.

What happens if I can't get coverage?

For those who cannot obtain malpractice insurance in the private market, the Insurance Commissioner is empowered to establish a Joint Underwriting Association (JUA). The JUA consists of all casualty companies authorized under Section 202 (c) (IV) and (XI) of the Insurance Company Act.

The JUA operates as any other insurance company, with rates calculated to cover losses. (Significantly above current private market rates). In the event the JUA suffers a loss, it will not be made up from future income. Instead, it will be paid from the Catastrophe Loss Fund.

What happens if my insurance company leaves Pennsylvania?

If 50 percent or more of all physicians in classes III, IV, *or* V are unable to obtain malpractice insurance in the private market, the Insurance Commissioner may declare the JUA the sole source of insurance for all health care providers. On the other hand, the Commissioner may dissolve the JUA if it is no longer needed.

Why a $50 arbitration fee?

The Act establishes a mandatory, but not binding, arbitration system headed by an administrator appointed by the governor.

The arbitration system is funded in part from fees charged to each Pennsylvania licensed health care provider (including hospitals). The fee for physicians is fifty dollars per year payable to the Commonwealth and billed by the Office of Medical Malpractice Arbitration. All licensed physicians practicing in Pennsylvania are required to pay. Failure to pay the arbitration fee shall upon conviction in a summary proceeding be sentenced to pay a fine of not less than $100 nor more than $1,000 per day for each day of practice while in violation and may be subject to a suspension of his license, or both.

How does the arbitration work?

A patient or his representative having a claim or loss or damages against a physician shall file his complaint with the administrator for proceedings and assignment to an arbitration panel. Each panel will be composed of seven members, including two physicians, two attorneys, and three lay persons.

A new or "virgin" panel is established for each claim. Panel members are selected from a pool of candidates. The pool of candidates, in the case of physicians, is suggested to the administrator by organized medicine, the names having been generated at the county society level.

Lists of eligible panelists are sent to both plaintiff and defendant who may then scratch two names from each list. The administrator then invites mutually agreeable candidates to serve on the panel. If insufficient names are chosen, the process is repeated. Any deficiencies are finally made up by the administrator appointing panelists. Physicians and attorneys must be in active practice (or have been in active practice). Whenever possible, the list of physician candidates will include the names of specialists. Arbitration panel hearings shall be conducted in the county where the cause of action arose, unless the administrator deems otherwise.

The arbitration panel shall have original exclusive jurisdiction to hear and decide such claims. The Act applies only to loss or damages in services rendered or which should have been rendered by the physician after the effective day of the Act (January 13, 1976).

Prior to the first meeting of the arbitration panel, the administrator may consider out of court settlements for claimants. The fund may be represented should the settlement exceed the limits of liability coverage.

The arbitration panel has the powers of a court, i.e.: to examine relevant facts to determine if a case exists; to make findings of fact; to take depositions in testimony; to supoena witnesses, and administer oaths; to consider and approve offers to settlement and proposals of adjustment between plaintiffs and defendants; and to make determinations as to liability and award of damages. The panel also has jurisdiction over any non-health care provider named as party defendant with a health care provider.

Am I covered if I practice in another state?

A physician who conducts *more than* 50 *percent* of his practice within the Commonwealth of Pennsylvania must comply with the professional liability coverage stated in the Act and is covered by the fund. A physician who conducts 50 percent or *less* of his practice within the Commonwealth must carry professional liability coverage in the amount of $200,000 per occurence and $600,000 per annual aggregate and is not covered by the fund.

Is there a limit on awards?

There are no limitations placed on the awards of

damages which may be assessed by the arbitration panels. Nor are punitive damages prohibited. Advanced payments by health care providers or the insurer shall not be considered an admission of liability but shall reduce any final award to the plaintiff.

What about self-insurance?

Health care providers who wish to arrange for their own professional liability coverage may do so under the provisions of the Act. All self-insurance plans must be submitted to the Insurance Commissioner for approval and must meet requirements to be set up by the Insurance Department. A fee will be charged for examination and approval of these plans by the Insurance Department.

Are the decisions of the panels binding?

No. Both parties have the right of appeal to the Court of Common Pleas. However, when an appeal is made, the decision and findings of fact of the arbitration panel are admissible as evidence in court. Any award of damages is not admissible. Should the court find the appeal "capricious, frivolous and unreasonable," the appealant will be held liable for the cost of arbitration and trial. Should an arbitration panel find death or injury was the result of medical malpractice, it shall report such findings to the State Board of Medical Education and Licensure for prompt investigation and such disciplinary actions as may be appropriate.

Is the contingency fee outlawed?

No, but Act 111 limits plaintiffs attorneys' fees. Contingency fees are limited to 30 percent of the first $100,000; 25 percent of the second $100,000 and 20 percent of the balance.

Was the statute of limitations shortened?

For insurance companies, yes. While claims may still be commenced within the existing statute of limitations, any award on a claim filed more than four years from the incident will be paid from the Catastrophe Loss Fund.

Are promises to cure permitted?

Act 111 prohibits any promise to cure unless in writing.

What happened to informed consent?

Under Act 111 informed consent was revised to mean the consent of a patient freely given to a course of treatment after he has been told the nature of the treatment and the risks and alternatives that a *reasonable patient* would consider material. Informed consent is not required in an emergency nor where evidence is established that the information would have a seriously adverse effect.

Was any action taken to remove incompetent physicians?

Under Act 111 all funds raised by the State Board of Medical Education and Licensure are returned to that board. The board is also authorized to hire investigators, attorneys, and hearing officers to implement the regulatory and disciplinary provisions of the Medical Practice Act. Cases of malpractice determined by the arbitration panels are to be reported to the State Board of Medical Education and Licensure.

FOREIGN medical school graduates gathered at the Penn Harris Motor Inn, Camp Hill, early in December for three days of examination by the State Board of Medical Education and Licensure.

Board of licensure hears insurance test case

The State Board of Medical Education and Licensure conducted a hearing December 9 on the State Society's test case of the mandatory insurance provision of Act 111, which requires that health care providers as defined in the Act carry professional liability insurance, pay a surcharge into the Catastrophe Loss Fund, and a fee to pay the costs of the arbitration system established under the Act.

Orlo G. McCoy, M.D., family physician from Canton, does not now and never has had professional liability insurance. No patient has ever questioned his coverage. No question or threat of a suit has been raised. He has no intention of purchasing coverage. Under Act 111, Dr. McCoy stands to lose his license to practice medicine because of this.

This creates a dilemma for the people in and around Canton, because he is one of only two active physicians there.

The World War II veteran who received the bronze star in action is also active in organized medicine, and presently is a member of the State Society's Board of Trustees. He has been deeply involved in the Society's efforts to resolve the malpractice crisis, and agreed to a test of the constitutionality of the mandatory insurance provision.

If the State Board of Medical Education and Licensure votes to revoke Dr. McCoy's license to practice, the State Society will appeal the decision in the courts to test the constitutionality of that section of the Act.

AT THE HEARING, Philip E. Ingaglio, M.D., vice chairman of the State Board, left, chats with Dr. and Mrs. McCoy.

THE STATE BOARD of Medical Education and Licensure recessed briefly after the McCoy hearing. At the left, Richard C. Lyons, M.D., chairman, and John F. Rineman, PMS executive vice president, discuss the proceedings. At the right are, left to right, state board members William J. Kelly, M.D., Raymond C. Grandon, M.D., and John H. Robertson, M.D.

Murray Banks to entertain at Officers' Conference

The Society's 1977 Officers' Conference, to be held April 13-14 at Hershey Motor Lodge and Convention Center, will feature as the dinner speaker Dr. Murray Banks, a psychologist and platform speaker who has appeared in every English speaking country in the world.

Dr. Banks presents a unique program, combining humor with information and giving the audience personal insight. His talk on "What to do Until the Psychiatrist Comes" is the second most frequently given talk in the world; Dr. Banks has given it over 5000 times.

Dr. Banks is an adjunct professor of psychology at Northwood Institute, Midland, Michigan, and in the past has been on the faculties of Dickinson University in New Jersey, San Diego State College, the University of Memphis, and the University of Northern Michigan. He has published six books, which include *Things My Mother Never Told Me, How to Live With Yourself,* and *How to Overcome an Inferiority Complex.*

Berks county society sponsors course

The Berks County Medical Society, with the radiology departments of Reading's Community General Hospital, Reading Hospital and Medical Center, and St. Joseph's Hospital, will sponsor "Radiology for the Nonradiologist," a postgraduate course for all physicians, March 19, 8:30 a.m. to 5:00 p.m., at the Abraham Lincoln Motor Inn, North Fifth Street, Reading.

Approved for eight hours of Category I credit toward the Physician's Recognition Award of the American Medical Association, the program will offer a variety of topics, of use to all specialties, including ultrasound evaluation of the abdomen, indications for CAT scan in the head and body, IVP in hypertensive screening, workup of pulmonary embolus, and ultrasound in obstetrics and gynecology.

The faculty will consist of members of the host radiology departments, the Milton S. Hershey Medical Center, Temple University School of Medicine, the University of Pennsylvania School of Medicine, and St. Christopher's Hospital.

The registration fee is $25, which includes luncheon. Registration for residents and interns is $20.

To register, contact Jonathan L. Stolz, M.D., Radiology for Non-radiologists, 145 N. Sixth St., Reading 19601.

Mediclinics annual refresher March 7-18

Mediclinics' annual spring postgraduate medical refresher course, sponsored by the Florida Academy of Family Practice and the Broward Medical Center, will be presented March 7-18 at the Galt Ocean Mile Hotel, Fort Lauderdale, Florida.

The ten day course will include more than eighty lectures with special emphasis on the problems of family practitioners. Among scheduled topics are: immunological approach to cancer, causes and treatment of iron deficiency, clinical pharmacology of antihypertensive drugs, cataracts, facial pain, malpractice in 1977, and the doctor's role in the cost of medical care.

The Mediclinics board of directors is composed of full time and clinical members of the staff of the University of Minnesota. The majority of the faculty are associated with the University of Minnesota or the Florida Academy of Family Practice.

Profits from the postgraduate refresher course go into the Mediclinics Educational Foundation, and are used as part of a loan fund for medical students. The money is made available for regular medical study at any accredited medical school in the United States and to students who primarily are interested in family practice or primary patient care. The amount of the loan is flexible and is subject to the discretion of the Mediclinics Education Fund Board. Special consideration is given to students recommended by Mediclinics members, students who are interested in primary patient care, and students applying to medical schools in areas with high Mediclinics memberships, as registration fees and membership fees are used to help students in members' own areas.

A fee of $300 is required to register for the Mediclinics spring postgraduate refresher course. For registration information contact Mediclinics, 832 Central Medical Building, St. Paul, Minnesota 55104.

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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Legal counsel reports

Commonwealth Court strengthens powers of state medical board

Pennsylvania's Commonwealth Court in October, 1976, issued an opinion establishing that the State Board of Medical Education and Licensure has full discretion to decide whether or not to press charges against physicians. This prosecutorial discretion is exercised by the Board and is not subject to review by the courts.

The case arose when a sworn complaint was received charging grossly unprofessional conduct of a doctor, two physical therapists, and various nurses. Fifteen months later, the complainant was informed that the evidence available warranted no further proceedings; he appealed to the Commonwealth Court. The Court quashed the appeal, stating:

. . . executive officers of government who are impressed with discretionary powers of prosecution often choose not to exercise those powers upon policy considerations wholly apart from the possibility that sufficient cause might exist to support a presecutorial action. Incident, however, to the constitutional separation of powers between the executive and judicial branches of government, courts cannot interfere with the executive's free exercise of such discretionary determinations.

Thus, the Court strengthens and underscores the powers of the State Board of Medical Education and Licensure.

Federal Court upholds expert witness contingency fee

A recent federal court decision in the eastern district of New York dealt with contingent fee payment of expert witnesses which is of potential interest to Pennsylvania physicians. That case[1] involved antitrust litigation and had no specific reference to medicine; however, the holding of the court may in the future.

There, the attorney bringing an antitrust suit sought to invalidate a disciplinary rule binding on lawyers in New York (it also binds Pennsylvania lawyers). The rule states:

"A lawyer shall not pay, offer to pay, or acquiesce in the payment of compensation to a witness contingent upon the content of his testimony or the outcome of the case." [*Disciplinary Rule D.R. 7-109(C)*]

The plaintiff argued that he and every other lawyer should be able to contract with qualified experts, but they would only testify on a contingent fee basis if the plaintiff were poor. The Court agreed, saying:

". . . the Rule makes an unreasoned transition in outlawing the retainer of an expert on a contingent basis no matter how reasonable his fee would be if success attended his client and he was paid his agreed fee. No basis in reason exists for rejecting a reasonable fee arrangement simply because the fee is not to be paid if the client does not prevail in the case."[2]

The case presently applied only to cases in one of the four federal districts of New York. It cannot bind Pennsylvania trial practice; but it is a ruling which may have some effect in Pennsylvania. Presently, as indicated, the same disciplinary rule applies to Pennsylvania lawyers.[3] No case has yet been discovered in Pennsylvania which directly challenges the use of a contingent fee for a medical expert.

REFERENCES

1. *Person v. Association of the Bar of the City of New York*, 414 F.Supp. 144 (E.D. N.Y. 1976).
2. *Id.* at 146.
3. The disciplinary rules are, by order of the Supreme Court of Pennsylvania, the standard of conduct for attorneys in all Pennsylvania courts.

MEDICAL SOCIETY top officers from New Jersey, Maryland, and Delaware were guests of the Pennsylvania Medical Society November 17 for an annual regional conference to study mutual concerns. PMS President William J. Kelly, M.D., chaired the meeting. Also representing the State Society were President Elect John V. Blady, M.D., Board Chairman George A. Rowland, M.D., and Executive Vice President John F. Rineman.

Reasonable patient concept supported

Informed consent decision offers comfort

FRED SPEAKER
Harrisburg

A recent decision, involving informed consent, offers some comfort to Pennsylvania physicians. In the case of *Jeffries v. McCague*,[1] the patient sued a urologist for failure to obtain his informed consent before he performed a prostatectomy.

In the pleadings—the complaint, the doctor's deposition, and the patient's affidavit—the following facts became clear:

- The patient consulted with the physician since he was experiencing acute urinary retention; and the same day he was admitted to the hospital with his condition diagnosed as benign prostatic hypertrophy. The doctor performed a retropubic prostatectomy one week later.
- The patient after the surgery was incontinent.
- The doctor knew that incontinence was a possible result of the surgery, but had no specific recollection of warning the patient that this was a risk.
- The doctor routinely met with his patients before surgery, discussing the nature of the procedure, possible alternatives and some possible results.

The patient alleged that no word was mentioned about the ill effects or risks of the surgery, thus claiming there was no informed consent. He moved for a summary judgment before trial and the trial court agreed.

The Pennsylvania Superior Court reversed, saying that:

> *After hearing evidence concerning whether incontinence was a meaningful or only a slight possibility of the procedure used by [the doctor], the jury must decide whether, in the light of the severity of the [patient's] condition, a reasonable man would have considered the possibility of incontinence material to his decision to undergo treatment.*[2]

Thus, the Superior Court appears to apply the reasonable patient rule. Elsewhere in its opinion, it says:

> *Although* Gray *states the principle that a physician must apprise a patient of possible results of a surgical procedure, this duty has not been construed to mean that the physician must disclose every conceivable result, no matter how remote. Rather,* '[t]*he physician is bound to disclose only those risks which a reasonable man would consider material to his decision whether or not to undergo treatment.*' Cooper v. Roberts.
>
> *The rule that the issue is to be decided by the jury, not on a medical standard, but on a reasonable man standard, reflects concern for two problems: on the one hand, the rule preserves the patient's dignity in choosing his own course; on the other hand, by requiring only that information that would be relevant to a reasonable man, a doctor is not required to give every patient a complete course in anatomy and to explain every risk, no matter how remote, before a consent would be valid.*[3]

The judicial decision is substantially similar to the legislative determination in Act 111, that requires the physician to have informed the patient of " . . . those risks and alternatives to treatment and diagnosis that a reasonable patient would consider material to the decision whether or not to undergo treatment or diagnosis."[4]

Thus, the decision represents a judicial ascendancy from the depths of the *Gray* case decided a decade ago.

Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.

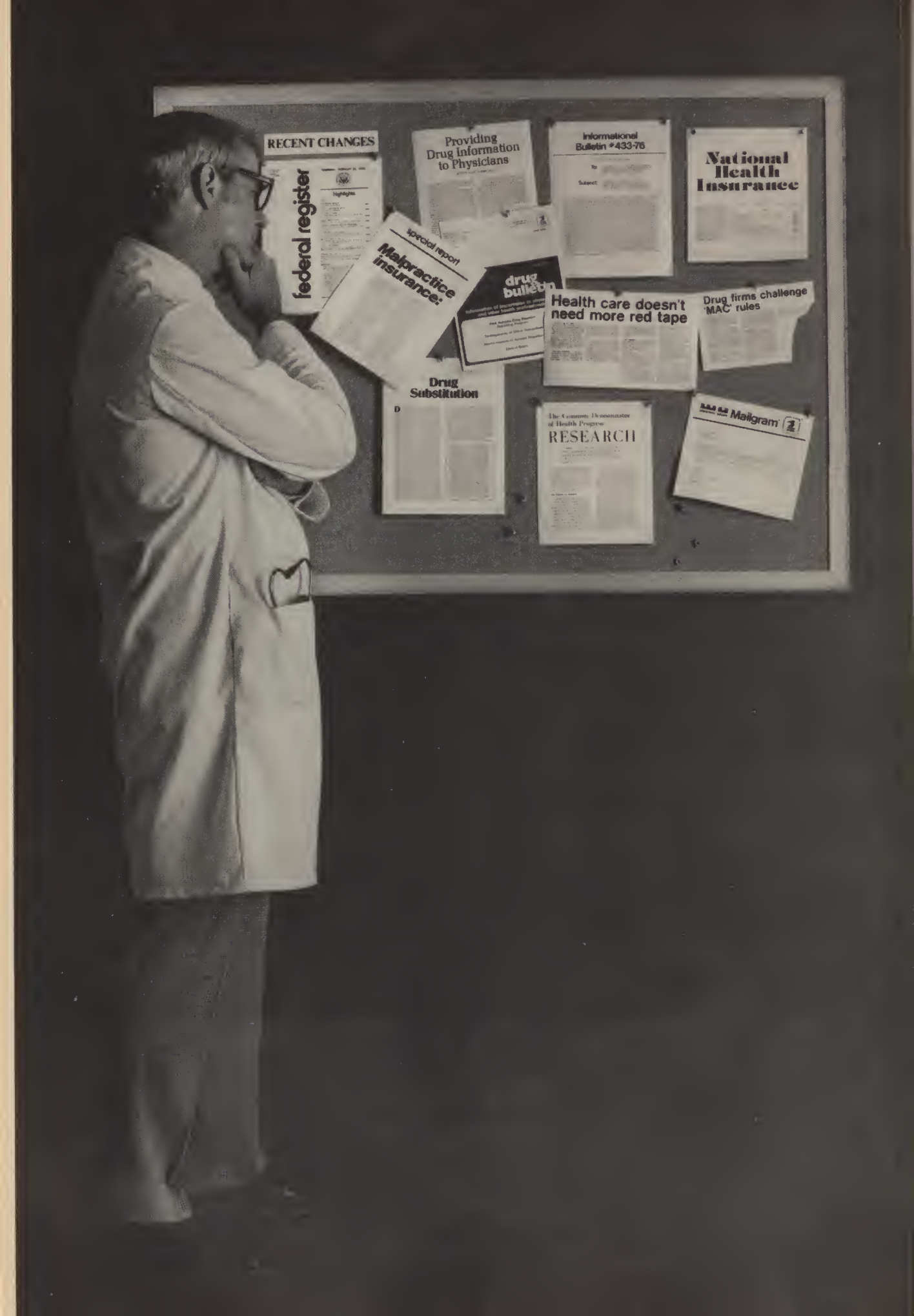
REFERENCES

1. 363 A.2d 1167 (Pa. Super. 1976).
2. *Id.* at 1172.
3. *Id.* at 1171.
4. 40 P.S. §1301.103.

Schools teach prevention

The State Board of Education, meeting last fall, removed from its policy statement on sex education a provision forbidding the teaching of methods of prevention of venereal disease and pregnancy.

A new booklet, "Guidelines for Sex Education in Public Schools of Pennsylvania," has been sent to Pennsylvania school administrators, who will be responsible for determining how sex education is provided in their local schools.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Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

Pharmaceutical Manufacturers Association
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editorials

Cooperate with new order

An election for which early polls indicated a landslide, the Presidential race of 1976 proved to be both close and interesting. Certainly, Mr. Carter cannot claim a mandate from the country, but the electorate has returned an overwhelmingly Democratic Congress. This would seem to indicate on the surface that little difficulty might be encountered in the initiation of Mr. Carter's intended programs. On closer examination, however, unlike the Roosevelt Congresses, this Congress owes little political allegiance to the new president. Most of the legislators garnered more votes in their respective states than did Mr. Carter.

The new administration must also deal with the liabilities remaining from the Nixon years. During his term of office and, indeed, prior to that, Mr. Nixon incurred the animosity of the press. The loyal opposition of the media, fed for at least eight years, will be difficult to quell. Mr. Carter's anti-Washington approach to the campaign probably did little to assuage the already smarting federal bureaucracy, who, like Congress, were usually at loggerheads with Mr. Nixon's White House.

Although health policy never developed into a critical campaign issue, party platforms were divergent and a number of changes can be expected. We can expect the separation of the Department of Health, Education, and Welfare into Health and Education, each with a Cabinet-level appointment. Mr. Carter favors a national health program which provides universal, mandatory coverage, and legislation pursuant to this end can be expected. Phasing in will probably occur first in the areas of maternal and child health services and catastrophic coverage. With the present furor over medicare-medicaid abuse, we can expect some reform in these areas.

Whether we agree or disagree with Mr. Carter's views and proposals is not important. What is important is that we, the medical profession, cooperate with and assist the new administration in the preparation of its health legislation. In this spirit, the American Medical Association pledged cooperation by recognizing that there are gaps in health delivery caused mainly by the cost of medical care and physician distribution. While some of these problems may be best solved without government others may require governmental attention. The AMA stated that it will "continue to support government action in appropriate areas" and offered its assistance to the new administration in reviewing problems and possible solutions.

If health policy for a nation can be succinctly put in two sentences, no more revealing statement can be made than Mr. Carter's October 19, 1976, speech before the American Public Health Association: "It is not required that the government run the entire health care program in our country—I would not favor that. But there needs to be a close cooperation between public and private health care delivery, an emphasis on prevention of the cripplers and the killers of our people, adequate financing of health care, a shift toward non-hospital treatment whenever possible, and a realization in our country that there is a great saving to be derived economically if we can address this problem consistently and with forethought and with a deep national commitment."

Cooperation with the new president's administration to achieve these meritorious aims will serve to enhance the honor of medicine and improve the health of our people.

David A. Smith, M.D.
Medical Editor

correspondence

To the editor:

In order to obtain the most up to date information on smoking and longevity of physicians in Pennsylvania, I am extending my study from Erie County to the Commonwealth of Pennsylvania.

The study will involve short telephone interviews of close relatives of physicians who have died in the last fifteen years. All relatives who may be involved in the study are requested to assist in this effort.

G. H. Miller, Director
Studies on Smoking
Edinboro

To the editor:

For a biography of Dr. Alton Ochsner of Ochsner Clinic, New Orleans, opinions, evaluations, anecdotes, reminiscences, photos are needed. Photos will be carefully handled and returned. All material gratefully received by

Ira Harkey, Ph.D.
401 Metairie Road, 706
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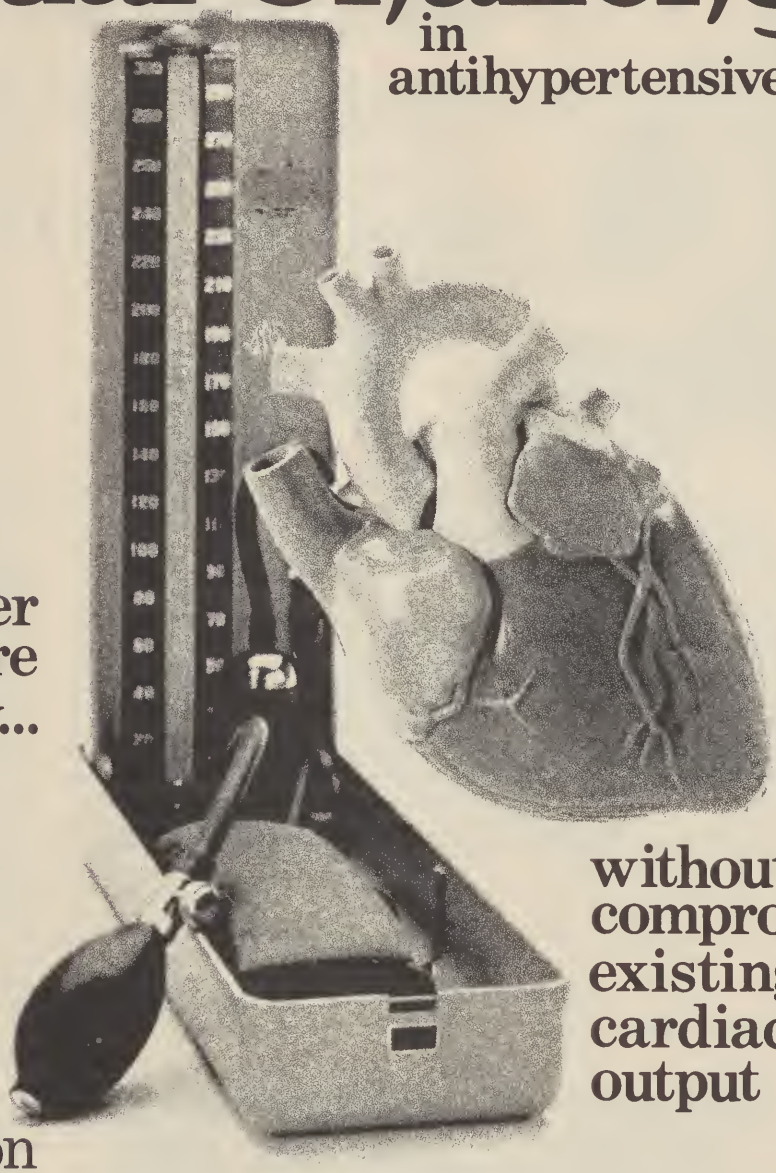

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Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

Adverse Reactions: *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

Gastrointestinal: Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundice, liver disorders.

Hematologic: Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

Note: Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000. Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

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PRECAUTIONS. As with other effective nitrates, some fall in blood pressure may occur with large doses.

Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilatation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions.

SIDE EFFECTS: No serious side effects have been reported. In sublingual therapy a tingling sensation (like that of nitroglycerin) may sometimes be noted at the point of tablet contact with the mucous membrane. If objectionable, this may be mitigated by placing the tablet in the buccal pouch. As with nitroglycerin or other effective nitrites, temporary vascular headache may occur during the first few days of therapy. This can be controlled by temporary dosage reduction in order to allow adjustment of the cerebral hemodynamics to the initial marked cerebral vasodilatation. These headaches usually disappear within one week of continuous therapy but may be minimized by the administration of analgesics.

Mild gastrointestinal disturbances occur occasionally with larger doses and may be controlled by reducing the dose temporarily.

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1. Russek HI. AM J M Sc 239:478, 1960

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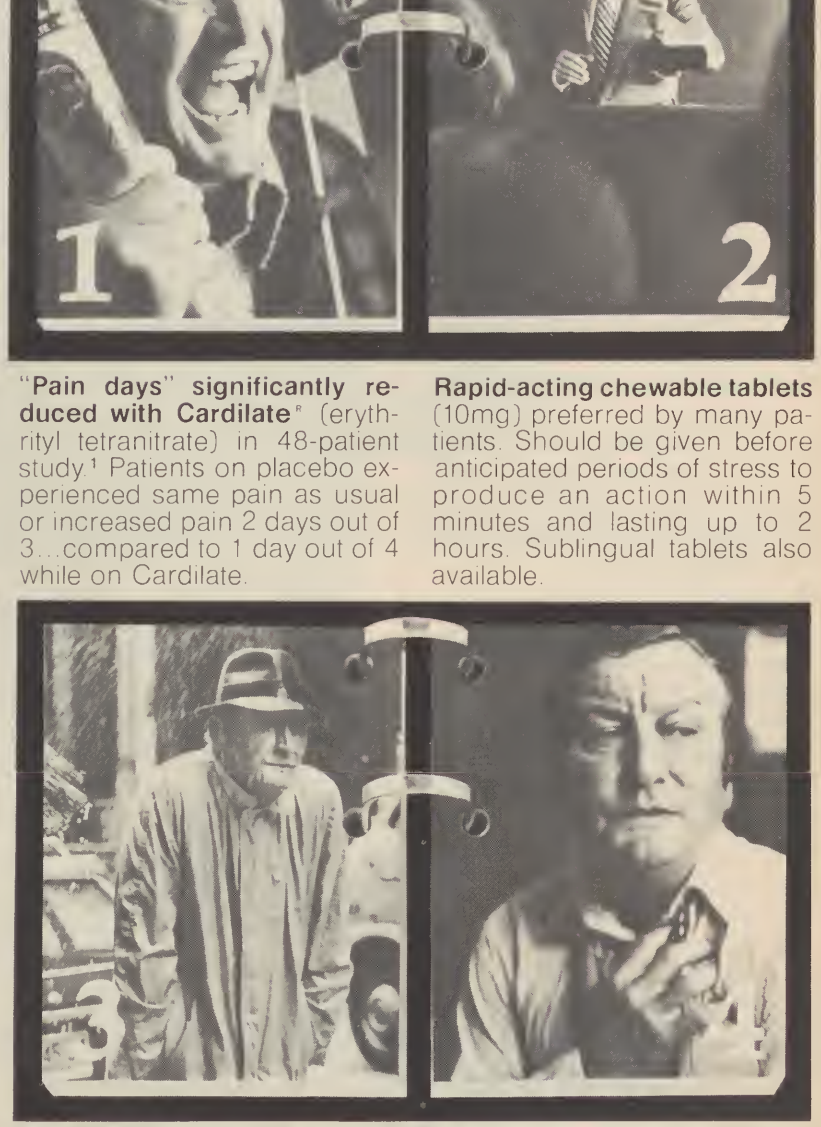

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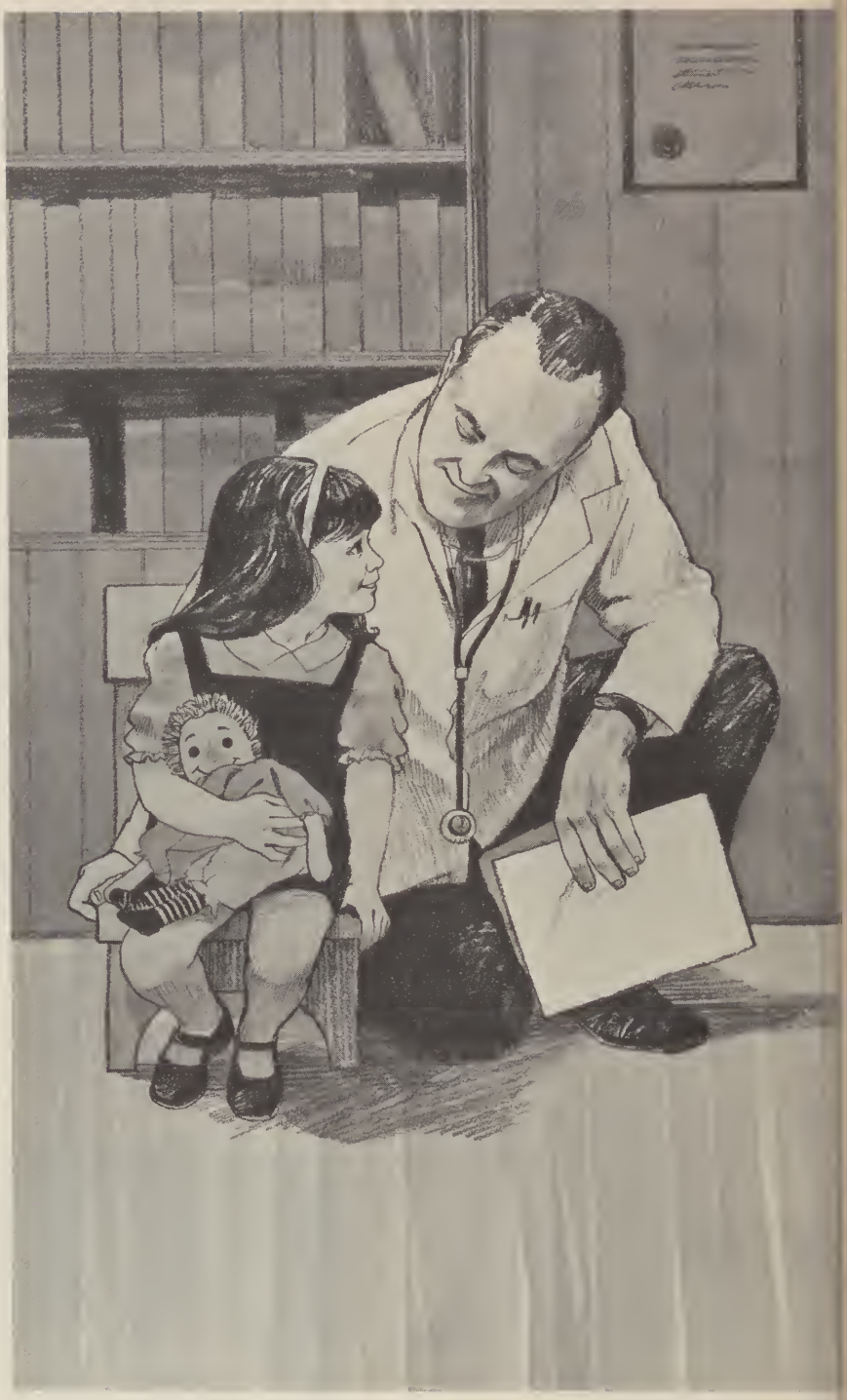

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Barry Goldberg, M.D.
Julian Katz, M.D.
William H. Mahood, M.D.
Walter Rubin, M.D.

Esophagitis & Dysphagia
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Our management experts answer

Should the solo physician insure his corporation?

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.
Bala Cynwyd

The policy of many medical malpractice insurers had been to require that a solo incorporated physician insure his corporation. That was Argonaut's position before September 1, 1975. Partly through the advice and recommendations of Mr. Beck, Argonaut agreed to drop the mandatory requirement of such coverage in a solo corporation situation.

Optional corporate coverage

Since September 1, 1975, Argonaut has notified its insured physicians that coverage for their solo corporations as separate legal entities will be provided upon payment of an additional premium ("surcharge") equal to 20 percent of the Individual Liability premium. However, the purchase of such coverage is now *optional*.

There have been arguments going both ways as to whether such optional coverage should be obtained.

Corporate coverage as separate legal entity

Some favoring the obtaining of corporate coverage argue that the full limits of liability are needed by the corporation as a separate legal entity. They contend that it is not inconceivable that a court, in finding an incorporated physician guilty of malpractice, could render two *separate* judgments against the physician and the corporate entity (assuming both had been named in the suit).

We disagree with such arguments.

First, whether there are one or two judgments in an unfavorable malpractice action, the total dollar liability would have to be the same. A patient could not recover the *total* judgment twice (against both the physician and the corporation). Since Pennsylvania physicians are presently covered for claims for $1,000,000 or higher, a solo incorporated physician can be reasonably satisfied that he will be protected.

Second, many solo professional corporations have relatively limited assets. Therefore, it is absurd to pay an additional premium for professional liability coverage for the corporation when that premium may approach, equal, or exceed the total practice assets.

Third, even in those circumstances in which the corporation might have substantial assets, it can protect itself. We believe as a matter of law that the person actually and primarily responsible for the malpractice bears the ultimate liability. Therefore, if the corporation were held liable by a court of law, it would have a cause of action against its only physician employe (who was primarily responsible for the malpractice). This could result in the insurer of the corporation really having no ultimate liability at all, with the total burden falling upon the physician and/or his *personal* malpractice coverage. To us, this simply means the risk being insured for the 20 percent added premium is non-existent.

Separate coverage for separate legal defense

It is argued by some that separate defense would have to be provided for the corporation. This may be technically true from a legal standpoint, but in actuality is generally minimal in terms of cost (not meriting the 20 percent premium surcharge).

In a solo incorporated situation, we are not aware of any case or situation in which a separate medical malpractice action involved the corporation in such a way that its defense was contrary, in reality, to the defense of the physician himself. In light of that, the defense of the corporation can ride along with the defense of the physician, with little or no additional legal cost.

Tax reasons for optional coverage

Some argue that an incorporated physician invites arguments with the IRS as to the legitimacy of the corporate status if it itself is not covered by malpractice liability insurance.

We recognize that obtaining the coverage for the corporation is one indicia in favor of the corporation's being such from a tax standpoint. So long as the corporation has been properly set up and operated, most of the indicia will be in favor of corporate treatment. This one possible adverse item alone would not be determinative. It is wrong to suggest that the lack of insurance coverage on the corporation by itself will prove adverse from a tax standpoint.

Are corporate physicians sued more?

Some statistical surveys have shown that the rate of claims against incorporated M.D.s is higher than for their unincorporated counterparts. Even if such surveys are right, we question what they prove.

We do not believe that incorporation is the cause for any such higher incidence of malpractice claims.

It has been shown that more successful physi-

cians tend to be sued for malpractice since they are more likely to deal with the most difficult cases. Also, physicians in larger urban areas tend to be sued more (and be subject to higher judgments), while also tending to be (on the average) among the higher income physicians, who are therefore more likely to be incorporated.

Therefore, the corporation in and of itself is not a cause of increased malpractice claims and does not necessarily merit the optional coverage.

Conclusion

In conclusion, we hope this article assists those solo incorporated physicians facing the optional corporate coverage question by discussing its applicability to such practices. □

Irradiation related thyroid cancer patient management guidelines listed

"Sixty Minutes," the CBS weekly news feature production, is expected to devote a segment in January to thyroid cancer related to therapeutic irradiation. Reprinted below, from the April 1976 issue of PENNSYLVANIA MEDICINE, are guidelines for physicians in the management of patients exposed to head and neck irradiation for benign conditions. The guidelines are reprinted from an article by Robert G. Carroll, M.D., of Pittsburgh, assistant professor of radiology and assistant director of nuclear medicine at the University of Pittsburgh School of Medicine.

The suggested guidelines were originally approved by the Council of the Cincinnati Academy of Medicine and were modified and adopted by the Allegheny County Medical Society in March 1976 in preparation for a patient recall program instituted in Pittsburgh. Such patient screening programs were urged in a joint statement by the American Medical Association and the American Hospital Association in October 1975. For details see the article by Dr. Carroll on page 27 of the April 1976 issue of PENNSYLVANIA MEDICINE.

1. Confirm the history of exposure to ionizing radiation. Patients with documented exposure records are at higher risk than those whose exposure cannot be documented.
2. If the patient insists that he was irradiated but no documentation can be found, then the patient must be considered at risk, and must be evaluated.
3. Examination should include history and careful physical evaluation. Often the field of radiation exposure extended from the umbilicus upward, thus careful examination of the skin, breasts, and particularly careful examination of the thyroid and salivary glands are indicated. If nodules are palpable in the thyroid gland, then a thyroid scan utilizing Technetium 99m or Iodine 123, preferably performed with a gamma camera and a pinhole collimator is indicated. If there is documentation of radiation exposure, a scan is indicated even if palpation is negative.
4. If no nodules are palpable on physical examination of the thyroid, and if the thyroid scan is entirely normal, the patient should be reassured that the incidence of thyroid cancer following the radiation in childhood is low. Patients whose thyroid gland is found to be apparently normal on examination should remain under yearly observation, and some experts advise administration of thyroid hormone to these individuals if long term followup is assured.
5. Patients with a palpable nodule or nodules, and abnormality or abnormalities on the thyroid scan, should have surgery. The presence of multiple lesions does not decrease the probability of thyroid carcinoma among those patients who have been previously irradiated. This is in contrast with the usual clinical experience with multi-nodular glands arising in patients not exposed to radiation.
6. If the patient has a normal gland on palpation, and an abnormal or suspicious scan, the patient should be placed on full replacement doses of thyroid hormone to shrink normal tissue and have physical examination and scan repeated at six month intervals. If the scan is definitely abnormal, even in the absence of any physical findings, the patient has approximately the same likelihood of having carcinoma as a patient with abnormal palpation findings.

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In the 'paper world' of government

Patients get what bureaucracy orders

ABRAHAM J. TWERSKI, M.D.
Pittsburgh

This is the fifth part of "Go to hell, Washington, and take Harrisburg with you," which began in the September issue. In the series Dr. Twerski illustrates his belief that " . . . among the subculture of government . . . there prevails a fixed idea, an unrealistic belief, a delusion in the full sense of the word . . . that existence on paper is existence in reality." In the preceding segments, Dr. Twerski has related his experiences as a medical student in a federally funded hospital, a medical staff member of a state mental hospital, and clinical director of psychiatry of St. Francis General Hospital in Pittsburgh, and describes his frustrated attempts to get government funding for a much needed rehabilitation center for alcoholics.

Nowhere is the inhumanity of the "paper delusion" of government manifested so blatantly as in hospitalization utilization review.

You may think that as a beneficiary of medicare and medicaid you are entitled to treatment and hospitalization as determined by your doctor. Wrong! You are entitled only to what some bureaucratic clerk thinks you should have, sometimes in gross defiance of your doctor's opinion.

Doctors who take care of patients in hospitals have many factors upon which to base their decisions for admission, treatment, and discharge. It is not a requirement for good medical practice that the doctor be an English literature major, with excellence in descriptive composition writing. The physician in the emergency room may observe many things about the patient's disposition, family, circumstances, etc., which may be crucial to his decision to treat the person in the hospital rather than as an outpatient. However, he cannot write a full-length novel on each patient. The information he writes on the chart is only that which is pertinent to the treatment of the condition at hand.

For example, an elderly woman was brought to the emergency room because of a large ulcer on her leg. The patient had been living alone in a furnished room, was slightly confused, but had somehow managed to marginally care for herself. She had neglected to go to a doctor when the leg ulcer first developed. A niece who happened to visit her was shocked by her condition, and brought her to the hospital.

The leg ulcer itself could have been cared for at home, if the patient had a home where she could have had bed rest, *if* she had someone to prepare her meals and change dressings, *if* she had someone who could have seen to it that she took her medication regularly. But the doctor was not treating a leg ulcer; he was treating a *person* with a leg ulcer, and this person whom he was treating did *not* have a home where she could have had bed rest; did *not* have someone to prepare her meals and change dressings; and did *not* have someone who could supervise her care and medications. Consequently, it was his judgment that this person needed to be treated in a hospital. The leg ulcer did not need a hospital, but the person did. Inasmuch as the doctor was not an accomplished prose writer, he simply wrote down the facts pertaining to the development of the leg ulcer, his physical findings on the examination, and the prescribed treatment.

It was not until ten days later that the patient's condition was considered sufficiently improved that she could be discharged to her furnished room, and arrangements made with the visiting nurse association to provide home nursing care, and with a community service to help provide meals at home. A year later, the hospital was notified by the state bureau that it was being denied reimbursement for this person's hospital stay, because this was an "unnecessary admission." Why? Because the treatment prescribed for the leg ulcer did not require a hospital, and could have been provided at home.

What happens is that in some state bureau office, a clerk, perhaps a nurse, sits and reviews all charts on which claims for medical reimbursement have been made. She looks at diagnosis and treatment. She has before her a piece of paper, and like all other government agents, believes that the piece of paper is a real thing. She determines that a

leg ulcer on a piece of paper does not need hospital care, and denies payment on the basis of her decision that this was an "unnecessary admission." However, the physician who had decided this admission was indeed necessary, was not dealing with a leg ulcer on a piece of paper. He was confronted with a living human being, on whose leg there was an ulcer, and who required treatment for this, and could not receive adequate treatment in any other way other than hospitalization. He was dealing with a "who," not a "what." Yet his clinical judgment following his evaluation of a person was being overridden a year later by a clerk some 400 miles away, who was reading a chart.

It must be kept in mind that the power to finance is the power to destroy. No health facility can operate without reimbursement. Furthermore, it is not even necessary to refuse payment to a hospital to bring it to a financial crisis. All that has to be done is to delay payment somewhat, perhaps by temporarily "misplacing" the invoices, etc., and the hospital's cash flow situation can be paralyzed. Governmentally controlled *financing* of health care is nothing less than governmental control of health care itself, and do not let yourself be convinced otherwise.

Having participated in numerous utilization reviews, I can attest to the entirely impersonal approach of government in medical care, and the word "impersonal" essentially summarizes the entire problem. *Good medical care is personal care.* Whenever and wherever that principle is violated, and care becomes impersonal, it is *ipso facto* poor medical care. If this is found to occur in any type of medical practice, it is to be condemned. However, government by its very nature *must* be impersonal. It is too big, too complex, too remote, too bureaucratic, to be anything but impersonal. As long as medical care remains out of governmental control, it is at least possible to correct deficiencies; once it gets into government hands, kiss it goodbye.

I had mentioned earlier that there is no denying that there have been shortcomings in some areas of medical practice. However, we should be careful that the solution should not be worse than the problem it attempts to solve. The story of the child who saw a mouse fall into a can of milk, so he threw the cat in after it, is typical of some of the approaches toward which our society has been tending; namely, to turn difficult problems over to government management.

In medicine, we sometimes employ what we refer to as a "trial of therapy," when we are not convinced that a given medication or treatment regimen is absolutely certain to be effective, and we then observe for possible negative side effects. A trial of therapy can only be something which is reversible; i.e., that we can stop it at any point if it proves ineffective or detrimental. You cannot perform an amputation as a "trial of therapy," because this procedure is absolutely final and irrevocable. Nor can turning medicine over to government management be an "attempt" at a solution of problems. There is no possible way of retrieval. Once government is in, it is in for keeps. If it is then discovered to have been a mistake, it is just too bad; just too damn bad.

Let me give you another example of a denial of hospital payment by governmental agencies. A woman was being treated in the hospital for a severe mental disorder. While she was in the hospital, her husband was hospitalized for a heart attack. The woman's condition responded sufficiently under treatment, so that discharge to home with followup treatment as an outpatient was feasible and ordered by the physician. The daughter then informed the psychiatrist that the father had just returned from the hospital several days ago, and that his physician had cautioned that he must have a maximum of rest, and particularly that he should not be agitated. The psychiatrist stated that although the wife's condition had improved to the point where she could be managed outside of the hospital, she was still sufficiently erratic that she could agitate the husband. It was therefore decided that the children would arrange among themselves to care for the father and mother in separate homes for awhile, until both her and his conditions stabilized sufficiently. The doctor then entered a note on the patient's chart, explaining his cancellation of his previous discharge order, and indicating a necessary delay of several days while appropriate arrangements could be made among the children for their parents' care.

When the chart came under review at the government agency, hospitalization for the last several days was denied on the basis of being unnecessary hospitalization. Their reasoning was that the doctor had admitted that the patient's condition *per se* would have permitted discharge; the delaying factors were circumstances outside of the patient's illness, and were not considered "medical necessity," hence were not compensable, and the hospital would not be paid.

Cases like these abound in the thousands. To government, the reality of paper supersedes the reality of flesh and blood. This is bureaucracy in action. □

(Continued next issue.)

MDs in the news

Lester G. Steppacher, M.D., Levittown, was elected president of the Pennsylvania Division, American Cancer Society, during the organization's annual meeting. He is former chairman of the group's task force on hospital programs, and has served on the executive, finance, and professional education committees.

Jesse Weigel, M.D., was named recently as the first recipient of the Samuel Harbison, M.D., memorial award of the American Trauma Society. Dr. Weigel was chosen for his dedication to emergency care, exemplified by Dr. Harbison, the trauma society's first president. Dr. Weigel is medical operations director of the Emergency Medical Services Operation Center, and former director of emergency medicine at North Hills Passavant Hospital, Pittsburgh.

Recently named fellows of the American Academy of Family Physicians are the following M.D.s: **Jon S. Adler,** Washington; **Dennis L. Allen,** Hallstead; **Lee Backenstose,** Hershey; **Harold H. Chadwick,** Wysox; **Jesus S. Evangelista,** Washington; **Albert L. Grasmick,** New Oxford; **Elmer G. Hamme,** York; **Galen H. Kistler,** York; **Vera J. Kriskus,** Allentown; **Gabriel S. Martyak,** Freeland; **Samuel Rice,** Cranberry Township; **John G. Sheedy,** Altoona; **Willard D. Stewart,** Pleasantville; and **J. David Weinberg,** Columbia.

Harry C. Bishop, M.D., was appointed recently to the Advisory Council for Pediatric Surgery of the American College of Surgeons. Dr. Bishop is a senior surgeon at the Children's Hospital of Philadelphia and associate professor of pediatric surgery at the University of Pennsylvania School of Medicine.

Dorothea D. Glass, M.D., was recently named to the board of directors of the state's Hospital Utilization Project for one term. Dr. Glass is medical director at Moss Rehabilitation Hospital, Philadelphia.

Randolph C. Blodgett, Jr., M.D., was recently appointed to the house of delegates of the National Arthritis Foundation. Dr. Blodgett is a rheumatologist at the Geisinger Medical Center, Danville.

John F. Rose, Jr., M.D., was recently elected president elect of the Northeastern Section of the American Urological Association. Dr. Rose is an associate in the department of urology at the Geisinger Medical Center, Danville.

Charles E. Cleland, M.D., was honored recently at a testimonial dinner given by the staff of the Kane Community Hospital in recognition of his 40 years on the medical staff. A former administrator of the hospital, the president of the board of directors, and a representative of the medical staff commented on Dr. Cleland's medical career and expressed appreciation for his past efforts.

Pricha Boonswang, M.D., Easton; **Nicholas A. Cerimele, M.D.,** Johnstown; **Erden Fikri, M.D.,** Kane; **William Frailey, M.D.,** Allentown; **A. David Froelich, M.D.,** Harrisburg; **Anthanasios Houides, M.D.,** Allentown; and **Charles Scagliotti, M.D.,** Allentown, were recently certified as diplomates of the American Board of Surgery.

The American Board of Internal Medicine recently certified the following physicians: **Anthony F. Fedullo, Jr., M.D.,** Hazleton; **Elias Hasbun, M.D.,** Patton; **Daljit Singh, M.D.,** Latrobe; and **Douglas F. Turtzo, M.D.,** Bethlehem.

Stanton S. Leibouitz, M.D., was recently certified by the American Board of Dermatology. He is on the medical staff of York Hospital.

Joseph J. Toland, III, M.D., senior attending orthopedic surgeon at Nazareth Hospital, Philadelphia, was recently named to the board of governors of the Pan American Orthopedic and Traumatology Association. Dr. Toland is a founding member of the association and serves as president of the American Fracture Association.

Nicholas F. Lorenzo, M.D., Brockway, was named physician of the year by Goodwill Industries of North Central Pennsylvania, Inc., and was the guest of honor at a "Thanks-For-Giving" dinner. Dr. Lorenzo is a past president of the Jefferson County Medical Society.

Eldred D. Mundth, M.D., was recently named head of the division of cardio-thoracic surgery and professor of surgery at Hahnemann Medical College and Hospital, Philadelphia. Dr. Mundth is former chief of the department of cardiovascular surgery and served as director of the surgical cardiovascular laboratory and associate professor of surgery at Harvard Medical School.

DR. MUNDTH

DR. SOLL

David B. Soll, M.D., was recently named president elect of the American Society of Ophthalmic Plastic Reconstructive Surgery. Dr. Soll is professor and chairman of the department of ophthalmology at Hahnemann Medical College and Hospital, Philadelphia.

Eduardo Cevallos, M.D., Pennsburg, was named recently as a fellow of the American Academy of Pediatrics. He is on the staff of Quakertown Community Hospital.

M. Bruce Viechnicki, M.D., was elected recently as president of the Lehigh Valley Obstetrics-Gynecology Society. He is on the staff of Allentown Hospital.

MDs in the news

The following medical doctors were recently named fellows of the American College of Surgeons: **William C. Adkins,** Erie; **Kambayanda M. Chengappa,** Erie; **Robert V. Davis,** Scranton; **George B. Faries, Jr.,** Harrisburg; **Michael J. Gordon,** Allentown; **David M. Junkin,** Abington; **Charles S. McConnel, Jr.,** Allentown; **Roy A. McJilton,** Franklin; **David P. Morrison,** Doylestown; **Dennis L. Moyer,** Sellersville; **Albert M. Nalevanko,** Dickson City; **Ronald L. Paul,** York; **Nicholas J. Pozza,** Oil City; **Louise Sabol,** Danville; **Prabhaker G. Sardesai,** Erie; **Gerald P. Sherwin,** Allentown; **David Sussman,** Allentown; **John O. Taylor,** Meadville; **Samuel R. Todaro,** Waverly; **Rogelio E. Vega,** Kittanning; **Michael B. Viechnicki,** Allentown; **Roger Walentiny,** Warren; and **James R. Warden,** Erie.

N. Henry Moss, M.D., recently served as co-chairman of a nutrition conference held recently at the University of Pennsylvania under the auspices of the New York Academy of Sciences. Dr. Moss is associate clinical professor of surgery at Temple University Health Sciences Center and Albert Einstein Medical Center, Northern Division. Serving as associate chairman was **Willard Krehl, M.D.,** professor and chairman of community health and preventive medicine at Jefferson Medical College, Thomas Jefferson University.

Alton I. Sutnick, M.D., was chosen to serve on the State Health Research Advisory Committee. He is dean and executive vice president for academic and professional affairs at the Medical College of Pennsylvania, Philadelphia.

Manuel A. Bergnes, M.D., Norristown, was recently chosen to receive the distinguished physician's award of Sacred Heart Hospital during the recent dinner meeting of the hospital medical staff. Dr. Bergnes is chief pathologist at Sacred Heart Hospital. He is chairman of the State Society's Committee on Aid to Education.

The Philadelphia Roentgen Ray Society recently paid tribute to **Harold J. Isard, M.D.,** for his work on the early detection of breast cancer. Dr. Isard is emeritus chairman of radiology at the Albert Einstein Medical Center, Northern Division, and director of the center's project on screening for early detection of breast cancer.

Francis S. Kleckner, M.D., was recently elected to a three year term on the councilor board of the Lahey Clinic Alumni Association, based in Boston. Dr. Kleckner is director of the gastrointestinal laboratory at Allentown and Sacred Heart Hospital Medical Center and Allentown Hospital.

Joseph Fortuna, M.D., Beaver, recently became director of emergency medical services for the Medical Center of Beaver County. As director, he coordinates activities of the emergency rooms in the center's Beaver Falls and Rochester units.

John R. Benson, M.D., and **Sydney E. Pulver, M.D.,** were recently elected to the board of directors of the Horsham Clinic, Horsham. Dr. Benson is professor of psychiatry at Temple University School of Medicine. Dr. Pulver is associate professor in the department of psychiatry at the University of Pennsylvania School of Medicine.

A. Julio Martinez, M.D., was recently appointed associate professor of pathology at the University Health Center of Pittsburgh. Dr. Martinez is former associate professor of pathology at the Medical College of Virginia.

Irvine G. Milheim, M.D., recently received a plaque from the staff of Sharon General Hospital in recognition of his 48 year medical career. Dr. Milheim was a surgeon on the hospital staff until his recent retirement.

The community of Arnold recently named its Fourth Avenue elementary school after **Harold W. Thomas, M.D.** The school was renamed for Dr. Thomas in appreciation of his almost 50 years in medical practice and as school physician. During those 50 years he has delivered over 4,000 babies in the Arnold area.

Leslie Nicholas, M.D., was recently elected president elect of the American Venereal Disease Association. Dr. Nicholas is a professor of dermatology at the Hahnemann Medical College and Hospital. He has served as president of the Philadelphia Dermatological Society, venereal disease consultant to the Philadelphia Naval Hospital and the State Secretary of Health, and chairman of the Subcommittee on Venereal Diseases of the Philadelphia County Medical Society.

W. Clayton Davis, M.D., was recently named chairman of the department of surgery of York Hospital. Previously he was a professor of surgery at the University of Nebraska College of Medicine and chief of surgery at the Veterans Administration Hospital in Omaha.

Sariel G. G. Ablaza, M.D., was appointed recently as chairman of cardiopulmonary surgery at the Albert Einstein Medical Center, Northern Division. He is clinical professor of thoracic and cardiovascular surgery at the Medical College of Pennsylvania.

The following physicians recently were appointed to the staff of the Geisinger Medical Center in Danville: **Bakulesh Patel, M.D.,** as assistant neonatologist in the division of pediatric medicine; **Ollice Bates, M.D.,** to the department of nephrology; **Narayan R. Shah, M.D.,** to the division of pediatric medicine; **Paul Meyer, M.D.,** as an associate in the department of neurosurgery; **Harold Slocum, M.D.,** and **Renato Diaz, M.D.,** as associates in the department of family medicine; **Albert Bernath, M.D.,** as an associate in medical oncology; and **Sheldon Kaplan, M.D.,** as an associate in the department of ophthalmology.

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A doctor's philosophy for investing—part II

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

Last month we discussed a number of our basic reasons why the typical physician should personally be a conservative investor. The greatest investment asset before a doctor today, however, is not his own money but that of his retirement plan and trust. It might be his professional corporation's pension or profit sharing plan, or a combination, or it might be his unincorporated Keogh plan, but the funds involved are likely to grow into his largest single element of wealth.

The developing size of a retirement fund demands that a physician give some attention to its investment. Even his selection of a bank, broker or investment counsellor is in effect an investment decision of the greatest importance, and there must always continue after the selection some question whether to switch to another person or institution. In the latter sense, we would point out that the failure to make a change (even if due to inattention) is a continuing investment event. No matter how much a doctor may want to stay out of investments, therefore, he simply can't avoid responsibility for his retirement fund's financial success or failure.

Fiduciary responsibility

Assuming there is even one secretary, nurse, or other assistant covered by the plan, the pension law imposes a level of responsibility upon the physician-employer. The Employee Retirement Income Security Act of 1974 (ERISA) gives jurisdiction over retirement plans to both the U.S. Labor Department and the Internal Revenue Service, both portions of that act requiring responsible investment. Penalties for lack of prudent management could thus include employe lawsuits as well as tax disqualification.

We believe that ERISA pressures small employes toward conservative investment. While the purchase of stocks in basically sound companies will presumably not be considered "imprudent" (think of Penn Central a few years before its collapse), we nevertheless are concerned for the doctor who must tell his aide that her share of the fund decreased because the market went down. And we simply cannot predict what employe in what office will bear the grudge to attempt a law suit against the doctor for failing his fiduciary responsibilities under ERISA. The fiduciary responsibilities will, by the way, often lie with a physician-owner even if he has selected a bank as plan trustee or signed up with a mutual fund or insurance company "master plan."

Magic of income compounding

Most people look upon Keogh and corporation retirement plans as means of avoiding income taxes, but we disagree with this superficial attitude. Rather, those plans are methods by which moneys might be accumulated for use at a later date—retirement. We stress this approach because a retirement plan will often prove financially *disadvantageous* over the space of five years or less. It has been true of some older doctors who incorporated and died or retired within just a few years, for example.

The retirement plan's primary advantage is to serve as a vehicle for tax-free compounding of income over a number of years. Given fifteen, twenty, or more years of just reasonable income each year, the result will be dramatic. But stock market losses totally interrupt that compounding not only by reducing the fund but by setting back the accumulation schedule. These factors should in our view justify investment of retirement funds in items producing reasonable income *every year* with minimum risk of decline in value. High quality corporate bonds, bank certificates of deposit, and the like are good examples even if not very dramatic.

Tax structure

Retirement plans' tax structures augment emphasis on

The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

conservatism. The interest earned by a retirement fund will not be currently taxed, all of it thus being capable of annual reinvestment; but to the individual physician his personal interest income will be cut perhaps in half by the taxes thereon. So the best place to invest for income production is surely his retirement fund.

Conversely, to the extent one wishes to make them, investments in the stock market are better served staying with the individual and out of his plan. If the stock appreciates in value, it can be sold so the profits are taxed at the favorable capital gains tax rates. This is in itself an advantage. If, on the other hand, the stock must be sold at a loss the individual physician can take tax deductions for the loss; loss deduction is useless within an already tax-exempt retirement plan.

All of this leads to our basic tax advice: make the surest income producing investments in your retirement plan and make any speculative or uncertain investments out of your pocket.

Folly of "getting even"

A number of doctors' plans have ridden down the market declines of the past four or five years, unfortunately paralleling most Pennsylvania professional corporations' existence. As a result, some funds are just approaching a "break-even" point either from the 1973 decline or from last year's drop in values. A typical physician's attitude is that he will get out of the market and into more conservative investments just as soon as he "gets even" with the original costs.

We appreciate that securities are likely to rise as well as fall, so that investments that have declined might well come back to break even or even to make good profits. Nevertheless, we suggest that the question should rather be this: If you had the cash now, would you today buy the same items? If the answer is "no," then we feel the doctor is better off cutting his losses and embarking promptly upon his newly determined philosophy.

The retirement fund is intended to serve a long-term purpose; hence it is most important to implement the desired philosophy. This, we believe, transcends the temptation to "hang on a little longer" for a quick recovery. Too often, the hanging on continues indefinitely either while waiting for the recovery or while hoping the actual recovery will continue "just a little further." Neither of these temptations serves the long-term goal of retirement funding.

Use of life insurance

To the insurance industry, Keogh plans and professional corporations have presented unbelievable sales opportunities. And yet we submit that tax-free retirement plans are typically not the vehicles for sensible purchase of life insurance.

Particularly galling is the suggestion that ordinary life insurance contracts provide well for retirement through cash value increases. The rates of return on the insurance premiums are simply not going to be attractive when compared to other steady, interest-producing investments. Furthermore, since cash value increases are not taxed anyway, we feel that tax-free retirement funds are not the preferable source for the investment—if the high premium, whole life policy should be purchased at all. And finally, the insurance coverage is not tax-free through a pension or profit sharing plan anyway because the term life portion (known as the P.S. 58 cost) must be reported on the insured's tax return as a current benefit from his participation in the plan.

If a person feels he should purchase more life insurance and wants not to use his personal dollars, we believe he could purchase *term insurance* through his retirement plan—not ordinary life coverage. Plans may be written to permit term insurance, although the fact is not well publicized by the insurance industry. Since dollars held in a retirement fund are already committed to investment, we feel the term insurance minimizes the cost of death coverage and maximizes the remaining dollars available for investment at whatever may be the best rates safely available.

Conclusion

We are neither investment counsellors nor insurance agents, but we see so many physician-client situations that we have formed some fairly strong opinions. They are not very exciting on the surface, for they reject opportunities for big profits, tax write-offs and fancy sales presentations. They instead depend upon identifying the primary goals and concentrate on meeting those goals as surely as possible. □

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Physician fraud—civil and criminal implications

VICTOR L. SCHWARTZ

Philadelphia

In attempting to define fraud it is easier and simpler to first explain what it is *not* than what it is. Fraud is not the result of an action committed by either *accident* or *mistake*.

The most common defense raised by physicians investigated for or charged with fraud is that a bookkeeping error has been made. Although it is incumbent on the government to resolve every doubt in favor of a defendant or potential defendant* and to criminally charge a member of society only if there is probably cause or reasonable belief that the individual in fact did commit the crime in question, the raising of this defense by physicians has been strikingly unsuccessful. In only one physician-fraud case in the eastern district of Pennsylvania in the last several years was that defense sufficiently viable to preclude prosecution after the case had been referred to the U.S. attorney's office. In no case was it successful after prosecution was formally initiated.

The reason for the dismaying statistic is the fact that in all cases except one a pattern of conduct was discernible which evidenced an *intent to deceive—the critical element in the crime of fraud*.

Whether an act is committed intentionally or not is rarely proved by direct evidence; unless there exist admissions of fraudulent intent by the doctor himself, one cannot look inside his mind. The prosecutor who must responsibly exercise his discretion to determine whether or not prosecution is appropriate and the jury who may ultimately decide the guilt or innocence of the accused both must find evidence of an intent to deceive.

An intent to deceive inherently implies that in order to be fraudulent a statement must not only be false but also be *known* to be false. A physician should not be charged and could not be properly convicted if he has submitted or caused to be submitted claims—doctors' service reports, medicare claims, or medicaid claims—containing false material representations if the falsity of the representations are the result of either accident or mistake and not known by him to be false.

It should be noted, however, that under the statute most commonly used by federal prosecutors in charging a physician with fraud, absolute knowledge of the falsity or representations need not be proved in order to sustain a conviction. A reckless disregard and intentional avoidance of the truth calculated to mislead is sufficient to satisfy the element of "knowingly and willfully" making false statements.

Mr. Schwartz was an assistant United States attorney in Philadelphia, and now is in private law practice there. In the last three years, he has spent most of his time with cases of physician fraud including medicare, medicaid, and mail fraud against Pennsylvania Blue Shield in its regular business. He has served as an assistant attorney general for the Commonwealth and as legal counsel for nine professional licensing boards including the state boards of podiatry, osteopathy, chiropractic, and pharmacy.

By definition, the intent to deceive further implies that the false representation known to be false is willfully, deliberately, and purposely made.

The offense of fraud has not been committed, however, unless the false statements known to be false and willfully made with the intent to deceive are *material*. A statement is material if it is capable of influencing the carrier in its own business or as intermediary in behalf of the government. It is not necessary that the false representations or statements have actually influenced action. Claims submitted for services not rendered are obviously material, but the prosecutor need not prove that payment was made on those claims in order to convict.

It should be noted that although it is not fraud, it is a crime for a physician to solicit, offer, or receive a kickback, bribe, or rebate for services rendered or items furnished and paid for under either the medicaid or medicare programs.

Examples of fraud

Some less obvious examples of fraud are:

1. Submitting a claim for noncovered services billed as services which are covered, e.g., routine footcare billed as incision and drainage of an abscess;
2. Submitting a claim representing that a more complicated and expensive procedure was rendered than the one in fact rendered, e.g., billing for a cystoscopy with removal of uretal gravel when only a cystoscopy was performed;
3. Submitting separate claims which impliedly represent that related surgical procedures which were performed at the same time or during the same period of hospitalization in the same operative area were rendered separately; and
4. Submitting a claim certifying that the services rendered were per-

*This is not a legal requirement but an expression of the personal philosophy of the author.

sonally rendered by the physician or under his "personal direction" when in fact the services were rendered by an office assistant or nurse not in the immediate presence of the physician. The term, personal direction, often causes great confusion. The prosecutor must prove beyond a reasonable doubt that the physician had knowledge that the phrase "personal direction" required the services to be rendered in his immediate presence.

Abuse

Fraud should not be confused with abuse which is not a crime but causes financial losses to the program in question. The two most common examples of abuse are overutilization caused by either the patient or provider and assignment violations by the physician.

Although overutilization is not a crime, if the physician falsely represents an illness, injury, or condition which does not exist to justify rendering an unnecessary service, he has committed fraud.

Other forms of abuse include: (1) separate schedule of charges for medicare and non-medicare patients; and (2) breach of assignment which results in the beneficiary's being billed for amounts disallowed by the carrier on the basis that such charges exceeded the "reasonable charge" criteria.

Investigation

Although there has always been an undetermined amount of fraud against Pennsylvania Blue Shield (PBS) in its regular business, PBS' prior policy was merely to attempt to recover the monies paid for fraudulent claims, and possibly to suspend the miscreant physician from participating for a period of six months to a year without notifying law enforcement authorities of suspected fraud. *In the last several years, however, PBS has revised its policy and seeks prosecution of physicians who have committed fraud.*

The most common cause of investigating a doctor for possible fraud against PBS in its regular business and for medicare fraud is a complaint made by a patient. However, in the last two years two of the three cases resulting in prosecution and conviction of a doctor for mail fraud against PBS were discovered when a computer had established that the doctor's profile for a particular procedure was abnormally higher than the norm.

PBS, which has more investigators than the federal government, will conduct its own investigation. This may entail solely interviewing patients of the doctor suspected of fraud, or solely consulting with an expert, or both. The extent and nature of the investigation naturally depends on the nature of the suspected fraud. PBS may or may not have a meeting with the doctor. If such a meeting occurs no warnings need to be, nor are they given, to the doctor by PBS personnel as to the criminal implications of the investigation because the fraud is being committed against PBS as a private entity.

When an investigation indicates that fraud has not been committed and that the problem at issue could be a result of mistake, accident, or misunderstanding, PBS usually grants the doctor an opportunity to meet with members of the utilization division. The meeting is sought in good faith in an effort to resolve the issue in question without investigation by governmental authorities.

When the investigation indicates that fraud probably has been committed PBS may not have a meeting with the doctor and may forward directly the results of its investigation to the postal authorities and the U.S. attorney's office. (As submitting false claims to PBS in its regular business is not only a violation of the federal mail fraud statutes but also constitutes the crime of obtaining money by false pretenses, PBS has the option to refer the cases to the district attorney's office in the county in which the doctor practices. The same option is open to the Commonwealth in medicaid fraud cases. Both PBS and the Commonwealth so far have referred the cases to federal authorities because the level of competency and vigor of prosecution at the federal level tends to be much higher than that of local district attorneys.) The postal authorities and the assistant U.S. attorney handling the case review the PBS investigation report and determine whether additional investigation is necessary.

If so, patients may be interviewed or reinterviewed. Present and former employes of the doctor may be interviewed. Persons may be interviewed voluntarily or by being subpoenaed before the grand jury. *It should be noted that records of doctors in group practice, whether incorporated or not, can be subpoenaed* but records of solo practitioners are protected by the Fifth Amendment rights against self-incrimination. It should be noted that the United States Supreme Court recently rendered a decision holding that the introduction into evidence of the business records, personally prepared by an attorney who is a sole practitioner and *seized* during a search of his offices pursuant to a valid search warrant, did not violate the Fifth Amendment's command that "no person . . . shall be compelled in any criminal case to be a witness against himself." The dissent perceived no distinction of substance between compelling the production of such records through subpoena and their seizure by search warrant. It appears moreover, by the language of the most recent related case, that the Supreme Court may indeed decide that business records personally prepared by a sole practitioner can be subpoenaed as well as seized pursuant to a search warrant.

Where appropriate, persons are x-rayed and examined by experts who are prepared to testify in court. The physician himself may be interviewed by the postal inspector. Unlike PBS personnel the postal inspector does give *Miranda* warnings, thereby advising the doctor that anything he says can be used in court against him, that he need not say anything, that he can consult with counsel, etc. Finally, the doctor being investigated can himself be subpoenaed before the grand jury.

Investigations of medicare and medicaid fraud are very much like those for mail fraud against PBS in its own business. In medicare cases PBS representatives acting as agents of the government initiate a preliminary investigation. If it appears that fraud has been committed, the investigation is taken over, expanded, and completed by the Bureau of Health Insurance. PBS does not participate in medicaid investigations but postal

inspectors do. Investigation of possible medicaid fraud is initiated by state investigators and then conducted in the manner described above.

The most important difference between medicare and medicaid investigations and those by PBS for fraud in its own business is the purpose of the meetings with the doctor. Unlike meetings with PBS representatives, when state or federal investigators seek a conference with the physicians the matter tends to be more serious and more likely will be referred to the prosecutor. The state had had a policy of "settling" its cases, as had PBS; in the last two years it has more aggressively sought prosecution.

Prosecution—criminal penalties

The prosecutor has almost total discretion in determining what is to be done with the case. He can decline prosecution and suggest to PBS where the case relates to its own business to attempt to recover its money amicably or by institution of suit as a private party. In medicare and medicaid cases he can decline prosecution and recommend administrative action without doing anything further or he can institute civil suit in behalf of the federal government with or without a recommendation of administrative action in addition. Although no such case has ever been instituted, it is the opinion of this writer that the federal government can sue under the False Claims Statute for medicaid claims submitted to a state agency. In medicare cases, a doctor who is criminally charged is generally also sued civilly, whereas if he is first sued civilly, it is because criminal prosecution has been declined.

After a decision has been made to file criminal charges the prosecutor has additional wide discretion. He can proceed by misdemeanor or by felony or by a combination of both and he can intentionally not include charges. Because of the discretion of the investigators in determining whether a case is to be referred for prosecution and that of the prosecutor in how he intends to proceed, the most important role of counsel is to attempt to prevent the case from being referred to the prosecutor and if that cannot be accomplished, to persuade the prosecutor not to prosecute.

The criminal penalties for false claims vary from one year incarceration and/or $10,000 fine up to five years incarceration and/or $10,000 fine for each count in the indictment. One false claim is generally the basis of a count. For false claims submitted prior to October 1972, the misdemeanor penalty is one year incarceration and/or $1,000 fine. There is a five year statute of limitations.

Civil implications

The civil implications of being charged with fraud are the following:

1. Suit under the False Claims Statute with a forfeiture penalty of $2,000 and double damages for *every* false claim submitted;
2. Suspension of payment on assigned claims;
3. Suspension or expulsion from the medicare program, the medicaid program, or both;
4. Suspension or expulsion from participating in the Blue Shield Plan;
5. Suspension from the county medical society;
6. Increased cost of malpractice insurance;
7. Increased exposure as a target for malpractice action; and
8. Suspension or revocation of licensure.

Statistics for Pennsylvania

In the last two years there have been three convictions—against one dentist and two M.D.s—for mail fraud against PBS in the eastern district of Pennsylvania, and no convictions anywhere else in the state. Prior to this period there had been only one or two convictions in the entire history of PBS.

In the last two years, there have been two convictions for medicaid fraud in the eastern district of Pennsylvania, and nowhere else in the state. Prior to this time, there were no convictions for medicaid fraud in Pennsylvania. One doctor was an osteopath, and the other an M.D.

In the last three years there have been 17 convictions in the eastern district of Pennsylvania against doctors for medicare fraud. Of these, two have been against osteopaths, five against podiatrists, and ten against M.D.s. During that period, there were three additional convictions against M.D.s in the middle and western districts of Pennsylvania. In addition, one doctor, an osteopath, was convicted of both medicare and medicaid fraud.

Of the convictions listed, one doctor received a prison sentence of five years, plus five years parole upon release of prison, with two days a week charity work pending the parole period. Three doctors received prison sentences of two years, plus fines; one doctor received a prison sentence of one year (subsequently reduced to five months) plus a fine; one doctor received a prison sentence of 45 days plus charity work and a fine; one doctor received a prison sentence of one month, plus charity work, and a fine; one doctor received a prison sentence of one month, plus a fine; the remainder received sentences of probation with or without charity work and fines.

Since the first conviction in September 1970, statistics for the entire state of Pennsylvania are the following: 35 convictions for medicare fraud; 3 convictions for mail fraud; 2 convictions for medicaid fraud; and 1 conviction for both medicare and medicaid fraud. In addition, a PBS investigator was convicted for bribery relating to a medicare fraud investigation of a physician. There have been 2 acquittals and 1 case of a hung jury with the defendant never being retried. Of the total convictions listed against doctors, the breakdown into types is the following: 20 M.D.s, 10 D.O.s, 9 podiatrists, and 1 dentist. (One defendant, an osteopath, was convicted for medicare fraud in 1971, and for medicaid fraud in 1976. These cases are counted as 2 convictions.)

It is expected that the number of medicare prosecutions will decline—at least in the eastern district of Pennsylvania—with a possible increase in other areas of Pennsylvania and the country. The number of medicaid prosecutions should increase as the federal government intends to assist in the enforcement of medicaid and no longer leave that task solely to the states as a result of the recent creation of the Office of the Attorney General of HEW. □

Genetic counseling in the delivery of health care

KENNETH L. GARVER, M.D., PH.D.

Pittsburgh

'Once primary care physicians understand a few basic mechanisms of inheritance and cytogenetics, they may easily keep up with current information, either by an occasional review course or by consulting an appropriate journal or book, when a questionable case arises. In lieu of this, it should at least be possible for primary care physicians to recognize when a case needs further counseling at an appropriate genetic counseling center.'

Genetic counseling has become an important part of the delivery of health care.[1,2,3] Yet, many health care personnel consider genetic counseling a service available only in a medical center with highly trained personnel and sophisticated techniques. A small number of patients need these services, but most genetic counseling should be done in the offices of primary care physicians and should be an integral part of patient care.

Genetic counseling has become more relevant in medical care because of many factors. Antibiotics, vaccines, and better sanitation have made infectious diseases less of a problem than they were twenty or thirty years ago and better nutrition has decreased the incidence of malnutrition syndromes in this country. While these advances were being made, new techniques were developed which facilitated an examination of individuals from a genetic basis. Cells can be grown in culture and analyzed for biochemical and enzyme constituents. The technique that has most clinical applications is the ability to examine chromosomes of human beings. Concurrent with decreased family size, parents are increasingly interested in having their one or two or three children as normal as possible.

Dr. Garver is associate professor of obstetrics and gynecology and pediatrics for the University of Pittsburgh School of Medicine, assistant professor of human genetics in Pitt's Graduate School of Public Health, and serves as director of the Magee-Womens Hospital unit of the University of Pittsburgh Health Center Genetic Service.

Once primary care physicians understand a few basic mechanisms of inheritance and cytogenetics, they may easily keep up with current information, either by an occasional review course or by consulting an appropriate journal or book,[4,5,6] when a questionable case arises. In lieu of this, it should at least be possible for primary care physicians to recognize when a case needs further counseling at an appropriate genetic counseling center.

Patients needing counseling

Parents who have a child with a birth defect or a genetic disease and are concerned about the possibilities of its recurring in their own or their children's families comprise a large group in need of counseling.

A common example is a child born with Down's syndrome (formerly called mongolism). Very frequently this is the first child with Down's syn-

drome in the family of either parent and they are stunned and upset.[7] Genetic counseling involves much more than providing the parents with the simple recurrence risks of Down's syndrome. The counselor (and by counselor I mean the primary care physician or the genetic counselor) should realize that the parents are going through a very understandable and predictable series of emotional reactions.[7] They can direct much anger toward the physician who cared for the mother during her pregnancy or the physician who is taking care of the baby, at the nurses, and on some occasions, each other. They can harbor feelings of great guilt about what they did or did not do that resulted in the birth of a baby with defects. More tragically, they can reject the baby with Down's syndrome. The counselor must understand and help the patients transcend the agonizing period.

When parents ask for specific answers, it is important to fully discuss Down's syndrome, not only from the standpoint of its causation but also to impart the feeling that something can now be done about the future of their child. This involves enrolling the child very early in a program of infant stimulation and making certain the parents know of programs in the community that can help them and the child such as a parent-to-parent program. Later, the counselor should acquaint the parents with other facilities such as sheltered workshops and special education classes. More specifically, it should be explained to the parents that there are many types of Down's syndrome and that estimation of risk to themselves and other family members for having another affected child can only be made following examination of the baby's chromosomes.[8]

If the parents are under 35 and if the baby has the type of Down's syndrome called primary trisomy (47, XX or XY, +21) then the parents have a 1 in 100 risk with each pregnancy for having another child with Down's syndrome. The parents should know that there is a 99 in 100 chance the next child will not have Down's syndrome. Equally important information is that with this type of the syndrome, the brothers and sisters of the baby with Down's syndrome and all collateral relatives are not at a significantly increased risk of giving birth to children with Down's syndrome. They have the same risk as any normal parental pair in the general population.

If, on the other hand, the baby has the translocation type of Down's syndrome and if either parent is a carrier, that family can have a markedly increased risk for having other children with Down's syndrome. If the baby has a 14/21 or 15/21 translocation type and if the mother is the carrier, then with the next pregnancy there is a 1 in 10 risk she will have another child with Down's syndrome. If the father is the carrier, the risk with each pregnancy is 1 in 50. When a child with the translocation type of Down's syndrome is born into a family, the risk to siblings and other family members depends on whether they are carriers for the translocation chromosome.

Another type of birth defect commonly seen are CNS closure defects (anencephaly and spina bifida cystica). There is still much misinformation among health professionals regarding recurrence risks of these conditions.

Both anencephaly and spina bifida cystica (myelomeningocele) are inherited in a multifactorial way. This means there are many genes from both parents plus environmental factors involved in causation of the birth defect.

After parents have a child with a CNS closure defect, their recurrence risk with each succeeding pregnancy is 1 in 25. Regardless of the type of defect in the first child, with each pregnancy they have a 1 in 50 chance of giving birth to a child with anencephaly, a 1 in 50 chance of having a child with spina bifida cystica and a slightly greater risk than the population in general that the child will be affected with hydrocephalus.[9,10] Although it is suspected that environmental factors also play a part, they are still largely unknown. There have been many unsubstantiated theories presented such as Dr. Renwick's hypothesis that blighted potatoes eaten by pregnant women will increase their risk of having a child with a CNS closure defect.[11]

Some young couples, either contemplating marriage or married and considering a family, realize there is genetic disease or birth defects in their family and therefore desire counseling to determine their risk for having affected children. This is known as prospective genetic counseling and hopefully it will become more common in the future.

A frequent example, because of publicity in the lay press, concerns couples possibly at risk for having a child with Tay-Sachs disease. This is one of the diseases that is more prevalent in a specific segment of the population, namely Jews whose ancestors came from the Ashkenazic area of Europe.[12] This is an area in northeastern Poland and adjacent areas of Lithuania and Russia.

Tay-Sachs disease is inherited in an autosomal recessive manner. Therefore, in order for a child to have this condition, it is necessary for both parents to be carriers, that is, that they have a normal gene on one chromosome and the mutant gene for Tay-Sachs disease at the same loci on the homologous chromosome. If both parents are carriers, there is a 1 in 4 risk with each pregnancy that the child will be affected.

It is now possible by utilizing tests for an enzyme, hexosaminidase A, to determine the carrier state. If each parent is a carrier and they have a 1 in 4 risk of having an affected child, there are many options open to them, including adoption, artificial insemination, and amniocentesis, to determine whether the baby in utero has Tay-Sachs disease.

Another category involves women who are pregnant and have been inadvertently exposed to a mutagen. Frequently a woman in the childbearing age doesn't realize she is pregnant and undergoes a series of abdominal x-rays. When the pregnancy is discovered, there is concern about the possible damage to the baby. In order to adequately estimate the risk, it is necessary to determine the total dosage of radiation absorbed. Surprisingly, if she has undergone only one abdominal procedure such as an upper or lower G.I. series, this usually does not increase the risk that the fetus will be born with a congenital defect.[13]

The question of the effect of drugs taken early in pregnancy and the baby's increased risk for having a birth defect is still largely unknown. Recent evidence indicates that Dilantin,[14,15] tranquilizers,[16] oral contraceptives, and hormones[17,18] used for tests of pregnancy might cause the baby to be at an increased risk. In these cases it is necessary to emphasize that from our present knowledge the chances are still great that the baby will be normal.

Another group who might require genetic counseling are those couples who have had three or more spontaneous abortions. Studies have shown that in these situations there is approximately a 4 percent chance that the repeated miscarriages are due to either parent being a balanced translocation carrier.[19] In these cases it is important to delineate not only the risk of further miscarriages but also the possibility that they will have a child born live with multiple defects.

Prenatal diagnosis of many genetic defects is now possible.[20,21] These are generally divided into cases involving a possible chromosomal aberration, an x-linked recessive disorder, an inborn error of metabolism and a miscellaneous group, the largest number of which are CNS closure defects.

Prenatal diagnosis of genetic defects is best done at about 15 weeks of gestation. The techniques used depend upon the particular abnormality being investigated. If a chromosomal aberration is being considered, an amniocentesis is performed and amniotic fluid cells (cells from the baby) are grown in culture. In 2½ to 4 weeks, these cells can be harvested, and chromosomes examined, and it can then be determined whether the baby has normal chromosomes or abnormal chromosomes characteristic of a particular syndrome. Older mothers who are concerned about their chances of having a child with Down's syndrome comprise the largest group requesting prenatal diagnosis. At age 20 a woman has a 1 in 2000 risk of having a child with Down's syndrome, at age 30 a 1 in 1200 risk, at age 40 a 1 in 100 risk and at age 45 a 1 in 40 risk.

If an inborn error of metabolism is being considered, an amniocentesis can be performed, amniotic fluid cells grown, and when enough are available, the particular enzyme at risk is assayed in the growing cells.

Cytogenetic and enzyme studies can be performed on amniotic fluid that has been in transit for many days provided that proper precautions are taken.[22] It is therefore possible to do an amniocentesis in a rural area and transport it to an appropriate center for testing.

CNS closure defects can be diagnosed at about 15 weeks of gestation by several techniques.[23,24] Sonagraphy will determine the size of the baby's head and it has been demonstrated that alpha fetoprotein is significantly elevated in amniotic fluid when the baby has an open CNS defect. Sonagraphy and estimation of amniotic fluid alpha fetoprotein when used together are about 95 percent predictive. Estimation of alpha fetoprotein in maternal serum[25] and fetoscopy[26] might be used in the future to prenatally diagnose CNS closure defects.

Obtaining genetic information

Despite the availability of sophisticated technological procedures, the keystone for investigating any genetic problem is a thorough history. It consists of an evaluation of the family, past medical history, and if necessary, the obstetrical history of the patient(s) being counseled. Frequently, on their first visit, the patients or couple know very little about genetic disease or birth defects in their family. However, when they specifically ask older relatives, they obtain much helpful information. It is usually necessary to obtain physician or hospital records to verify the diagnosis of disease or defects in collateral relatives.

It was not until 1956 that two researchers, Tjio and Levan, published an easy and reproducible method for examining chromosomes of human beings.[27] In 1959 Lejeune described the first birth defect known to be caused by a change in chromosome number or structure.[28] Since then there has been a veritable explosion of knowledge that can be applied to clinical situations utilizing cytogenetic studies on the patient or patients involved.

Unfortunately cytogenetic studies are still quite expensive and time-consuming and although they cannot be used as a routine screening test, they should be utilized in any case in which chromosome abnormalities are suspected.

It is now possible to grow cells *in vitro* from many human tissues. This enables not only an examination of the chromosomes of these cultured cells but also many biochemical and enzymatic parameters.

Biochemical and enzyme studies can also be done on blood and many tissues *in vivo*. It is possible to diagnose many heterozygote or carrier situations by means of these biochemical or enzymatic studies.

Primary physicians as counselors

It is evident that a lack of genetic knowledge by primary care physicians results in both underestimating and overestimating genetic risks to patients.

A frequent example of underestimating risks for a recurrence of a birth defect concerns parents who had a child with a CNS closure defect and who were told "lightening never strikes twice in the same place" or that their risk for a second child with this defect was 1 in 50,000. The cold facts as described above are that these parents have a 1 in 25 risk with the next pregnancy for having a second child with a CNS closure defect.

Some patients are given forceful advice to undergo procedures such as abortion or sterilization because of unfounded and wrong genetic information.

Recently an extremely disturbed and anxious 20 year old girl was seen in our clinic. Several weeks previously, she had been seen by her family physician for a routine physical. When found that her sister had Down's syndrome, the physician strongly recommended that she be sterilized because of this "terrible form of mental retardation in her family." A second physician referred her to us for another opinion and sub-

sequent chromosome studies showed that her sister did not have the familial type of Down's syndrome. The patient actually had less chance of having a child with Down's syndrome than her physician who recommended sterilization.

Another concern are mothers who are advised to have a therapeutic abortion because a drug (either prescribed or over-the-counter) was ingested during the first trimester of the pregnancy. In many cases, a thorough review of the literature reveals no correlation between ingestion of the drug and fetal disease or birth defects. The parents are therefore told that on the basis of our best information, they have the same risk as anyone else in the population, namely 1 in 100, for having a child with a serious birth defect.

Giving genetic counseling requires that the physician have firm facts and current knowledge before he counsels his patient concerning matters as important as those of reproduction.

Primary care physicians should be aware that information from stillbirths and neonatal deaths could answer many questions for parents and collateral relatives, yet for most stillbirths there is not even an adequate physical examination recorded. Every stillbirth and neonatal death should be followed up by: (1) a complete physical examination; (2) several pictures, particularly of any birth defect; (3) a complete autopsy; (4) x-rays (post mortum if necessary); and (5) cytogenetic studies done on either heart blood or tissues if indicated by other findings. It is sometimes possible to grow cells from lungs up to three days after the death of the baby.

Philosophy of genetic counseling

There are two concepts of the role of the counselor.[29] Some believe that he should be directive and make decisions for his patients, such as whether or not to have children, to be sterilized or to have an abortion. Others believe that counseling should be non-directive and patients should make their own decisions. This requires that they receive a full description of the disease in question, including all pertinent medical, social, and economic data. They should also be given their risk for having a child with a defect, their chance of having a normal child, and a description of all options open to them such as adoption, sterilization, artificial insemination and, if applicable, amniocentesis.

Genetic counseling should be non-directive. All patients have different ethical, moral, and ethnic backgrounds as do most counselors. Counseling should be a vehicle for transmission of scientific knowledge at a level that can be understood by each patient. It should not be used to direct a decision which has moral or ethical implications.

The decision as to the future should not be made in the counselor's office. It should be a mutual decision between the parents and should involve much discussion and a mature look at the possible results of having a child with a birth defect. It is true that no one can prospectively assess the effect on family relations of having a child with a birth defect, but the more it is discussed, the more knowledgeable the final decision will be.

If necessary, the counselor should be prepared to refer parents to a psychologist, psychiatrist, or to a religious advisor.

Genetic counseling facilities

As was mentioned at the beginning of this article, the great majority of genetic counseling should be carried out by primary care physicians.

In those instances where expert advice or facilities are needed, we in Pennsylvania are fortunate in having a network of genetic counseling clinics. Each medical school has an active genetic counseling center and many now have satellite clinics in peripheral areas. A detailed listing of the facilities can be found in the International Directory which is published by the National Foundation-March of Dimes.[30] □

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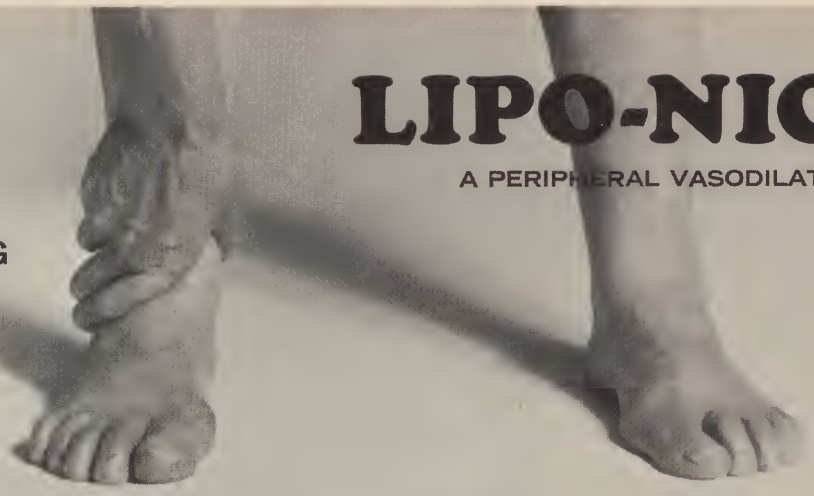

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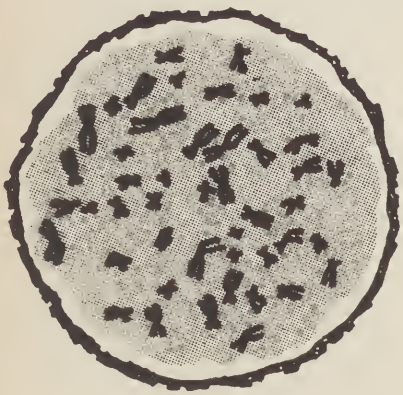

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Florida Gulf Coast—Unique private practice opportunity and hospital staff memberships immediately available in Tampa-St. Petersburg, the state's fastest-growing metropolitan area. Florida's largest community hospital development and management firm seeks curriculum vitae from primary care physicians—family medicine, general practice, internal medicine—and specialists in plastic surgery, otolaryngology, neurosurgery, gynecology, anesthesiology, ENT, and physical and rehabilitative medicine. Write to Medical Affairs Department, MEDFIELD CORPORATION, P. O. Box 15207, 1609 Pasadena Ave. S., St. Petersburg, FL 33733.

Emergency Physician System—Needs several full time emergency physicians, for western Pennsylvania area emergency department. Independent contractor arrangements. The system is on a "fee-for-service" basis. Contact (412) 228-3400 for interview appointment.

Waynesburg, Pennsylvania—Professional emergency physicians corporation is seeking a full time, career oriented emergency physician. Fee for service with a guaranteed minimum, corporate fringe benefits, flexible schedule, light night duty. New facilities, new equipment less than a year old. Comfortable on-call room with color television. $50,000 to $60,000 potential earnings. Contact GCEP, P. O. Box 708, Waynesburg, PA 15370.

House Staff Physician—Excellent opportunity for a *Pennsylvania licensed* physician to serve in a responsible position of a modern suburban Philadelphia, 286 bed hospital. JCAH accredited. $30,000 per year plus vacation, sick leave, paid pension plan, hospitalization, malpractice insurance, and disability insurance. Some evening and night duty required. Availability June 1, 1977. For further information, contact John F. Dunleavy, Assistant Administrator, Holy Redeemer Hospital, Meadowbrook, PA 19046; telephone (215) 947-3000.

Torrance, Psychiatrists and Physicians—Board Certified or Board Eligible, Pennsylvania license required. Immediate openings. Excellent opportunity to work in state hospital in developing new programs. Salary competitive. Limited housing available. Excellent fringe benefits. Call (412) 459-8000 or write Ray Bullard, M.D., Superintendent, or Peter Bishop, D.O., Assistant Superintendent, Torrance State Hospital, Torrance, PA 15779.

E. R. Physicians—To complete developing group. Superb working conditions. Fully cooperative staff. Light patient load. Competitive pay and fringe benefits. Fully flexible scheduling. Clean, small, friendly community. Reply to: Chief Physician, Emergency Room Services, Adrian Hospital, Punxsutawney, PA 15767.

Full Time Emergency Department corporation needs physician to complete five man group. Moving into new facility 1977. 40,000 visits per year in teaching hospital. Good salary and fringe benefits including malpractice insurance, hospitalization, disability, and retirement programs. Contact Emergency Physicians of Erie, Ltd., 1261 W. 9th St., Erie, PA 16502.

GP, FP, Internist, and Pediatrician—Needed for multi specialty, hospital based group practice. New medical office building, adjacent to new 231 bed general hospital, will finish to suit. Highly competitive and flexible financial arrangements. Large, growing draw area, near Pittsburgh. Contact John McCarroll, Director of Ambulatory Care Services, Braddock General Hospital, Holland Ave., Braddock, PA 15104; (412) 351-3800.

Orthopedic Surgeon Wanted—Associate for well established Orthopedic Clinic in Eastern Pennsylvania. First year, salary plus percentage. Partnership after one year. Board eligibility required. No investment needed. Write Department 709, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Active Orthopedic Surgeons located in northeast Philadelphia and adjacent suburbs seeking orthopedic resident finishing accredited residency. Position open. First year salary and partnership after one year. No investment needed. Send curriculum vitae. Write Department 730, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

POSITIONS WANTED

Orthopedic Surgeon—Completing residency and available to practice in July 1977 seeking southeastern Pennsylvania location. Write Department 742, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

General Surgeon—University trained, experienced in colonoscopy. Passed part I of Board. F.M.G., 40. Available July 1977 or earlier. Write Department 737, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Physician/Surgeon—M.D., American surgeon, medical school faculty for 25 years. Seeks full time position as medical educator, director emergency room service, or position with large corporation in medical or administrative capacity. Licensed in Pennsylvania, New York, Florida. Write Department 739, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Cardiologist—Board Certified in Maryland, desires hospital based position. Please reply to Department 741, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Internist, Board Certified—Wishes permanent part time position in Philadelphia area, industrial, clinical, or administrative. Write Department 738, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Internal Medicine—Seeking 1-2 year residency/fellowship/preceptorship in S.E. Pennsylvania, Philadelphia area preferable. American graduate. Practice aim: internal medicine/adult primary care. Presently practicing pathologist. Previous 2 year internal medicine residency. Licensed Pennsylvania, New Jersey, Michigan. Write Department 743, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

FOR RENT

Space in Professional Center—Specialties or general practice, 4 treatment rooms, laboratory, dark room, business office, waiting room, consultation room. Primary or secondary office, furnished or unfurnished, shared lease possible. (215) 646-1665.

FOR SALE

Office/Residence Combination For Dermatology Practice For Sale—Main thorofare of industrial city with university and colleges in eastern Pennsylvania. Phone (215) 868-3951.

Family Physician—Office available immediately from retiring M.D. Well established practice. Excellent hospital. J. W. Allwein, M.D., 51 Parsonage St., Newville, PA 17241; (717) 776-3215.

MISCELLANEOUS

Tax Deductible Vacations For Medical Professionals—Over 500 listings of national/international meetings in the medical sciences for 1977. Send a $10 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D.C. 20016.

Biomedical Electronics Service—Repairs medical, laboratory, and other electronic equipment. Will install and remove x-ray equipment. Walker Electronics®, 117 Sylvan Terrace, Harrisburg, PA 17104; telephone (717) 233-4716.

obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Alfred O. Boettger,** Martin's Creek; Hahnemann Medical College and Hospital, 1944; age 59; died August 18, 1976. His wife survives him.

• **Raymond G. Decker,** Wilkes-Barre; Georgetown University School of Medicine, 1954; age 48; died November 7, 1976. He was a member of the medical staffs of Wyoming Valley, Mercy, and General Hospitals, and was physician for the Wilkes-Barre area school district. His wife, five children, and three brothers survive him.

• **Louis J. Frymire,** Pittsburgh; University of Pittsburgh School of Medicine, 1938; age 62; died October 26, 1976. He was director of obstetrics and gynecology and residency training at Shadyside Hospital. His wife, four daughters, and a son survive him.

• **Roy W. Gifford,** Gettysburg; Jefferson Medical College, 1927; age 76; died November 2, 1976. He had served as president of the Adams County Medical Society in 1935, 1937, and 1970, on the board of directors in 1969 and 1970, and on the board of censors in 1969. He was a delegate to the State Society 1949 to 1963 and 1970 to 1971. He is survived by his wife, two sons, a daughter, and a brother.

• **William R. Levis,** Homestead, Florida; Hahnemann Medical College and Hospital, 1915; age 83; died October 20, 1976. He was former chief of surgery at the Crozer-Chester Medical Center, Upland. His wife and one son, William R. Levis, Jr., M.D., survive him.

• **Cyril M. Luce,** Media; University of Utah College of Medicine, 1915; age 55; died November 1, 1976. He was a professor of ophthalmology and an associate surgeon in the department of oculoplastic surgery at the Wills Eye Hospital, Philadelphia, and taught ophthalmology at Thomas Jefferson University Hospital and the University of Pennsylvania Graduate School of Medicine. His wife, three sons, a daughter, and his mother survive him.

• **Aaron W. Mallin,** Philadelphia; University of Pennsylvania School of Medicine, 1939; age 63; died June 3, 1976. Information regarding survivors is unavailable at this writing.

• **Timothy F. Moran,** Scranton; University of Michigan School of Medicine, 1931; age 71; died October 25, 1976. He was on the faculty of the colon and rectal department of Temple University Medical Center. He was a past president of the Pennsylvania Society of Colon and Rectal Surgeons. His wife, three sons, one of whom is Timothy Moran, Jr., M.D., and one daughter survive him.

• **Thomas M. McMillan, Jr.,** Mobile, Alabama; University of Pennsylvania School of Medicine, 1917; age 84; died October 19, 1976. In 1922 he joined the faculty of the University of Pennsylvania School of Medicine as an assistant instructor and in 1957 was named emeritus professor of clinical medicine and clinical cardiology. He was chief of the division of cardiology at Philadelphia General Hospital 1921 to 1952, and on the staff of Pennsylvania Hospital 1922 to 1957. He was editor-in-chief 1946 to 1955 of *Circulation*, the journal of the American Heart Association, and received the Gold Heart Award. He had served as a governor of eastern Pennsylvania of the American College of Physicians, received the Alfred Stengel Award in 1954, and was named a master in 1964. He was a past president of the Pennsylvania Heart Association. His wife and two daughters survive him.

• **John F. McVey,** Pittsburgh; University of Pittsburgh School of Medicine, 1927; age 74; died November 2, 1976. He was a member of the emeritus staff at Pittsburgh Hospital. Surviving are his wife, a daughter, and two sisters.

• **Erwin J. Nelowet,** Norristown; Temple University School of Medicine, 1933; age 71; died August 16, 1976. A son and a sister survive him.

• **Joseph J. Peters,** Philadelphia; University of Pennsylvania School of Medicine, 1948; age 53; died October 30, 1976. Dr. Peters was former director of the Center for Studies on Sexual Deviance, and director of the Center for Rape Concern at Philadelphia General Hospital; senior attending psychiatrist at the Institute of Pennsylvania Hospital; dean of the Delaware Valley Group Psychotherapy Training Institute; associate clinical professor of psychiatry at the University of Pennsylvania School of Medicine; and a lecturer in the department of sociology at the University of Pennsylvania. He was a recipient of the Hospital Physicians Award for "The Lonely Plight of Victims of Rape" and the Earl D. Jones Award of the Mental Health Association of Southeastern Pennsylvania. His wife, two sons, two daughters, his parents, a sister, and a brother survive him.

• **John S. Plumer,** Pittsburgh; Johns Hopkins University School of Medicine, 1914; age 90; died October 20, 1976. Information regarding survivors is unavailable at this writing.

• **Byron E. Shaw,** Springdale; Jefferson Medical College, 1917; age 88; died October 24, 1976. He practiced medicine 51 years and was a member of the medical staffs of Citizens General, New Kensington, and Allegheny Valley Hospitals. Surviving are his wife, a son, three daughters, a brother, and a sister.

• **Joseph H. Schoenfeld,** Philadelphia; Medico-Chirurgical College, 1915; age 83; died August 25, 1976. His wife, two daughters, and four sisters survive him.

Pennsylvania Guide to Continuing Medical Education

Prepared by:
Council on Education and Science
20 Erford Road, Lemoyne, Pennsylvania 17043
(717) 238-1635

This list of continuing medical education announcements is published as a supplement to the September and January issues of PENNSYLVANIA MEDICINE. It includes all intermittent programs, courses, seminars, lectures, and other continuing medical education activities that were reported prior to the deadline. Items received after the deadline will be published (if presentation date has not passed) in the next supplement. For a reprint of this supplement or for submitting additional announcements, contact the Council on Education and Science at the address shown above.

In most cases, each of the continuing medical education activities listed in this supplement has been granted AAFP and ACGP (osteopathic) credit. Contact those offices for details.

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General Abbreviations:

Acad	Academy	Gen	General
Admin	Administrator	Grad	Graduate
Amer	American	Hosp	Hospital
Assn	Association	Inst	Institute
Ave(s)	Avenue(s)	Lab(s)	Laboratory, Laboratories
Bd	Board	Med	Medical, Medicine
Blvd	Boulevard	Mem	Memorial
Bldg	Building	Natl	National
Cntr	Center	N	North
Chrm	Chairman	Pkwy	Parkway
Clin	Clinic, Clinical	Phys	Physicians
Co	County	Pa	Pennsylvania
Coll	College	Box	Post Office Box
Comm	Committee	Prac	Practice
Cmsn	Commission	Prof	Professional
		Prgm	Program
Cont	Continuing	RMP	Regional Medical Program
CME	Continuing Medical Education	Rehab	Rehabilitation
		Rd	Road
Dept	Department	Rm	Room
Dir	Director	Sch	School
DME	Director Medical Education	Secy	Secretary
		Serv	Service
		Soc	Society
Dist	District	S	South
Div	Division	St	State, Street, Saint
Dr	Drive	Surg(s)	Surgeon(s)
E	East	Univ	University
Educ	Education	VA	Veterans Administration
Exec	Executive	W	West

REFERENCE CODE FOR ACCREDITED PENNSYLVANIA INSTITUTIONS
(Each of the following institutions has continuing medical education accreditation to grant Category One Credit.)

Note: When any of these names appear in individual announcements, the code name (rather than full name) is printed. Refer to this section for address.

ACC—Amer. Coll. of Card., 9650 Rockville Pike, Bethesda, MD 20014
ACP—Amer. Coll. of Phys., 4200 Pine St., Philadelphia 19104
ACS—Amer. Coll. of Surgs., 55 E. Erie St., Chicago, Ill. 60610
AHA—Amer. Heart Assn., Pa. Affiliate, P.O. Box 2435, Harrisburg 17105
Allegheny—Allegheny Gen. Hosp., 320 E. North Ave., Pittsburgh 15212
Allergy—Pa. Allergy Assn., 240 N. 36th St., Camp Hill 17011
AMA—Amer. Med. Assn., 535 N. Dearborn St., Chicago, Ill. 60610
Anesthesiologists-Pa. Soc. of Anesthesiologists, 4518 Union Deposit Rd., Harrisburg 17111
Cambria-Somerset—Cambria-Somerset Reg. Council for Prof. Ed., % Lee Hosp., 320 Main St., Johnstown 15901
Chester—Chester Co. Hosp., 602 E. Marshall St., West Chester 19380 (% Joseph L. Abbott, M.D.)
Clin. Path.—Pa. Assn. of Clin. Path., 1735 W. Main St., Norristown 19401
Clin. Sch.—Clin. Sch. of the Family Inst., Wurzel Bldg., Philadelphia Psychiatric Cntr., Ford Rd. and Monument Ave., Philadelphia 19131
Coatesville—Coatesville Hosp., Coatesville 19320
Coatesville VA—Coatesville Vet. Admin. Hosp., Coatesville 19320
Coll. Phys./Phila.—Coll. of Phys. of Philadelphia, 19 S. 22nd St., Philadelphia 19103
Colon and Rectal—Pa. Soc. of Colon and Rectal Surg., Liberty Sq. Med. Cntr., 17th and Liberty Sts., Allentown 18104
Conemaugh—Conemaugh Valley Memorial Hosp., 1086 Franklin St., Johnstown 15905
Delaware Co.—Delaware Co. Mem. Hosp., Lansdowne Ave., Drexel Hill 19026
Dermatology—Pa. Acad. of Dermatology, 8220 Castor Ave., Philadelphia 19152 (% Charles H. Greenbaum, M.D.)
Elwyn—Elwyn Institute, 111 Elwyn Rd., Elwyn 19063
EPPI—Eastern Pa. Psychiatric Institute, Henry Ave. and Abbottsford Rd., Philadelphia 19129
Erie PG—Erie Postgraduate Med. Inst., Gannon Coll. Erie 16501
Frankford—Frankford Hosp., Frankford Ave. and Wakeling St., Philadelphia 19124
Geisinger—Geisinger Med. Cntr., Danville 17821
Hahnemann—Hahnemann Med. Coll., 230 N. Broad St., Philadelphia 19102
Hamot—Hamot Med. Cntr., Erie 16512
Harrisburg—Harrisburg Hosp., Harrisburg 17101
M. S. Hershey—Pa. State Univ. Coll. of Med., M. S. Hershey Med. Cntr., Univ. Dr., Hershey 17033
Institute—Institute of the Pa. Hosp., 111 N. 49th St., Philadelphia 19139
Jeanes—Jeanes Hosp. of Fox Chase Center for Cancer and Med. Sciences, 7600 Central Ave., Philadelphia 19111
Jefferson—Jefferson Med. Coll. 1025 Walnut St., Philadelphia 19107
Lackawanna Co.—Lackawanna Co. Med. Soc., Med. Arts Bldg., 327 N. Washington Ave., Scranton 18503
Lebanon VA—Lebanon Vet. Admin. Hosp., Lebanon 17042
Lehigh AHEC—Lehigh Valley Area Health Ed. Cntr. 335 N. Eighth St., Allentown 18102
McKeesport—McKeesport Hosp., 1500 5th Ave., McKeesport 15132
MCP—Med. Coll. of Pa., 3300 Henry Ave., Philadelphia 19129
Mercy/Pgh.—Mercy Hosp., Pride & Locust Sts., Pittsburgh 15219
Norristown State—Norristown State Hosp., Stanbridge & Sterigere Sts., Norristown 19141
Packer—Robert Packer Hosp., Sayre 18840
PAFP—Pa. Acad. of Family Phys., 5600 Derry St., Harrisburg 17111
Paoli—Paoli Mem. Hosp., Paoli 19301
PAO&O—Pa. Acad. of Oph. & Otol., 1248 Hamilton St., Allentown 18102
PMS—Pa. Med. Society, 20 Erford Rd., Lemoyne 17043
Phoenixville—Phoenixville Hosp., 140 Nutt Rd., Phoenixville 19460
Polyclinic—Harrisburg Polyclinic Hosp., Third St. and Polyclinic Ave., Harrisburg 17105
Psychiatry—Pa. Psychiatric Soc. 20 Erford Rd., Lemoyne 17043
Radiology—Pa. Radiological Soc., 4518 Union Deposit Rd., Harrisburg, 17111.
Reading—Reading Hosp., 6th Ave. & Spruce St., Reading 19602
St. Francis—St. Francis Gen. Hosp., Penn Ave. and 45th St., Pittsburgh 15201
St. Margaret—St. Margaret Mem. Hosp., 265-46th St., Pittsburgh 15201
St. Vincent—St. Vincent Hosp., Erie 16512
Temple—Temple Univ. Health Sciences Cntr., 3400 N. Broad St., Philadelphia 19140
U. of Pa.—Univ. of Pa. Sch. of Med., 288 Med. Labs. Bldg., Philadelphia 19174
Pitt—Univ. of Pittsburgh Sch. of Med., 1022-H Scaife Hall, Pittsburgh 15261
Roentgen Ray—Phila. Roentgen Ray Soc., Temple U. Health Sciences Cntr., Philadelphia 19140
Warren State—Warren St., Hosp., Box 249, Warren 16365
Washington—Washington Hosp., 155 Wilson Ave., Washington 15301
Wernersville—Wernersville St. Hosp., Wernersville 19565
West Penn—Western Pa. Hosp., 4800 Friendship Ave., Pittsburgh 15224
York—York Hosp., George St. & Rathton Rd., York 17405

ANNOUNCEMENTS

For more information, such as: frequency of sessions, fees, maximum registration, faculty, etc., contact the director at the address given in the announcement or in the REFERENCE CODE box on the cover.

Abington; Abington Mem. Hosp.; '76-'77 Academic Year
(1) Grand Rounds; by **Temple**; second and fourth Tuesdays, Sept.-May (77-1-3)
Contact: Charles H. Ewing, M.D., Dir. of Cont. Educ., Abington Mem. Hosp., Abington 19001.

Allentown; Allentown-Sacred Heart Hosps.; '76-'77 Academic Year
(1) Continuing Medical Education Seminars; by **U. of Pa.**; bimonthly, Sept. 8-June 22 (77-1-39)
Contact: Fred Fister, M.D., Allentown Hosp., 17th and Chew Sts., Allentown 18102.

Allentown; **PAO&O**; '76-'77 Academic Year
(1) Annual Conference on Pediatric Ophthalmology-Complications; at Hyatt House, Cherry Hill, N.J.; May 15-17 (77-1-70)
(1) Annual Convention; at Bedford Springs Hotel; May 19-21 (77-1-71)
(1) Eye, Ear, Nose and Throat Conferences; at Wyomissing Club, Reading; one day a month, Sept.-Apr. (77-1-72)
(1) Oculo-Plastic Surgery; location to be announced. April 29-30 (77-1-73)
(1) The Glaucoma Patient; at Wills Eye Hosp., Philadelphia; April 1-2 (77-1-74)
(1) Retinal Diseases of the Young and Adolescent; at Marriott Hotel, Philadelphia; Mar. 4-5 (77-1-75)
(1) Otolaryngology Conference; at Allegheny Co. Med. Soc. Headquarters, Pittsburgh; monthly, Sept.-Mar. (77-1-76)
(1) Ophthalmology Conferences; at Inter County Ophthalmologic Society, Lansdale; monthly, exact dates to be announced (77-1-77)
Contact: Robert E. Shoemaker, M.D., Chrm., Comm. on Scientific Work, **PAO&O**.

Ambler; Horsham Hosp., '76-'77 Academic Year
(1) Discussion of Unusual and/or Complicated Cases; by **Temple**; bimonthly, Sept.-June (77-1-95)
(1) Clinical Case Conference/or Special Guest Lecture; by **Temple**; quarterly, Sept.-June (77-1-178)
Contact: Nicholas C. Tenaglia, M.D., Clin. Dir., Horsham Hosp., Welsh Rd. & Butler Pike, Ambler 19002.

Bedford; Bedford Springs Hotel; 1977
(1) Continuing Education Program-Pa. Assn. for Thoracic Surgery; by **Temple**; Sept. 23-24 (77-1-482)
Contact: J. C. Donnelly, Jr., M.D., Sec., Pa. Assn. for Thoracic Surg., Suite 233, Lankenau Med. Bldg., Philadelphia 19151.

Bethlehem; St. Luke's Hosp.; '76-'77 Academic Year
(1) Continuing Medical Education Program; by **Temple**; monthly, July-June (77-1-220)
Contact: Albert Finestone, M.D., Asst. Dean, Cont. Med. Educ., **Temple.**

Brownsville; Brownsville Gen. Hosp.; 1977
(1) Obstructive Lung Disease; by **Pitt**; Jan. 6 (77-1-375)
(1) Gall Bladder Disease; by **Pitt**; Jan. 20 (77-1-376)
(1) Congestive Heart Disease; by **Pitt**; Feb. 3 (77-1-377)
(1) Renal Disease; by **Pitt**; Feb. 17 (77-1-378)
(1) Gout; by **Pitt**; Mar. 3 (77-1-379)
(1) Cardio-Pulmonary Resuscitation; by **Pitt**; March 17 (77-1-380)
(1) Arthritis; by **Pitt**; Apr. 7 (77-1-381)
Contact: Thomas E. Park, M.D., Chief, Med. Staff, Brownsville Gen. Hosp., Brownsville 15417.

Bryn Mawr; Bryn Mawr Hosp.; '76-'77 Academic Year
(1) Interdepartmental Clinical Course; by **Jefferson**; monthly, Sept.-Sept. (77-2-2)
(1) Tumor Board; by **Jefferson**; weekly, Sept.-Aug. (77-1-30)

Key to symbols:
( ) Numbers in parentheses at the beginning of an announcement indicate the PRA Category number in which attendance at this program should be reported. You may report each hour of attendance.
(77-1-XX) Numbers in parentheses at the end of an announcement are code numbers which will be helpful as a cross reference from the Subject Index section of this supplement.
Bold Face Type indicates an institution that has Category I accreditation. This name MUST APPEAR on your PRA APPLICATION to the AMA if you are to receive Category I credit.

(1) Correlated Clinical Science Course-Surgery; by **Jefferson**; monthly, Sept.-June (77-1-31)
(1) Correlated Clinical Science Course-Pediatric; by **Jefferson**; monthly, Oct.-June (77-1-32)
(1) Correlated Clinical Science Course-Medicine; by **Jefferson**; monthly, Sept.-May (77-1-33)
(1) Correlated Clinical Science Course-Psychiatry; by **Jefferson**; monthly, Oct.-June (77-1-34)
Contact: Theodore J. Berry, M.D., DME, Bryn Mawr Hosp., Bryn Mawr, 19010.
(1) Current Concepts in Medicine for the Practicing Physician; by **Jefferson**; April 28-29 at Valley Forge Hilton; April 30 at Bryn Mawr Hosp. (77-1-392)
Contact: Harold J. Robinson, M.D., Bryn Mawr Hosp., Bryn Mawr 19010.

Butler; Butler Co. Med. Soc.; 1977
(1) Cardiac Arrhythmias; by **Pitt**; at Holiday Inn, Butler; Jan. 11 (77-1-382)
(1) Purpose and Technique of Medical Audit; by **Pitt**; at Holiday Inn, Butler; Feb. 8 (77-1-383)
(1) Investigations and Treatment of Infertility in Women; by **Pitt**; at Holiday Inn, Butler; March 8 (77-1-384)
(1) Surgery and Peptic Ulcer Disease; by **Pitt**; at Holiday Inn, Butler; April 12 (77-1-385)
Contact: S. A. Nallathambi, M.D., Prgm. Chrm., Butler Co. Med. Soc., 230 S. Washington St., Butler 16001.

Canonsburg; Canonsburg General Hosp.; 1977
(1) Cardiac Murmurs and Arrhythmias—Diagnostic Evaluation and Management; by **Pitt**; Jan. 11 (77-1-360)
(1) Recent Advances in Immunology; by **Pitt**, Feb. 1 (77-1-361)
(1) Breast Cancer; by **Pitt**; Mar. 1 (77-1-362)
(1) Pancreatic and Small Bowel Disorders; by **Pitt**; April 5 (77-1-363)
(1) Leukemias and Lymphomas; by **Pitt**; May 3 (77-1-364)
Contact: Louis Signorella, M.D., McMurray 15317.

Carnegie; Woodville State Hosp.; '76-'77 Academic Year
(1) Continuing Education Seminars; by **Pitt**; weekly, Sept.-June (77-1-35)
Contact: Maurice S. Cerul, M.D., Dir. Educ., Woodville State Hosp., Carnegie 15106.

Danville; **Geisinger**; '76-'77 Academic Year
(1) Advances in Clinical Practice; Feb. 12-13; at Sheraton Inn, Danville (77-1-205)
(1) Hypertension, 1977; Feb. 23 (77-1-206)
(1) New Developments in Otolaryngology of Interest to Primary Care Physicians; Mar. 7 (77-1-207)
(1) High and Low Blood Sugars and What to do About Them; Mar. 16 (77-1-208)
(1) Immunology for the Practitioner; Mar. 30 (77-1-209)
(1) Practical Advances in Dermatology; Apr. 6 (77-1-210)
(1) Abdominal Diseases: The Internist and the Surgeon; Apr. 6 (77-1-211)
(1) Pulmonary Physiology Made Easy: A Guide to the Understanding of Pulmonary Function Testing; Apr. 20 (77-1-212)
(1) Hypothyroidism and Thyrotoxicosis; May 4 (77-1-213)
(1) Special Child Conference-9th Annual; May 7 (77-1-214)
(1) The Worried Well: Practical Approaches to Problem Patients; June 1 (77-1-215)
(1) The Significance of the Apical Systolic Murmur; June 8 (77-1-216)
(1) Gynecologic Endocrinology; every fourth Monday (77-1-261)
(1) Neurology-Neurosurgery Conference; every Monday (77-1-262)
(1) Head and Neck Tumor Conference; every Monday (77-1-263)
(1) Visiting Professor Program; every third Monday (77-1-264)
(1) Behavioral Science Lectures in Family Practice; every Monday (77-1-265)
(1) Pediatric Grand Rounds; second and fourth Tuesdays (77-1-266)
(1) Multidisciplinary Tumor Conference; first and third Tuesdays (77-1-267)
(1) Cardiovascular Hemodynamic Conference; every Wednesday (77-1-268)
(1) Pulmonary Physiology Conference; every Wednesday (77-1-269)
(1) Core Curriculum Lectures in Family Practice; every Wednesday (77-1-270)
(1) Emergency Medicine Lectures; every Wednesday (77-1-271)
(1) Combined Pediatric, OB/GYN Perinatal Conference; every third Thursday (77-1-272)
(1) Rehabilitation Medicine Teaching Program; first and third Thursday (77-1-273)
(1) Chest Conference; every Thursday (77-1-274)
(1) Electrophysiology Conference; every Friday (77-1-275)
(1) Hospital Grand Rounds; every Friday (77-1-276)
(1) Internal Medicine Conference; every Tuesday, Wednesday, and Thursday (77-1-277)
(1) Dermatology Conference; every Monday, Thursday, and Friday (77-1-278)
(1) Updating Medical Urology; every Thursday (77-1-279)
(1) Urology Pathology Conference; every third Thursday (77-1-280)
(1) Urology Radiology; every Friday (77-1-281)
(1) Pediatric Teaching Conference; every Tuesday and every first, second, and fourth Thursday (77-1-282)
(1) Dermatology Grand Rounds; every last Friday of month, Sept.-May (77-1-296)
Contact: Mildred K. Fleetwood, Ph.D., V. Chrm., Educ. Comm., **Geisinger.**

Drexel Hill; **Delaware Co.**; '76-'77 Academic Year
(1) Monthly Medical Symposium; monthly, Sept. 14-June 7 (77-1-60)
(1) Saturday Multidisciplinary Conference; weekly, Sept. 4-June 25 (77-1-61)
(1) Pediatric Problems; twice monthly, Sept. 2-June 16 (77-1-62)

(1) Current Problems in Anesthesiology; weekly, Sept. 13-June 27 (77-1-63)
(1) Surgical Seminar; monthly, Sept. 28-Aug. 23 (77-1-64)
(1) Continuing Medical Education in Gynecology; monthly, Sept. 23-Aug. 25 (77-1-65)
(1) Clinical Pathological Conference; monthly; Sept. 14-June 14 (77-1-66)
(1) Urology- Renology Conference; monthly, Sept. 10-June 10(77-1-67)
(1) Continuing Education in Electroencephalography; weekly, Sept. 3-June 24 (77-1-68)
(1) Tumor Conference; monthly, Sept. 15-Aug. 17 (77-1-69)
Contact: Donald V. Powers, M.D., DME, **Delaware Co.**

DuBois; Clearfield Co. Med. Soc. and Jefferson Co. Med. Soc.; 1977
(1) Continuing Education for Physicians; by **Pitt**; weekly beginning Feb. 1977 (77-1-561)
Contact: Clifford B. Lull, M.D., Jefferson Co. Med. Soc., DuBois 15801.

East Stroudsburg; Pocono Hosp.; '76-'77 Academic Year
(1) Continuing Medical Education Program; by **MCP**; monthly, Sept.-May (77-1-217)
Contact: Gerald H. Escovitz, M.D., Assoc. Dean of Cont. Edu., **MCP**.

Erie: **Hamot**, 1977
(1) Biomechanics Course; weekly, Sept. 1976-Aug. 1977 (77-1-522)
(1) Catheterization Conference; weekly, Sept. 1976-August 1977 (77-1-523)
(1) Chest Conference; weekly, Sept. 1976-Aug. 1977 (77-1-524)
(1) Pathology Conference; weekly, Sept. 1976-Aug. 1977 (77-1-525)
(1) Surgical Conference; weekly, Sept. 1976-Aug. 1977 (77-1-526)
(1) Visiting Professor Program; 1-2 days a month, Sept. 1976-June 1977 (77-1-527)
(1) Medical Conference; weekly, Sept. 1976-Aug. 1977 (77-1-528)
Contact: Beatrice Olsen, Admin. Asst., **Hamot.**

Greensburg; Centralized Hosp. Serv. of Westmoreland Co.; '76-'77 Academic Year
(1) Continuing Education for Physicians; by **Pitt**; monthly, Oct.-June (77-1-288)
Contact: Ira Schugar, Dir., Education and Training, Centralized Hosp. Serv. of Westmoreland Co., Greensburg 15601.
(1) Contraception and Sterilization; by **Pitt**; Feb. 1; at Monsour Med. Center (77-1-516)
(1) Pelvic Infections—Including Vaginitis; by **Pitt**; April 19; at Westmoreland Hosp., Greensburg (77-1-517)
Contact. P. Hattoum, M.D., Monsour Med. Cntr. or John Newman, M.D., Westmoreland Hosp., Greensburg.

Hanover; Hanover General Hosp.; '76-'77 Academic Year
(1) The Anemias; Primary, Secondary and Genetic; by **Harrisburg**; Jan. 13 (77-1-328)
(1) Peripheral Vascular Disorders and Phlebo-embolic Disease; by **Harrisburg**; Feb. 16 (77-1-329)
(1) Acute Hemorrhagic Shock; by **Harrisburg**; Mar. 17 (77-1-330)
(1) Eye Problems in General Practice; by **Harrisburg**; Apr. 13 (77-1-331)
(1) The Collagen Diseases; by **Harrisburg**; May 11 (77-1-332)
(1) Radiologic and Nuclear Medicine in Diagnosis and Therapy; Mammography, Xerography, Thermography, and the EMI; by **Harrisburg**; June 16 (77-1-333)
Contact Alvaro Alandete, M.D., Prgm. Dir., Cont. Educ., Hanover General Hosp., Highland Ave., Hanover 17331.

Hazleton; Hazleton St. Gen. Hosp.; '76-'77 Academic Year
(1) Continuing Medical Education Seminars; by **U. of Pa.**; weekly, Sept. 16-May 19 (77-1-37)
Contact. Robert Gunderson, M.D., Hazleton St. Gen. Hosp., Northeastern Bldg., Hazleton 18201.

Indiana; Indiana Hosp.; 1977
(1) Kidney Stones; by **Pitt**, Jan. 8 (77-1-608)
(1) Rehabilitation of the Stroke Patient; by **Pitt**; Jan. 22 (77-1-609)
(1) Sports Medicine; by **Pitt**, Feb. 5 (77-1-610)
(1) Stasis Ulcer; by **Pitt**; Feb. 19 (77-1-611)
(1) Pulmonary Embolism; by **Pitt**; March 5 (77-1-612)
(1) Office Gynecology; by **Pitt**; March 19 (77-1-613)
(1) Obesity; by **Pitt**; April 2 (77-1-614)
(1) Hyperlipidemia; by **Pitt**, April 16 (77-1-615)
(1) Surgical Management of Peptic Ulcer Disease; by **Pitt**; May 7 (77-1-616)
Contact: Stephen J. Takach, M.D., Indiana Hosp., Indiana 15701.

Kane; McKean Co. Med. Soc.; 1977
(1) Subject to be announced; Jan. 18; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-433)
(1) Subject to be announced; Feb. 15; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-434)
(1) Subject to be announced; March 15; by **Pitt**, at Penn Hills Country Club, Bradford (77-1-435)
(1) Subject to be announced; April 19; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-436)
(1) Subject to be announced; May 17; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-437)
Contact: Thomas Logio, M.D., Comm. Med. Bldg., 2 Thompson Park, Kane 16735.

Kingston; Nesbitt Mem. Hosp.; '76-'77 Academic Year
(1) Parkinson's Disease-Office Management; by **Geisinger**; Jan. 13 (77-1-284)
(1) New Concepts-Management of Multiple Sclerosis; by **Geisinger**; Jan. 13 (77-1-284)
(1) New Aspects of Management and Treatment of Endometriosis; by **Geisinger**; Feb. 10 (77-1-285)
(1) Treatment and Management of Cervical Carcinoma; by **Geisinger**; Feb. 10 (77-1-285)
(1) New Management of Hypertension; by **Geisinger**; Mar. 10 (77-1-286)
(1) Basics and Clinical Application of Arterial Blood Gases; by **Geisinger**; Apr. 14 (77-1-287)
(1) Chemo and Cobalt Therapy in Oncology; by **Geisinger**; May 12 (77-1-288)
Contact: William H. Boyle, M.D., Nesbitt Hosp., Wyoming Ave., Kingston.

Kittanning; Armstrong Co. Mem. Hosp.; 1977
(1) Acute and Chronic Renal Failure; by **Pitt**; Jan. 8 (77-1-394)
(1) Genetics; by **Pitt**; Jan. 22 (77-1-395)
(1) Rehabilitation of the Stroke Patient; by **Pitt**; Feb. 12 (77-1-396)
(1) Chemotherapeutic Principles; by **Pitt**; Feb. 26 (77-1-397)
(1) Hyperlipidemia; by **Pitt**; Mar. 12 (77-1-398)
(1) Hypertension and Renal Disease; by **Pitt**; Mar. 26 (77-1-399)
(1) Recent Trends—Office Gynecology; by **Pitt**; Apr. 9 (77-1-400)
(1) Nuclear Medicine; by **Pitt**; Apr. 23 (77-1-401)
(1) Chronic Obstructive Pulmonary Disease; by **Pitt**; May 14 (77-1-402)
(1) Acute Care of Multiple Trauma; by **Pitt**; May 21 (77-1-403)
Contact: Se Boo Kang, M.D., Chrm., Cont. Educ. Comm., Armstrong Co. Mem. Hosp., Kittanning 16201.

Lancaster; Lancaster Gen. Hosp.; '76-'77 Academic Year
(1) Medical Grand Rounds; by **Temple**; weekly, July-June (77-1-6)
(1) Clinical Correlation in Family Med.; by **Temple**; bi-weekly, July-June (77-1-7)
(1) Program in Continuing Med. Educ.; by **Temple**; weekly, July-June (77-1-8)
(1) Scientific Program-Monthly Staff Meeting; by **Temple**; monthly, Sept.-June (77-1-9)
(1) Surgical Pathology Conference; by **Temple**; monthly, Sept.-Aug. (77-1-96)
(1) Radiology Conference; by **Temple**; weekly, Sept.-Aug. (77-1-97)
(1) Neuropsychiatric Staff; by **Temple**; monthly, Sept.-Aug. (77-1-98)
(1) Anesthesia Meeting; by **Temple**; monthly, Sept.-Aug. (77-1-99)
(1) Obstetrics and Gynecology Conference; by **Temple**; monthly, Sept.-Aug. (77-1-100)
(1) Surgical, Mortality and Morbidity; by **Temple**; monthly, Sept.-Aug. (77-1-101)
(1) Pediatric Conference; by **Temple**; monthly, Sept.-Aug. (77-1-102)
(1) Ophthalmology Meeting; by **Temple**; monthly, Sept.-Aug. (77-1-103)
(1) Medical Staff Meeting; by **Temple**; monthly, Sept.-June (77-1-104)
Contact: John H. Esbenshade, Jr., M.D., DME, Lancaster Gen. Hosp., 555 N. Duke St., Lancaster 17604.

Lancaster; St. Joseph's Hosp.; 1977
(1) Present Status of Endoscopic Cholangiography and Pancreatography; by **Jefferson**; Jan. 26 (77-1-586)
(1) Problems in the Management of the Gravely Ill Patient; by **Jefferson**; Feb. 23 (77-1-588)
(1) Recent Advances in the Clinical Use of Radioisotopes; by **Jefferson**; Feb. 9 (77-1-587)
(1) Drug Interactions; by **Jefferson**; Mar. 9 (77-1-589)
(1) Indications for and Hazards of Prophylactic Use of Antibiotics; by **Jefferson**; Mar. 23 (77-1-590)
(1) A Rational Approach to the Diagnosis and Treatment of Hypertension; by **Jefferson**; Apr. 6 (77-1-591)
(1) Management of the Severely Injured Patient; by **Jefferson**; Apr. 20 (77-1-592)
(1) Practical Approach to the Management of the Patient with Hypo or Hyperadrenal Function; by **Jefferson**; May 4 (77-1-593)
(1) Chronic Obstructive Pulmonary Diseases; by **Jefferson**; May 18 (77-1-594)
Contact. John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Latrobe; Latrobe Area Hosp.; 1977
(1) The Prostaglandins—Amenorrhea—Galactorrhea Syndromes; by **Jefferson**; Jan. 5 (77-1-595)
(1) Inflammatory Bowel Diseases; by **Jefferson**; Feb. 2 (77-1-596)
(1) Diabetes Revisited—Hypercalcemia; by **Jefferson**; Mar. 2 (77-1-597)
(1) Pulmonary Embolism—Bronchial Asthma; by **Jefferson**; Apr. 6 (77-1-598)
(1) Hearing Loss—T&A—Indications and Alternatives; by **Jefferson**; May 4 (77-1-599)
(1) Non-Invasive Techniques of Cardiac Diagnosis; by **Jefferson**; June 1 (77-1-600)
(1) Drug Interactions; by **Jefferson**; July 6 (77-1-601)
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson.**

Meadowbrook; Holy Redeemer Hosp.; 1977
(1) Glomerulonephritis - Recent Advances; by **Jefferson**; Jan. 5 (77-1-576)
(1) Benign vs. Malignant Gammopathy; by **Jefferson**; Feb. 2 (77-1-577)
(1) Malabsorption; by **Jefferson**; Feb. 17 (77-1-578)
(1) Air Pollution - Respiratory Diseases; by **Jefferson**; Mar. 9 (77-1-579)
(1) Convulsive Disorders; by **Jefferson**; Mar. 17 (77-1-580)
(1) Causes and Treatment of Hyponatremia; by **Jefferson**; Mar. 30 (77-1-581)
(1) Causes and Treatment of Hypopotassimia; by **Jefferson**; Apr. 6 (77-1-582)
(1) Occupational Hazards to Hearing; by **Jefferson**; Apr. 14 (77-1-583)

(1) Preoperative Evaluation; by **Jefferson**; Apr. 21 (77-1-584)
(1) Pediatric Hypertension; by **Jefferson**; May 4 (77-1-585)
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

McKeesport; McKeesport Hosp.; 1977
(1) Continuing Education for Physicians; by **Pitt**; weekly beginning winter 1977 (77-2-17)
Contact: Rudolph Buck, M.D., McKeesport Hosp., McKeesport 15132.

Monongahela; Monongahela Valley Hosp., Inc.; 1977
(1) Causes of Hypertension; at Charleroi Div.; by **Pitt**; Jan. 18 (77-1-455)
(1) Cosmetic Surgery: Indications, Candidates, Common Problems, Procedures Available; at Monongahela Div.; by **Pitt**; Feb. 15 (77-1-456)
(1) Neurology Review; Common Syndromes, Physical Examination, Definitive Testing; at Charleroi Div.; by **Pitt**; March 15 (77-1-457)
(1) Diagnosis and Therapy of Common Dermatological Problems; at Monongahela Div.; by **Pitt**; April 19 (77-1-458)
(1) Common Pediatric GI Problems; at Charleroi Div.; by **Pitt**; May 17 (77-1-459)
Contact: Umberto DeRienzo, M.D., Chrm., Cont. Educ., Charleroi Div., North Charleroi 15022 or John M. Brandon, M.D., Chrm., Cont. Educ., Monongahela Div., New Eagle 15063.

Natrona Heights; Tri-Co. Branch Med. Soc.; '76-'77 Academic Year
(1) Continuing Education for Physicians; by **Pitt**; monthly, Sept.-May (77-1-295)
Contact: William Balash, M.D., Prog. Chrm., Tri-Co. Branch Med. Soc., c/o Allegheny Valley Hosp., Natrona Heights 15065.

New Castle; Lawrence Co. Med. Soc.; 1977
(1) Treatment of Intractable Pain; by **Pitt**; at Troggio's Restaurant; Jan. 4 (77-1-365)
(1) Pediatric and Adolescent Medicine; by **Pitt**; at Troggio's Restaurant; Feb. 1 (77-1-366)
(1) Current Trends in the Diagnosis and Management of Psychiatric Illness; by **Pitt**; at Troggio's Restaurant; March 1 (77-1-367)
(1) Physiatry in General and Rehabilitation Therapy; by **Pitt**; at Troggio's Restaurant; April 5 (77-1-368)
(1) Ultrasound as a Diagnostic Tool; by **Pitt**; at Troggio's Restaurant; May 3 (77-1-369)
Contact: James N. Bower, M.D., Chrm., Comm. for Cont. Educ., Lawrence Co. Med. Soc., 103 S. Mercer St., New Castle 16101.

New Castle; Alternating Between Jameson Memorial Hosp. and St. Francis Hosp.; 1977
(1) Chemotherapeutic Principles; by **Pitt**; Jameson Mem. Hosp.; Jan. 11 (77-1-420)
(1) Oncology—Case Presentation; by **Pitt**; St. Francis Hosp.; Feb. 8 (77-1-421)
(1) Oncology—Case Presentation; by **Pitt**; Jameson Mem. Hosp.; March 8 (77-1-422)
(1) A Review of Basic Immunology; by **Pitt**; St. Francis Hosp.; April 12 (77-1-423)
(1) Subject to be announced; by **Pitt**; Jameson Mem. Hosp.; May 10 (77-1-424)
Contact: James N. Bower, M.D., Jameson Mem. Hosp., New Castle 16101 or Frank J. Altomare, M.D., St. Francis Hosp. of New Castle, New Castle 16101.

Norristown; Montgomery Co. Med. Soc.; '76-'77 Academic Year
(1) Suburban Pathology Society Seminar; by **U. of Pa.**; 1st Wednesday ea. month, Oct.-May (77-1-26)
Contact: John J. McGraw, Jr., M.D., Bryn Mawr Hosp., Bryn Mawr 19010.

Oil City; Venango Co. Med. Soc.; '76-'77 Academic Year
(1) Continuing Education for Physicians; by **Pitt**; monthly, Oct.-June; alternates among Franklin Hosp., Franklin; Oil City Hosp., Oil City; and Titusville Hosp., Titusville (77-1-285)
Contact: Robert M. Pilewski, M.D., 122 W. First St., Oil City 16301.

Philadelphia; **Coll. Phys./Phila.**; 1977
(1) Second Career Training Program for Emergency Physicians; April 18-May 6 (77-1-428)
Contact: Albert J. Finestone, M.D., Dir. of Cont. Educ. Prgms., **Temple**.

Philadelphia; Episcopal Hosp.; '76-'77 Academic Year
(1) Update in Neurology; by **Temple**; May 1977 (77-1-314)
(1) Gastroenterologic Problems for Physicians; by **Temple**; biweekly, Sept. 9-Aug. 25 (77-1-315)
(1) Department of Medicine CPC Conference; by **Temple**; monthly, Sept. 15-May 17 (77-1-316)
(1) Cardiac Catheterization; by **Temple**; weekly, Sept. 13-May 30 (77-1-317)
(1) Clinical Cardiology; by **Temple**; weekly, Sept. 14-May 31 (77-1-318)
(1) Hematology; by **Temple**; weekly, Sept. 27-June 27 (77-1-319)
(1) Pulmonary Conference; by **Temple**; biweekly, Sept. 3-Aug. 19 (77-1-320)
(1) Nephrology for the Practicing Physician; by **Temple**; biweekly, Sept. 14-Aug. 23 (77-1-321)
(1) Department of Medicine Grand Rounds; by **Temple**; weekly, Sept. 17-May 29 (77-1-322)
(1) Temple TV Grand Rounds; by **Temple**; weekly, Sept. 15-May 25 (77-1-323)
(1) Endocrinology for the Practicing Physician; by **Temple**; biweekly, Sept. 2-Aug. 18 (77-1-324)
Contact: Jacob Zatuchni, M.D., Dept. Med., Episcopal Hosp., Front St. and Lehigh Ave., Philadelphia 19125.

(1) Introductory Diagnostic Ultrasound; by **Temple**; Dec. 13-17 and Mar. 7-11 (77-1-105)
(1) Diagnostic Ultrasound-Advanced Abdominal Scanning; by **Temple**; Jan. 10-14 and Apr. 18-22 (77-1-106)
(1) Diagnostic Ultrasound-Echocardiography; by **Temple**; Feb. 14-18 and May 2-6 (77-1-107)
(1) Diagnostic Ultrasound-Cross-Sectional Anatomy; by **Temple**; June 6-10 (77-1-108)
Contact: Albert J. Finestone, M.D., Asst. Dean, **Temple.**

Philadelphia; **EPPI**; '76-'77 Academic Year
(1) Schizophrenia; Jan. 13 (77-1-80)
(1) Manic-Depressive Illness; Feb. 10 (77-1-81)
Contact: Geraldine DePaula, M.D., Dir., **CME, EPPI.**
(1) Introduction to Clinical Behavior Therapy; by **Temple**; weekly, Sept. 15-Mar. 30 (77-1-115)
(1) The 12th June Institute in Behavior Therapy; by **Temple**; daily for 4 weeks, June 6-July 1 (77-1-116)
Contact: Albert J. Finestone, M.D., Asst. Dean, **Temple.**

Philadelphia; Frankford Hosp.; '76-'77 Academic Year
(1) Continuing Medical Education Program; by **MCP**; monthly, Sept.-June (77-1-218)
Contact: Gerald H. Escovitz, M.D., Assoc. Dean for Cont. Edu., **MCP**.

Philadelphia; **Hahnemann**; '76-'77 Academic Year
(1) Current Concepts in Medicine; Wednesday, Oct. 6-May 18 (77-1-180)
(1) Chairman's Medical Grand Rounds; Thursdays, Oct. 7-May 26 (77-1-181)
(1) Occupational Respiratory Disease; at Sheraton Hotel, Philadelphia; Feb. 21-23 (77-1-182)
(1) Cancer Chemotherapy III; at Sheraton Hotel, Philadelphia; Apr. 18-20 (77-1-183)
(1) Bedside Diagnosis of Heart Disease; at Marriott Motor Hotel, Philadelphia; July 18-20 (77-1-184)
(1) Therapeutics; at Marriott Motor Hotel, Philadelphia; May 8-12 (77-1-185)
(1) Rheumatology Tutorial Course; Monday and Thursday, Sept. 6-30; Oct. 4-29; Nov. 1-25; Jan. 3-27; Feb. 7-Mar. 3; Mar. 7-31; Apr. 4-28; May 2-26; June 6-30 (77-1-186)
(1) Neuropathology Tutorial; Oct. 4-Dec. 24; Jan. 3-Mar. 25; Apr. 4-June 24 (77-1-187)
(1) Adult Neurology Tutorial; Oct. 4-Dec. 24; Jan. 3-Mar. 25; Apr. 4-June 24 (77-1-188)
(1) Pediatric Neurology Tutorial; Oct. 4-Dec. 24; Jan. 3-Mar. 25; Apr. 4-June 24 (77-1-189)
(1) Fluid and Electrolyte Metabolism Tutorial; Sept. 6-17; Oct. 3-14; Nov. 7-18; Jan. 3-14; Feb. 7-18; Mar. 7-18; Apr. 4-15; May 2-13; June 6-17; (77-1-190)
(1) Hypertension, Clinical and Laboratory Tutorial; Sept. 6-17; Oct. 3-14; Nov. 7-18; Jan. 3-14; Feb. 7-18; Mar. 7-18; Apr. 4-15; May 2-13; June 6-17 (77-1-191)
(1) Dialysis Tutorial Course; Sept. 6-17; Oct. 3-14; Nov. 7-18; Jan. 3-14; Feb. 7-18; Mar. 7-18; Apr. 4-15; May 2-13; June 6-17 (77-1-192)
(1) Gastrointestinal Endoscopy Tutorial; Sept. 13-17; Oct. 11-15; Nov. 8-12; Dec. 13-17; Jan. 10-14; Feb. 14-18; Mar. 14-18; Apr. 11-15; May 9-13; June 13-17 (77-1-193)
(1) Clinical Gastroenterology Tutorial; weekly, Sept. 16-Oct. 20; Mar. 17-Apr. 21 (77-1-194)
(1) Clinical Immunology Tutorial Course; Sept. 6-Oct. 29; Feb. 7-Apr. 1; May 2-June 24 (77-1-195)
(1) Cardiac Care Unit Tutorial; Oct. 4-22; Oct. 25-Nov. 12; Jan. 3-21; Jan. 24-Feb. 11; Feb. 14-Mar. 4; Mar. 7-25; Apr. 11-29; May 2-20; May 23-June 10 (77-1-196)
(1) Basic Medicine Tutorial Course; Sept. 13-Dec. 3; Jan. 10-Apr. 1; Apr. 4-June 24 (77-1-197)
(1) Critical Care Tutorial Course; Nov. 1-Dec. 24; Jan. 3-Feb. 25; Mar. 7-Apr. 29; May 2-June 24 (77-1-198)
(1) Continuing Education Program; weekly, Sept. 10-June 10 (77-1-199)
(1) Continuing Education Program; weekly, Sept. 15-May 18 (77-1-200)
(1) Continuing Education Program; weekly, Sept. 16-May 19 (77-1-201)
(1) Continuing Education Program; weekly, Nov. 26-May 20 (77-1-202)
(1) Continuing Education Program; weekly, Sept. 24-June 24 (77-1-203)
(1) Continuing Education Program; weekly, Sept. 15-June 22 (77-1-204)
Contact: Robert J. Schaefer, Exec. Dir., Cont. Educ. Prgm. Coordinator, **Hahnemann**.
(1) Surgical Grand Rounds; weekly, Sept. '77-June '78 (78-1-15)
(1) Journal Club; 2 days a month all year (77-2-18)
Contact: Demetrius S. Saris, M.D., Assoc. Prof., Dept. of Surgery, **Hahnemann**.

Philadelphia; **Jeanes**; '76-'77 Academic Year
(1) Pathologists Meeting; March 3 and June 2 (77-1-82)
(1) Radiology Conference; weekly, Sept. 2-Aug. 25 (77-1-83)
(1) GI Conference; weekly, Sept. 3-Aug. 26 (77-1-84)
(1) Cancer Detection in Office Practice; weekly, Sept. 8-May 25 (77-1-85)
(1) Tumor Conference; weekly, Sept. 13-July 25 (77-1-86)
(1) Tumor Board; weekly, Sept. 13-Aug. 29 (77-1-87)
(1) Pathology Slide Conference; weekly, Sept. 14-Aug. 30 (77-1-88)
(1) Weekly Scientific Conference; weekly, Sept. 15-May 18 (77-1-89)
(1) Clinical Rounds, Medical Dept.; weekly, Sept. 15-June 15 (77-1-90)
(1) Medical Dept. Meeting, Scientific; monthly, Sept. 22-June 22 (77-1-91)
(1) Surgical Dept. Meeting, Scientific; monthly, Oct. 6-Aug. 3 (77-1-92)
(1) Rheumatology for Practicing Physicians; one day per week, Jan. 19-26 (77-1-93)
(1) Common Neurology Problems in Office Practice; one day per week, Apr. 20-27 (77-1-94)
Contact: Joseph M. Winston, M.D., Chrm., Dept. of Med. Educ., **Jeanes.**

Philadelphia; **Jefferson**; 1977
(1) Advanced Electronystagmography Course; Mar. 31-Apr. 1 (77-1-564)
(1) Obstetrics and Gynecology; Mar. 16-18 (77-1-565)
(1) Vascular Diseases and Diabetes; Feb. 9 (77-1-566)
(1) Modern Therapeutics III; Feb. 23-25 (77-1-567)
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Philadelphia; Marriott Motor Hotel; 1977
(1) Bedside Diagnosis of Heart Disease; by **Hahnemann**; Mar. 7-9 (77-1-393)
Contact: Bernard L. Segal, M.D., Hahnemann Medical College, Philadelphia 19102.

Philadelphia; **MCP**; '76-'77 Academic Year
(1) Retraining Program for Inactive Physicians; Apr. 18-June 10 (77-1-221)
(1) Radiation Oncology Conference; weekly (77-1-222)
(1) Thyroid Conference; weekly (77-1-223)
(1) Nuclear Medicine Conference; weekly (77-1-224)
(1) Visiting Professor Program-Medicine; monthly (77-1-225)
(1) Department of Medicine Grand Rounds; weekly (77-1-226)
(1) Obstetrics-Gynecology Grand Rounds; weekly (77-1-227)
(1) Emergency Medicine Grand Rounds; weekly (77-1-228)
(1) IVP Conference; two days per month (77-1-229)
(1) Angiography Conference; two days per month (77-1-230)
(1) GI Conference; weekly (77-1-231)
(1) Radiology Journal Club; two days per month (77-1-232)
(1) Radiology-Pathology Conference; two days per month (77-1-233)
(1) Morbidity and Mortality Rounds; weekly (77-1-234)
(1) Neurology Grand Rounds; weekly (77-1-235)
(1) Gross Neuropathology Conference; weekly (77-1-236)
(1) Neurology Journal Club; weekly (77-1-237)
(1) Neurology Psychiatry Conference; monthly (77-1-238)
(1) Rheumatology-Radiology Conference; twice monthly (77-1-239)
(1) Rheumatology Quiz Review; weekly (77-1-240)
(1) Rheumatology Visiting Professor Conference; weekly (77-1-241)
(1) Rheumatology Grand Rounds; weekly (77-1-242)
(1) Orthopedic Anatomy Conference; weekly (77-1-243)
(1) Orthopedic Sound Slide Series; weekly (77-1-244)
(1) Orthopedic-Rheumatology Conference; monthly (77-1-245)
(1) Orthopedic-Radiology Conference; weekly (77-1-246)
(1) Orthopedic Grand Rounds; weekly (77-1-247)
(1) Orthopedic-Pediatric Conference; monthly (77-1-248)
(1) Pediatric Surgery Conference; monthly (77-1-249)
(1) Pediatric Hematology Conference; monthly (77-1-250)
(1) Pediatric Cardiology Conference; monthly (77-1-251)
(1) Pediatric Grand Rounds; three times monthly (77-1-252)
(1) Pediatric Pathology Conference; monthly (77-1-253)
(1) Pediatric Neurology Conference; monthly (77-1-254)
(1) Obstetrics-Pediatrics Conference; weekly (77-1-255)
(1) Surgery Grand Rounds; weekly (77-1-256)
(1) Surgery Conference; weekly (77-1-257)
(1) Acute Care Conference; weekly (77-1-258)
(1) Chest Conference; weekly (77-1-259)
(1) Urology-Radiology Conference; weekly (77-1-260)
Contact: Gerald H. Escovitz, M.D., Assoc. Dean, Cont. Educ., **MCP**.

Philadelphia: Moss Rehabilitation Hosp., Albert Einstein Med. Cntr.; '76-'77 Academic Year
(1) Grand Rounds; by **Temple**; weekly, Sept.-June (77-1-27)
(1) Basic Science and Clinical Concept Review; weekly, Sept.-June (77-1-28)
(1) Prosthetics/Orthotics Conference; weekly, July-June (77-1-29)Contact: Thomas E. Strax, M.D., Moss Rehab. Hosp., 12th St. & Tabor Rd., Philadelphia 19141

Philadelphia; Nazareth Hosp.; 1977
(1) New Developments in Gynecology; by **Temple**; Jan. 19 (77-1-476)
(1) Advances in Internal Medicine; by **Temple**; Feb. 16 (77-1-477)
(1) Adolescent Suicidal Attempt; by **Temple**; Mar. 16 (77-1-478)
(1) Surgery for Peripheral Vascular Disease; by **Temple**; Apr. 20 (77-1-479)
(1) Thyroid Disease; by **Temple**; May 18 (77-1-480)
(1) New Concept in Cardiology; by **Temple**; June 15 (77-1-481)
Contact: Paul M. Lin, M.D., Chrm., Educ. Cmte., Nazareth Hosp., 2601 Holme Ave., Philadelphia 19152.

Philadelphia; Philadelphia Psych. Cntr.; '76-'77 Academic Year
(1) Grand Rounds; by **Psychiatry**; Thurs., Sept. 9-June 23 (77-1-78)
Contact: Harold Winn, M.D., Dir., CME, Phila. Psych. Cntr., Ford Road & Monument Ave., Philadelphia, 19131.

Philadelphia; St. Christopher's Hosp. for Children; '76-'77 Academic Year
(1) Pediatric Cardiology Conference; by **Temple**; weekly, Sept.-June (77-1-109)
(1) Pediatric Conference; by **Temple**; weekly, Sept.-June (77-1-110)
(1) Grand Rounds; by **Temple**; weekly, Sept.-June (77-1-111)
(1) Pediatric Radiology; by **Temple**; weekly, Sept.-June (77-1-112)
(1) 26th Annual Seminar in Pediatrics; by **Temple**; at Benjamin Franklin Hotel, Philadelphia, June 7-10 (77-1-113)
(1) A Day of Pediatric Nephrology; by **Temple**; Apr. 20 (77-1-114)
Contact: Alan B. Gruskin, M.D., Dir., Cont. Educ., St. Christopher's Hosp. for Children, 2600 N. Lawrence St., Philadelphia 19133.

Philadelphia; **Temple**; '76-'77 Academic Year
(1) Monthly Medical Conference; at Northeastern Hosp., Phila.; monthly, Sept.-June (77-1-179)
(1) Hepatology Conference; weekly, Sept.-June (77-1-119)
(1) Clinical Gastroenterology; at Hotel Rose Hall Inter-Continental, Montego Bay, Jamaica; Dec. 26-Jan. 2 (77-1-120)
(1) The Practice of Behavior Therapy with Children: A Training Seminar; at Hilton Hotel, Philadelphia; Jan. 20-21 (77-1-121)
(1) Workshop in Surgery of the Posterior Fossa; at Sheraton Airport Inn, Philadelphia; Jan. 22-23 (77-1-122)
(1) A Day in Pediatric Cardiology; Mar. 16 (77-1-123)
(1) Frontiers of Psychotherapy; at University City Holiday Inn, Philadelphia; Mar. 17-18 (77-1-124)
(1) Urology Course; Mar. 21 (77-1-125)
(1) Emergency Department Radiology; Apr. 13 (77-1-126)
(1) Clinical Skills Day; at Sugarloaf Conference Center, Philadelphia; Apr. 23 (77-1-127)
(1) Family Practice Review Course; at Landis Valley Motor Inn, Lancaster; Apr. 25-29 (77-1-128)
(1) Stauffer Memorial Lecture; Apr. 27 (77-1-129)
(1) Thrombosis Course; at Marriott Motor Inn, Bala Cynwyd; June 24-25 (77-1-130)
(1) Mini Fellowships in Sports Medicine; date to be announced (77-2-9)
(1) ENT Workshop; date to be announced (77-2-10)
(1) Anesthesiology Basic Science Lecture; weekly, Sept.-June (77-1-131)
(1) Anesthesiology Case Conference; weekly, Sept.-June (77-1-32)
(1) Anesthesiology Seminar; weekly, Sept.-June (77-1-133)
(1) Anatomy Conference and Class; weekly, Sept.-June (77-1-134)
(1) Basic Science Review; weekly, Sept.-June (77-1-135)
(1) Thrombohemorrhagic Conference; weekly, Sept.-June (77-1-139)
(1) Pulmonary Grand Rounds; weekly, Sept.-June (77-1-141)
(1) Angiography; weekly, Sept.-June (77-1-136)
(1) Cardiac Arrhythmia Conference; weekly, Sept.-June (77-1-137)
(1) Cardiac Catheterization Conference; weekly, Sept.-June (77-1-138)
(1) Chest Conference; weekly, Sept.-June (77-1-140)
(1) Electrodiagnostic Rounds; weekly, Sept.-June (77-1-142)
(1) Endocrine-Metabolic Conference; weekly, Sept.-June (77-1-143)
(1) GI Conference; weekly, Sept.-June (77-1-144)
(1) Medical Grand Rounds; weekly, Sept.-June (77-1-145)
(1) CPC/Medicine; weekly, Sept.-June (77-1-146)
(1) Fracture Conference; weekly, Sept.-June (77-1-147)
(1) Rheumatology Conference; weekly, Sept.-June (77-1-148)
(1) Infectious Disease Clinical Microbiology Conference; weekly, Sept.-June (77-1-149)
(1) Neurology Conference; weekly, Sept.-June (77-1-150)
(1) Grand Rounds in Neurosurgery; weekly, Sept.-June (77-1-151)
(1) OB/GYN Grand Rounds; weekly, Sept.-June (77-1-152)
(1) OB/GYN Postgraduate Program; weekly, Sept.-June (77-1-153)
(1) Hematology-Oncology Conference; weekly, Sept.-June (77-1-154)
(1) Tumor Conference; weekly, Sept.-June (77-1-155)
(1) Orthopedic Surgery Basic Science Conference; weekly, Sept.-June (77-1-156)
(1) Orthopedic Surgery Grand Rounds; weekly, Sept.-June (77-1-157)
(1) Patient Care Mortality and Morbidity Conference; weekly, Sept.-June (77-1-158)
(1) Grand Rounds in Psychiatry; weekly, Sept.-June (77-1-159)
(1) Rehabilitation Chairman's Rounds; weekly, Sept.-June (77-1-160)
(1) Clinical Pathology Radiology Conference; weekly, Sept.-June (77-1-161)
(1) Neuroradiology Conference; weekly, Sept.-June (77-1-162)
(1) Orthopedic Radiology; weekly, Sept.-June (77-1-163)
(1) Urologic Radiology; biweekly, Sept.-June (77-1-164)
(1) Surgical Morbidity Conference; weekly, Sept.-June (77-1-165)
(1) Medical/Surgical Conferences; 2 days a week (77-2-11)
(1) Grand Rounds from Temple Univ. School of Medicine; Wednesdays, Sept.-June (77-1-174)
(1) Chevalier Jackson Basic Course in Bronchoesophagology; Feb. 7-18 (77-1-176)
(1) Medical and Psychiatry Continuing Education; at Allentown State Hosp.; Jan. 17, Feb. 28, Mar. 21, Apr. 18, May 16 and June 20 (77-1-177)
(1) Dermatology Grand Rounds; weekly, Sept.-June (77-2-166)
(1) Socratic Seminars; dates variable (77-2-12)
(1) Journal Club; weekly, Sept.-June (77-1-166)
(1) Basic Science Seminar; weekly, Sept.-June (77-1-167)
(1) Progress in General Medicine-Toland Memorial Lecture; monthly, 3rd Wednesday, Sept.-June (77-1-168)
(1) Grand Rounds; every second and fourth Tuesday, Sept.-May (77-1-169)
(1) Clinical Application of New Developments in Medicine; at Phila. State Hosp.; biweekly, Fridays, Sept.-Feb. (77-1-170)
(1) Grand Rounds; at McShea Hall, Montgomery Hosp.; first Thursday each month, Sept.-June (77-1-171)
(1) Continuing Education Medical Conference; Fridays, Sept.-June (77-1-172)
Contact: Albert J. Finestone, M.D., Asst. Dean, Cont. Med. Educ., **Temple**.

Philadelphia; **U. of Pa.**; '76-'77 Academic Year
(1) Department of Medicine Weekly Conferences; Sept.-June (77-1-36)

Contact: Henry G. Sparks, Coordinator, Cont. Educ. Program, **U. of Pa.**

Philadelphia; West Park Hosp.; '76-'77 Academic Year
(1) Continuing Medical Education Program; by **MCP**; monthly, Sept.-June (77-1-219)
Contact: Gerald H. Escovitz, M.D., Assoc. Dean for Cont. Edu., **MCP**.

Philadelphia; Wills Eye Hosp.; 1977
(1) Annual Glaucoma Course; by **Jefferson** and **PAO&O**; Mar. 31-April 2 (77-1-359)
Contact: Kenneth W. Benjamin, M.D., 1419 Spruce St., Philadelphia, 19102.

Pittsburgh; **Allegheny**; '76-'77 Academic Year
(1) Cardiology Conference; Mondays, Sept. 6-June 27 (77-1-17)
Contact: Stanley Briller, M.D., Head, Heart Station, **Allegheny**.
(1) Endocrinology Conference; second Thursday each month, Sept. 9-June 9 (77-1-13)
Contact: James Parrish, M.D., Head, Div. of Endocrin., **Allegheny**.
(1) Anesthesiology Conference; Thursday, Sept. 1976-June 1977 (77-1-529)
Contact: David J. Torpey, Jr., M.D., Head, Div. of Anes., **Allegheny**.
(1) Medical Grand Rounds; Wednesdays, Sept. 1976-June 1977 (77-1-530)
Contact: Claude R. Joyner, M.D., Dir., Dept. of Med., **Allegheny**.
(1) GI Medical/Surgical Conference; Thursdays, Sept. 1976-June 1977 (77-1-531)
Contact: George J. Brodmerkel, Jr., M.D., Div. of Gastroenterology, **Allegheny**.
(1) Infectious Diseases Conference; first Thursday each month, Sept. 1976-June 1977 (77-1-532)
Contact: Edward B. Rotheram, Jr., M.D., Head, Div. of Infect. Diseases, **Allegheny**.
(1) Pediatric Conference; first and third Mondays, Sept. 1976-June 1977 (77-1-534)
Contact: M. Remsen Behrer, M.D., Head, Div. of Pediatrics, **Allegheny**.
(1) New Patient Conference (Radiation Therapy); Tuesdays and Thursdays, Sept. 1976-June 1977 (77-1-535)
(1) Head and Neck Radiation Oncology Conference; Fridays, Sept. 3-June 24 (77-1-14)
Contact: J. P. Concannon, M.D., Head, Div. of Radiation/Oncology, **Allegheny**.
(1) Hematology/Oncology Conference; Thursdays, Sept. 2-June 30 (77-1-23)
Contact: Milton M. Michaels, M.D., Head, Div., of Hematology, **Allegheny**.
(1) Laboratory Medicine Seminar; second Friday of each month, Sept. 10-June 10 (77-1-18)
(1) Lecture Series in Pathology; last Friday of each month, Sept. 24-June 24 (77-1-22)
(1) Medical Mortality Conference; 1st and third Friday of each month, Sept. 8-June 15 (77-1-21)
(1) Pathology-Oncology Slide Seminar; weekly, Sept. 3-June 24 (77-1-20)
Contact: Robert J. Hartsock, M.D., Dir., Dept. Lab. Med., **Allegheny**.
(1) Neurology Section of Internal Medicine Conference; third Thurs. of ea. month, Sept. 16-June 16 (77-1-15)
Contact: Hirsh Wachs, M.D., Head, Div. of Neurol., **Allegheny**.
(1) Neurosciences Conference; Wednesdays, Sept. 1976-June 1977 (77-1-16)
(1) Neurosciences Conference; Fridays, Sept. 3-June 24 (77-1-16)
Contact: Emil H. Schnap, M.D., Div. of Diag. Rad., **Allegheny**.
(1) Nuclear Medicine Lectures; weekly, Sept. 6-June 27 (77-1-24)
Contact: Mustafa H. Adatepe, M.D., Head, Sect. Nuclear Med., **Allegheny**.
(1) Obstetrics/Gynecology Conference; Thursday, Sept. 9-June 30 (77-1-10)
Contact: James Gilmore, M.D., Chrm., Dept. of OB/GYN, **Allegheny**.
(1) Pathology-Radiology Correlation Conference; Tuesday, Sept. 7-June 28 (77-1-11)
Contact: John H. Feist, M.D., Prgm. Dir., Div. of Diag. Rad., **Allegheny**.
(1) Renal-Electrolyte Conference; 4th Thursday each month, Sept. 23-June 23 (77-1-12)
Contact: Jules B. Puschett, M.D., Head, Div. of Renal-Elect. Dis., **Allegheny**.
(1) Thoracic Surgery Conference; weekly, Sept. 7-June 28 (77-1-19)
Contact: George J. Magovern, M.D., Dept. of Surg., **Allegheny**.
(1) Pulmonary Conference; every other Tuesday, Sept. 1976-June 1977 (77-1-536)
Contact: John G. Shively, M.D., Head, Div. of Resp. Dis., **Allegheny**.
(1) Medical/Surgical Pulmonary Conference; Tuesdays, Sept. 1976-June 1977 (77-1-537)
Contact: Shirley J. Brown, Admin. Aide, Office of Med. Educ., **Allegheny**.

Pittsburgh; **Mercy**; '77-'78 Academic Year
(1) Anesthesiology Resident Seminar; weekly, Sept. 5-June 28 (78-1-1)
(1) Anesthesiology Basic Science Lectures; weekly, August 25-June 22 (77-1-297)
(1) Otology-Audiology Conference; Sept. 2-June 24 (77-1-309)
(1) Plastic Reconstructive Surgery Conference; weekly, Sept.-June (77-1-311)
(1) Cardiology Conferences; weekly, Sept. 1-June 15 (77-1-299)
(1) Cardiology Cardiovascular Surgery Conference; weekly, Sept. 9-June 16 (78-1-2)
(1) Otolaryngology House Staff Seminar; biweekly, Sept. 8-June 28 (78-1-3)
(1) Head and Neck Conference; weekly, Sept. 2-June 23 (78-1-4)
(1) Radiology Conference; monthly, Sept. 23-May 26 (78-1-5)
(1) Radiology-Gastroenterology Conselative Conference; monthly, Sept.-May (77-1-312)
(1) Joint Orthopedic Conference; biweekly, Sept. 7-May 24 (77-1-307)
(1) Surgical Mortality Session; weekly, continual (78-1-6)
(1) General Surgical Conference; weekly, continual (78-1-7)
(1) Pediatric Grand Rounds; weekly, continual (78-1-8)
(1) Pediatric Conference; weekly, continual (78-1-9)
(1) Medical Oncology Conference; weekly, continual (78-1-10)
(1) Otolaryngology Clinical Pathology Conference; monthly, continual (78-1-11)
(1) Neurology and Neurosurgery Conference; weekly, continual (78-1-12)
(1) Medical Grand Rounds; weekly, continual (78-1-13)
(1) Medical Mortality Session; weekly, continual (78-1-14)
(1) Human Genetics; biweekly (77-1-306)
(1) Gynecology/Pathology Conference; weekly (77-1-305)
(1) Gynecologic Endocrinology Lecture; Sept. 14-May 24 (77-1-303)
(1) Obstetric/Gynecology Grand Rounds; weekly, Sept. 3-May 28 (77-1-304)
(1) Medical Resident Seminars; weekly, Sept. 4-June 25 (77-1-302)
(1) Medical Quarterly Conference; Sept. 14; Dec. 14; Mar. 15; June 14 (77-1-301)
(1) Combined Gastro-Surgical Conference; Sept. 8-May 25 (77-1-300)
(1) Radiobiology Conference; monthly, Sept. 24-May 27 (77-1-313)
Contact: John J. Kenny, M.D., Chrm., Cont. Med. Educ., **Mercy/Pgh**.

Pittsburgh; North Hills Passavant Hosp.; 1977
(1) Hyperalimentation; by **Pitt**; Jan. 27 (77-1-465)
(1) Evaluation and Treatment of Hemolytic Anemia; by **Pitt**; Feb. 24 (77-1-466)
(1) Hospital Bred Infections; by **Pitt**; Mar. 24 (77-1-467)
(1) Cardiac Dysrhythmias and Utilization of Pacemakers; by **Pitt**; Apr. 28 (77-1-468)
(1) Blood Component Therapy Update; by **Pitt**; May 26 (77-1-469)
Contact: Herbert H. Anderson, M.D., North Hills Passavant Hosp., Pittsburgh 15237.

Pittsburgh; **Pitt**; '76-'77 Academic Year
(1) Continuing Education in Otolaryngology; weekly, Sept.-May (77-1-261)
(1) Seminars in Clinical Cardiology; monthly, Sept.-May (77-1-262)
(1) WPIC Guest Lecture Series; at Western Psychiatric Inst. and Clinic; monthly (77-1-263)
(1) Staunton Staff Case Conference; at Falk Clinic, Pittsburgh; weekly (77-1-264)
(1) Dermato-Pathology Conference; at VA Hosp., Pittsburgh; weekly (77-1-265)
(1) Dermatologic Mycology Conference; at Falk Clinic, Pittsburgh; weekly (77-1-266)
(1) Dermatology Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-267)
(1) Dermatology Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-268)
(1) Dermatology Clinical Case Presentation and Conference; at Falk Clinic, Pittsburgh; weekly (77-1-269)
(1) Dermatology Conference; at Falk Clinic, Pittsburgh; weekly (77-1-270)
(1) Dermato-Pathology Conference; weekly (77-1-271)
(1) Dermatology Clinical Lecture Series; at Falk Clinic, Pittsburgh; weekly (77-1-272)
(1) VAH Dermatology Rounds; at VA Hosp. (Oakland); weekly (77-1-273)
(1) ENT Tumor Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-274)
(1) Otology Tumor Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-275)
(1) Surgical Rounds; at Eye and Ear Hosp., Pittsburgh; weekly (77-1-276)
(1) Otology Conference; at Eye and Ear Hosp., Pittsburgh; weekly (77-1-277)
(1) Grand Rounds-Otolaryngology; at Eye and Ear Hosp., Pittsburgh; weekly (77-1-278)
(1) Radiology Grand Rounds; weekly (77-1-279)
(1) Teaching Conference-Radiology; four days a week (77-1-280)
(1) Clinical Electronstagmography; two days (77-1-281)
(1) ICU Rounds-Children's; at Children's Hosp. of Pittsburgh; weekly (77-1-282)
(1) Critical Care Medicine Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-283)
(1) Anesthesiology Research Seminar; weekly (77-1-284)
(1) Biochemical-Pathology Conference; weekly (77-1-285)
(1) Pathology Teaching Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-286)
(1) Anatomy and Cell Biology Seminar; weekly (77-1-287)
(1) Rheumatology Grand Rounds; at Presbyterian-Univ. Hosp., Pittsburgh (77-1-288)
(1) Rheumatology Seminar and Research Conference; weekly (77-1-289)
(1) Rheumatology-Orthopedic Conference; weekly (77-1-290)
(1) GI Journal Club; bi-monthly (77-1-291)
(1) Anesthesiology-Critical Care Medicine Research Seminar; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-292)
(1) Anesthesiology Conference; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-293)
(1) Biomedical Seminars; bi-monthly (77-1-294)
(1) Anesthesiology In-Service Meeting; at Presbyterian-Univ. Hosp., Pittsburgh; monthly (77-1-295)
(1) Medical Pharmacology; weekly (77-1-296)
(1) Clinical Pharmacology Concepts; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-297)
(1) Clinical Basic Science Conference; weekly (77-1-298)
(1) Pediatric-Neurosurgery Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-299)
(1) Adult Orthopedic Grand Rounds; at VA Hosp. (Oakland); weekly (77-1-300)
(1) Orthopedic-Radiology Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-301)
(1) Orthopedic Grand Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-302)
(1) ENT Radiology Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-303)
(1) ENT Pathology Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-304)
(1) Otology Radiology Conference; weekly (77-1-305)
(1) Glaucoma Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-306)
(1) External Eye Disease Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-307)
(1) Specialty Clinics in Ophthalmology; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-308)

(1) Ophthalmic Pathology Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-309)

(1) Grand Rounds in Ophthalmology; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-310)

(1) Journal Club-Ophthalmology, at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-311)

(1) Neural Science Conference-Neurology; at Children's Hosp. of Pittsburgh; weekly (77-1-312)

(1) Neural Science Conference-Neurosurgery; at Children's Hosp. of Pittsburgh; weekly (77-1-313)

(1) Neural Science Conference-Neuroradiology; at Children's Hosp. of Pittsburgh; weekly (77-1-314)

(1) Neural Science Conference-Neuropathology; at Children's Hosp. of Pittsburgh; weekly (77-1-315)

(1) Pediatric Radiology Conference; weekly (77-1-316)

(1) Film Review-Radiology; at Children's Hosp. of Pittsburgh; five days per week (77-1-317)

(1) Medical Review Rounds-Radiology; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-318)

(1) Radiological-Surgical Conference; weekly (77-1-319)

(1) Medical-Surgical Cardiovascular Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-320)

(1) Radiological-Surgical Conference; weekly (77-1-321)

(1) Surgical Seminar; weekly (77-1-322)

(1) WPIC Educational Conference; at Western Psychiatric Inst. and Clinic, Pittsburgh; weekly (77-1-323)

(1) Psychosomatic Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-324)

(1) Medical Grand Rounds; weekly (77-1-325)

(1) Ambulatory Care Conference; at Falk Clinic, Pittsburgh; two days per week (77-1-326)

(1) Medical Specialty Conference; at Montefiore Hosp., Pittsburgh; three days per week (77-1-327)

(1) Medical Grand Rounds; at Montefiore Hosp., Pittsburgh; weekly (77-1-328)

(1) Infectious Disease Rounds; weekly (77-1-329)

(1) Medical Surgical Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-330)

(1) Renal-Water-Electrolyte Conference; at VA Hosp. (Oakland); weekly (77-1-331)

(1) Renal-Hypertension Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-332)

(1) General Medical Conference; at VA Hosp. (Oakland); weekly (77-1-333)

(1) Neurology-Neurosurgery Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-334)

(1) Clinical Conference-Neurology; weekly (77-1-335)

(1) Neurology Basic Science Seminar; weekly (77-1-336)

(1) Topics in Neurology; weekly (77-1-337)

(1) Obstetrical Grand Rounds; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-338)

(1) Gynecology Grand Rounds; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-339)

(1) Neonatal Conference; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-340)

(1) Neonatal Grand Rounds; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-341)

(1) Pediatric Grand Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-342)

(1) OPD Conference; at Children's Hosp. of Pittsburgh; two days per week (77-1-343)

(1) Ambulatory Care Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-344)

(1) Pediatric Neurosurgery Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-345)

(1) Pediatric Radiology Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-346)

(1) Children's Hospital ICU Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-347)

(1) Neuroanesthesiology Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-348)

(1) Medicine-Pathology Correlation Seminar; at Montefiore Hosp., Pittsburgh; weekly (77-1-349)

(1) Neuroradiology Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-350)

(1) Film Review - Radiology; at Children's Hosp. of Pittsburgh; three days per week (77-1-351)

(1) GI Review; at Presbyterian-Univ. Hosp., Pittsburgh; four days per week (77-1-352)

(1) Vascular Review; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-353)

(1) Neuroradiology Review; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-354)

(1) Film Review - General; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-355)

(1) Medical Review Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-356)

(1) Seminar for Leaders in Group Process of Consultation; at Staunton Clinic, Pittsburgh; weekly (77-1-357)

(1) Physiology Colloquium; weekly (77-1-358)

(1) Pathology Seminar; weekly (77-1-359)

(1) Trauma - Fracture Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-360)

(1) Clinical Pharmacology Seminar; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-361)

(1) Rheumatology Grand Rounds; at St. Margaret Mem. Hosp., Pittsburgh; monthly (77-1-362)

(1) Clinical Endocrine Conference; weekly (77-1-363)

(1) Hematology Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-364)

(1) Cardiology Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-365)

(1) Anatomy and Cell Biology Seminar; weekly (77-1-366)

(1) Biochemical-Pathology Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-367)

(1) Pathology Teaching Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-368)

(1) Hematology Grand Rounds; weekly (77-1-369)

(1) Hematology Journal Club; weekly (77-1-370)

(1) Infectious Disease Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-371)

(1) Medical Pharmacology Seminar; weekly (77-1-372)

(1) Mortality Conference; weekly (77-1-373)

(1) Urological Surgery Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-374)

(1) Plastic Surgery Grand Rounds; at VA Hosp. (Oakland); weekly (77-1-375)

(1) Plastic Surgery Teaching Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-376)

(1) Cardiac Arrhythmia and Electrophysiological Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-377)

(1) Cardiology Grand Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-378)

(1) Rheumatology-Pathology Review; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-379)

(1) Rheumatology-Radiology Review; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-380)

(1) Rehabilitation Team in Action; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-381)

(1) Arthritis and the Rehabilitation Team; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-382)

(1) Orthopedic-Pathology Basic Science Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-383)

(1) Orthopedic Conference Combined St. Francis and Mercy Hosp.; weekly (77-1-384)

(1) Rheumatology for the Orthopedic Surgeon; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-385)

(1) Orthopedic Grand Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-386)

(1) Hand Surgery Grand Rounds; at VA Hosp. (Oakland); weekly (77-1-387)

(1) Chest Surgery Conference; at VA Hosp. (Oakland); weekly (77-1-388)

(1) Surgical Grand Rounds; weekly (77-1-389)

(1) Medical Surgical Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-390)

(1) Seminars for the Practicing Physician; Thursdays, Sept. 16-April (77-1-334)

(1) Seminars in Clinical Cardiology; monthly, Sept.-May (77-1-335)

(1) Continuing Education in Otolaryngology; Sept.-May (77-1-336)

(1) Bi-State Meeting - American College of Physicians; at Montefiore Hosp.; Nov. 12-13 (77-2-95)

(1) Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp.; Jan. 17-19 (77-1-337)

(1) Cardiopulmonary Resuscitation Course; Mar. 11-12 (77-1-341)

(1) American Urological Association Meeting; at Pittsburgh Hilton Hotel; Mar. 18-20 (77-1-342)

(1) Clinical Immunopathology; at William Penn Hotel; Mar. 27-30 (77-1-343)

(1) Seminar and Workshop in Diagnostic and Operative Laparoscopy; at Magee Womens Hosp.; March (77-1-344)

(1) Selected Seminars in Nutrition; at Univ. Health Ctr. of Pittsburgh; Tuesdays, Apr. 5-June 7 (77-1-345)

(1) Fourth Annual Symposium for Nurse Anesthetists; at Pittsburgh Hilton Hotel; Apr. 22-24 (77-1-346)

(1) Cardiopulmonary Resuscitation Course; Apr. 29-30 (77-1-347)

(1) Internal Medicine Board Review Course; at Univ. Health Ctr. of Pittsburgh; April-May (77-1-348)

(1) Sixth Sports Medicine Symposium; at Univ. Health Ctr. of Pittsburgh; April (77-1-349)

(1) Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp.; May 2-4 (77-1-350)

(1) Selected Subjects in Internal Medicine; at William Penn Hotel; May 16-20 (77-1-351)

(1) Ophthalmic Microsurgery; at Eye and Ear Hosp.; May (77-1-352)

(1) Eleventh Annual Symposium on Emergency and Critical Care Medicine; May (77-1-353)

(1) Nuclear Medicine Update; May (77-1-354)

(1) 1st International Facial Nerve Symposium in the USA; at Pittsburgh Hilton Hotel; June 19-23 (77-1-355)

(1) Contemporary Problems in Surgery; at Montefiore Hosp.; June (77-1-356)

(1) Pediatric Otolaryngology; at Univ. Health Center of Pittsburgh; June (77-1-357)

(1) Ischemic Limbs: Vascular Reconstruction and Constructive Amputations; Jan. 7 (77-1-538)

(1) Medical-Legal Forensic Science Seminar; Jan. 7-8 (77-1-539)

(1) Hematopathology: Bone Marrow and Lymph Nodes; Feb.; at Univ. Health Ctr. (77-1-540)

(1) Second Seminar in Angiography and Special Diagnostic Techniques in Radiol-

ogy; Feb. 21-25 (77-1-541)
(1) Medical-Legal Seminars; two separate 5 day programs, Mar. 21-Apr. 1; at Vail, Colo. (77-1-542)
(1) Seminar and Workshop in Diagnostic and Operative Laparoscopy; Mar; at Magee-Womens Hosp. (77-1-543)
(1) 8th Workshop in the Use of Staplers in Surgery; Mar.; at Univ. Health Ctr. (77-1-544)
(1) Strabismus; spring 1977; at Eye and Ear Hosp. (77-1-545)
(1) Sixth Sports Medicine Symposium; Apr. 1-2; at Univ. Health Ctr. (77-1-546)
(1) Diabetes Symposium; Apr. 14; at Univ. Health Ctr. (77-1-547)
(1) Selected Seminars in Nutrition; Apr. 5-June 7, Tuesdays; at Univ. Health Ctr. (77-1-548)
(1) Internal Medicine Board Review Course; Mondays and Wednesdays, Apr.-May; at Univ. Health Ctr. (77-1-549)
(1) Symposium on the Management of Chronic Pain; Apr. 16 (77-1-550)
(1) 13th International Medical-Legal Seminar; Apr. 16-30; Egypt and Morocco (77-1-551)
(1) Hemophilia Symposium; Apr. 21; at Univ. Health Ctr. (77-1-552)
(1) Nuclear Medicine Update; May 2-3; at Univ. Health Ctr. (77-1-553)
(1) Ophthalmic Microsurgery; May 11-13; at Eye and Ear Hosp. (77-1-554)
(1) Ophthalmic Microsurgery; May 16-18; at Eye and Ear Hosp. (77-1-554)
(1) 11th Annual Symposium on Emergency and Critical Care Medicine; May 26-27; at Pittsburgh Hilton (77-1-555)
(1) Pediatric Otolaryngology; June 16-18; at Univ. Health Ctr. (77-1-556)
(1) Contemporary Problems in Surgery; June; at Montefiore Hosp. (77-1-557)
(1) Family Medicine: A Refresher Course and Practice Examination for Family Physicians; Sept. 15-18; at Pittsburgh Hilton (77-2-13)
(1) Practical Neuropathology; Sept. 9-11; Pittsburgh (77-2-14)
(1) Medical Knowledge Self-Assessment Program IV; Oct. 3-7; at William Penn Hotel (77-2-15)
(1) Clinical Neuro-otolaryngology; Nov. 17-19; at Univ. Health Ctr. (77-2-16)
(1) Seminars in Clinical Cardiology; Jan. 12 (77-1-558)
Contact: William M. Cooper, M.D., Assoc. Dean for Cont. Med. Educ., **Pitt**.

Pittsburgh; Shadyside Hosp.; '76-'77 Academic Year
(1) Surgical Grand Rounds; by **Pitt**; Mondays (77-2-3)
(1) Radiology Conference; by **Pitt**; Tuesdays (77-2-4)
(1) Pathology Conference; by **Pitt**; Thursdays (77-2-5)
(1) Medical Grand Rounds; by **Pitt**; Thursdays (77-2-6)
Contact: Karl H. Franz, M.D., DME, Shadyside Hosp., 5230 Centre Ave., Pittsburgh, 15232.

Pittsburgh; St. John's Gen. Hosp.; 1977
(1) Treatment of Overdoses; by **Pitt**; Feb. 16 (77-1-450)
(1) Low Back Pain and Paget's Disease; by **Pitt**; Mar. 16 (77-1-451)
(1) Nephrolithiasis; by **Pitt**; April 20 (77-1-452)
(1) Tuberculosis Update; by **Pitt**; May 18 (77-1-453)
(1) Diagnosis and Treatment of Seizure Disorders Including Status Epilepticus; by **Pitt**; June 15 (77-1-454)
Contact: Raymond Wojciak, D.O., St. John's Gen. Hosp., McClure Ave., Pittsburgh 15212.

Pittsburgh; Suburban Gen. Hosp.; 1977
(1) The Approach to a Patient with Anemia; by **Pitt**; Jan. 19 (77-1-449)
Contact: Thomas R. Graham, M.D., Suburban Gen. Hosp., South Jackson Ave., Pittsburgh 15202.

Pittsburgh; **St. Margaret**; '76-'77 Academic Year
(1) Workshop in Rheumatology and Orthopedics (Surgical Indications); 6 days a month for 12 months; Sept. 1-August 31 (77-1-41)
(1) A One Day Symposium on Rheumatic Diseases; date and location to be announced; one day-November (77-2-7)
(1) Subspecialty Conferences; monthly, Sept. 1-August 31 (Fridays) (77-1-42)
(1) Seminars for the Family Physician; three half-days, tentatively Oct. 21, 1976; Jan. 20, 1977; Apr. 21, 1977 (77-1-43)
(1) Selected Topics in Rheumatology; weekly, Sept. 1-Aug. 31 (77-1-44)
(1) Rheumatology-Radiology Review; weekly, Sept. 1-Aug. 31 (77-1-45)
(1) Rheumatology-Pathology Review; weekly, Sept. 1-Aug. 31 (77-1-46)
(1) Rheumatology for the Orthopedic Surgeon; weekly, Sept. 1-Aug. 31 (77-1-47)
(1) Rheumatology Grand Rounds; monthly, Sept. 1-Aug. 31 (77-1-48)
(1) Rehabilitation Team in Action; weekly, Sept. 1-Aug. 31 (77-1-49)
(1) Radiology Conferences; every other Friday, Sept. 1-Aug. 31 (77-1-50)
(1) Psychiatry Seminars in Family Practice; every Thursday, Sept. 1-Aug. 31 (77-1-51)
(1) Pediatric Conference; every other Tuesday, Sept. 1-Aug. 31 (77-1-52)
(1) OB-GYN Conferences; every other Tuesday, Sept. 1-Aug. 31 (77-1-53)
(1) Neurology Conferences; 2nd and 4th Fridays of each month, Sept. 1-Aug. 31 (77-1-54)
(1) Family Practice Medical Conferences; every Saturday except last of month, Sept. 1-Aug. 31 (77-2-8)
(1) Continuing Medical Education Postgraduate Lectures; every Thursday, Sept. 1-Aug. 31 (77-1-55)
(1) Community and Family Practice Seminars; every other Monday, Sept. 1-Aug. 31 (77-1-56)
(1) Cardiology Conferences; every other Friday, Sept. 1-Aug. 31 (77-1-57)
(1) Arthritis and the Rehabilitation Team; weekly, Sept. 1-Aug. 31 (77-1-58)
Contact: Paul W. Dishart, M.D., Coord. Dir., CME, **St. Margaret**.

Pittsburgh; **West Penn**; 1977
(1) Cardiology 1977; Feb. 27-March 6 (77-1-25)
(1) Head and Neck Tumor Conference Series; Feb. 4-Mar. 25; at Mellon Pavilion, Pittsburgh (77-1-358)
Contact: Robert M. Grom, Medical Education Coordinator, **West Penn**.

Pottsville; Good Samaritan Hosp.; '76-'77 Academic Year
(1) Continuing Medical Education Seminars; by **U. of Pa.**; monthly, Oct. 28-May 26 (77-1-40)
Contact: Norman Wall, M.D., Good Samaritan Hosp., Norwegian & Tremont Sts., Pottsville 17901.

Pottsville; Pottsville Hosp.; 1977
(1) Inflammatory Bowel Disease; by **Jefferson**; Jan. 6 (77-1-568)
(1) Diagnosis and Treatment of Breast Lesions; by **Jefferson**; Feb. 3 (77-1-569)
(1) Neuro-Transmitters and Brain Catecholamines; by **Jefferson**; March 3 (77-1-570)
(1) Drug Treatment of Arrhythmias; by **Jefferson**; April 7 (77-1-571)
(1) Hyperlipidemia; by **Jefferson**; May 5 (77-1-572)
(1) Menopause - What Not, If Estrogen; by **Jefferson**; June 2 (77-1-573)
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Reading; Berks Co. Med. Soc.; '76-'77 Academic Year
(1) Continuing Medical Education Program; by **Reading**; weekly, Sept.-June (77-1-2)
Contact: Leonard M. DelVecchio, M.D., 308 Old Airport Rd., Douglassville 19518.

Reading; **Reading**; 1977
(1) Radiology for the Non-Radiologist; Mar. 19; at Abraham Lincoln Motor Inn (77-1-563)
Contact: J. R. McShane, M.D., **Reading**.

Roaring Spring; Nason Hosp.; 1977
(1) Hyperlipemias: Diagnosis, Types and Treatment; by **Pitt**; Jan. 4 (77-1-470)
(1) Low Back Syndromes—Diagnosis and Treatment; by **Pitt**; Feb. 1 (77-1-471)
(1) Recognition and Treatment of Obstetrical Emergencies in 1st and 3rd Trimesters; by **Pitt**; March 1 (77-1-472)
(1) Cerebrovascular Disease: Diagnosis and Treatment; by **Pitt**; April 5 (77-1-473)
(1) Diagnostic Uses of Radioisotopes; by **Pitt**; May 3 (77-1-474)
(1) Non-Metastatic Manifestations of Neoplasms; by **Pitt**; June 7 (77-1-475)
Contact: Marion A. Morelli, M.D., Chrm., Educ. Comm., Nason Hosp., Roaring Spring 16673.

Rochester; Beaver Co. Med. Soc.; 1977
(1) Current Concepts—Surgery for Occlusive Arterial Disease; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Jan. 19 (77-1-370)
(1) Practical Management of Common Neurological Disorders; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Feb. 16 (77-1-371)
(1) Antibiotics—Mechanism of Action and How to Select; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Mar. 16 (77-1-372)
(1) Current Concepts in Immunology; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Apr. 20 (77-1-373)
(1) Difficult Diagnosis of Chest Pain; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; May 18 (77-1-374)
Contact: K. N. Shetty, M.D., Chrm., Educ. & Science, or Susan Frey, Exec. Sec., Beaver Co. Med. Soc., 350 Adams St., Rochester 15074.

Sayre; **Packer**; 1977
(1) Medical Grand Rounds; every Friday (77-1-518)
(1) Surgical Grand Rounds; every Saturday (77-1-519)
(1) Tumor Conference; 2nd and 4th Tuesdays (77-1-520)
(1) Clinical Pathological Conference; 3rd Wednesday (77-1-521)
(1) Anesthesia Postgraduate Day; Jan. 22 (77-1-430)
(1) Surgery Postgraduate Day; Feb. 26 (77-1-431)
(1) Health Care Symposium; March 26 (77-1-432)
Contact: Paul C. Royce, M.D., Ph.D., Dir. of Med. Educ., **Packer**.

Scranton; Community Med. Cent.; 1977
(1) Viral Hepatitis; by **Jefferson**; Jan. 12 (77-1-574)
(1) Nosocomial Infections; by **Jefferson**; Feb. 9 (77-1-575)
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Sellersville; Penn Found. for Mental Health; '76-'77 Academic Year
(1) Continuing Medical Education Seminar Series; by Grand View Hosp. and **Temple**; monthly, Sept. 28-May 31 (77-1-117)
Contact: Norman L. Loux, M.D., Med. Dir., Penn Foundation for Mental Health, Inc., Box 32, Lawn Ave., Sellersville 18960.

Sharon; Sharon Gen. Hosp.; 1977
(1) Upper GI Tract; by **Pitt**; Jan. 7 (77-1-438)
(1) Blood—RBC, WBC, Lymphocytes; by **Pitt**; Feb. 4 (77-1-439)
(1) Lower GI Tract; by **Pitt**; Mar. 4 (77-1-440)
(1) Bone; by **Pitt**; Apr. 1 (77-1-441)

(1) Lung; by **Pitt**; May 6 (77-1-442)
(1) Medical Audit as a Staff Function; by **Pitt**; Jan. 5 (77-1-443)
(1) Head Trauma; by **Pitt**; Jan. 19 (77-1-444)
(1) Common Problems in Dermatology; by **Pitt**; Feb. 2 (77-1-445)
(1) Medical Diseases Presenting with Psychiatric Symptoms; by **Pitt**; Feb. 16 (77-1-446)
(1) Problem Oriented Medical Records; by **Pitt**; March 2 (77-1-447)
(1) Low Back Pain; Lumbago vs. Disc; by **Pitt**; Mar. 16 (77-1-448)
Contact: Thomas V. Murray, M.D., Dir., Cont. Med. Educ., Sharon General Hosp., Sharon 16147.

Sunbury; Sunbury Community Hosp.; '76-'77 Academic Year
(1) Postgraduate Medical Seminars; by **Hahnemann**; second and fourth Wednesdays, Sept., Oct., Nov., Feb., Mar. and Apr. (77-1-5)
Contact: Willard W. Christman, M.D., DME, Sunbury Community Hosp., Sunbury 17801.

Uniontown; Fayette Co. Med. Soc.; 1977
(1) Evaluation of Jaundice and Liver Function Tests; at Uniontown Hosp.; by **Pitt**; Jan. 26 (77-1-460)
(1) Evaluation of Dizziness; at Uniontown Hosp.; by **Pitt**; Feb. 23 (77-1-461)
(1) Modern Approach to Allergic Diseases; at Uniontown Hosp.; by **Pitt**; March 23 (77-1-462)
(1) Peripheral Neuropathies—Diagnosis and Treatment; at Uniontown Hosp.; by **Pitt**; April 27 (77-1-463)
(1) Antibiotics—Mechanism of Action and How to Select; at Uniontown Hosp.; by **Pitt**; May 25 (77-1-464)
Contact: Walter Lion, Exec. Sec., Fayette Co. Med. Soc., 30 Delaware Ave., Uniontown 15401.

Warren; **Warren State**; '76-'77 Academic Year
(1) Guest Lecturer Program; monthly, Friday and Saturday (77-1-325)
(1) Literature Seminar; Thursdays (77-1-326)
(1) Psychiatric and Medical Film Seminar; Mondays (77-1-327)
Contact: Leonard H. Brennan, M.D., Dir. of Med. Educ., **Warren State**.

Wellsboro; Soldiers and Sailors Mem. Hosp.; 1977
(1) Clinical Application of Acid Base Physiology; by **Jefferson**; Jan. 19 (77-1-602)
(1) Use of Arteriography in Diagnosis; by **Jefferson**; Feb. 16 (77-1-603)
(1) Headache; by **Jefferson**; March 16 (77-1-604)
(1) Current Immunology; by **Jefferson**; April 20 (77-1-605)
(1) Endocrine Function; by **Jefferson**; May 18 (77-1-606)
(1) Management of Cardiac Arrhythmias; by **Jefferson**; June 15 (77-1-607)
Contact: John H. Killough, Ph.D., M.D., Dir. of CME. **Jefferson**.

Wernersville; **Wernersville**; 1977
(1) Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); Feb. 3, 10 and 17 (77-1-425)
(1) Psychopharmacology Update; Apr. 14 (77-1-426)
(1) Substance Abuse; Apr. 28 and May 5 (77-1-427)
Contact: Ronald A. Ivison, Ed.D., Asst. Dir., for Clin. Staff Educ., **Wernersville**

Williamsport; Williamsport; 1977
(1) An Approach to Adolescent Obesity; by **U. of Pa.**; Jan. 7 (77-1-483)
(1) The Epstein-Barr Virus and Infectious Mononucleosis; by **U. of Pa.**; Jan. 8 (77-1-484)
(1) Approach to the Acutely Inflamed Joint(s); by **U. of Pa.**; Jan. 14-15 (77-1-485)
(1) OB/GYN program to be announced; by **U. of Pa.**; Jan. 21-22 (77-1-486)
(1) Aortic Aneurysms; by **U. of Pa.**; Jan. 28 (77-1-487)
(1) Varicose Vein Surgery; by **U. of Pa.**; Jan. 29 (77-1-488)
(1) Current Concepts in Anticonvulsant Therapy; Learning Disabilities; Floppy Infants; Seizure Disorders in Children; by **U. of Pa.**; Feb. 4-5 (77-1-489)
(1) Approach to the Anemic Patient; by **U. of Pa.**; Feb. 11-12 (77-1-490)
(1) OB/GYN program to be announced; by **U. of Pa.**; Feb. 18-19 (77-1-491)
(1) Cervical Spondylosis, Diagnosis and Complications; by **U. of Pa.**; Feb. 25 (77-1-492)
(1) Pediatric Neurosurgery; by **U. of Pa.**; Feb. 26 (77-1-493)
(1) Innocent Cardiac Murmurs; by **U. of Pa.**; March 4 (77-1-494)
(1) Rheumatic Fever 1977; by **U. of Pa.**; June 5 (77-1-495)
(1) Management of Hypertension; by **U. of Pa.**; March 11-12 (77-1-496)
(1) OB/GYN program to be announced; by **U. of Pa.**; March 18-19 (77-1-497)
(1) Carcinoma of the Stomach; by **U. of Pa.**; March 25 (77-1-498)
(1) Hyperalimentation; by **U. of Pa.**; March 26 (77-1-499)
(1) Acute Glomerulonephritis; Metabolic Acidosis/Alkalosis; One Day OPD Workup of Renal Problems; Approach to Patients with Disorders of the Inflammatory Response; by **U. of Pa.**; April 1-2 (77-1-500)
(1) OB/GYN program to be announced; by **U. of Pa.**; April 15-16 (77-1-501)
(1) Old and New Problems of the Hip; by **U. of Pa.**; April 22 (77-1-502)
(1) Office Orthopaedics; by **U. of Pa.**; April 23 (77-1-503)
(1) Subject to be announced; by **U. of Pa.**; April 29-30 (77-1-504)
(1) Hematology; by **U. of Pa.**; May 6-7 (77-1-505)
(1) Pathophysiology of Acid-Base Disorders; by **U. of Pa.**; May 13-14 (77-1-506)
(1) Peripheral Vascular Surgery; by **U. of Pa.**; May 20 (77-1-507)
(1) Renal Transplantation; by **U. of Pa.**; May 21 (77-1-508)
(1) Pediatric Program to be Announced; by **U. of Pa.**; June 3-4 (77-1-509)
(1) Approach to Ischemic Heart Disease and Hyperlipidemia; by **U. of Pa.**; June 10-11 (77-1-510)
(1) OB/GYN program to be announced; by **U. of Pa.**; June 17-18 (77-1-511)
(1) Reconstructive Plastic Surgery; by **U. of Pa.**; June 24 (77-1-512)
(1) Malignant Melanoma; by **U. of Pa.**; June 25 (77-1-513)
Contact: Herman W. Rannels, M.D., V. Pres. and Med. Dir., Williamsport Hosp., 777 Rural Ave., Williamsport 17701.

York; **York**; 1977
(1) Management of Insensitive Limbs; Escape From Pain—The Pursuit of Happiness; Jan. 6 (77-1-404)
(1) Hypothalamus-Pituitary Axis in Gynecology; Early Diagnosis and Management of Pituitary Microadenoma; Jan. 13 (77-1-405)
(1) What the Primary Care Physician Should Know About Genetic Evaluation and Counseling; Common Morphologic Syndromes; Jan. 20 (77-1-406)
(1) Inflammatory Bowel Disease; Panel—With Cases; Jan. 27 (77-1-407)
(1) Treatment of GI Disorders By Operant Conditioning; Irritable Bowel Syndrome and Diverticular Disease; Feb. 3 (77-1-408)
(1) Thrombophlebitis and Pulmonary Emboli—Diagnosis, Treatment and Prevention; Arteriosclerosis Obliterans—Diagnosis and Treatment; Feb. 10 (77-1-409)
(1) Parotid Tumors; Treatment of Head and Neck Cancer; Feb. 17 (77-1-410)
(1) Radiation Therapy of Pituitary Disease; Selected Topics in Radiation Therapy; Feb. 24 (77-1-411)
(1) The Pediatric-Psychiatric Interface of Adolescence; Selected Cases; March 3 (77-1-412)
(1) Diseases of the Vulva; Management of Vulvar Disorders; Mar. 10 (77-1-413)
(1) Diagnosis, Treatment and Long Term Follow-up of Primary Myocardial Disease; Indications for Coronary Arteriography; Mar. 17 (77-1-414)
(1) Management of Cardiac Emergencies; Mar. 24 (77-1-415)
(1) Pulmonary Emboli, Recent Advances in Diagnosis and Treatment; Mar. 31 (77-1-416)
(1) Clinical Disturbances in Regulation of Water and Electrolyte Metabolism; Selected Cases; Apr. 7 (77-1-417)
(1) Psychophysiological Responses to Anesthesia and Operation; Informed Consent; Apr. 14 (77-1-418)
(1) Physiology of Sexual Response; Treatment of Sexual Dysfunction; April 21 (77-1-419)
Contact: David R. Fink, Ph.D., Director of Education, Medical Affairs, **York**.

CALENDAR

A quick reference to Category I continuing medical education opportunities in Pennsylvania by date.

JANUARY	
4	Hyperlipemias; Diagnosis, Types and Treatment; at Nason Hosp., Roaring Spring (77-1-470)
4	Sexual Deviations; at Woodville St. Hosp., Carnegie (77-1-35)
4	Treatment of Intractable Pain; at Troggio's Restaurant, New Castle (77-1-365)
5	Glomerulonephritis—Recent Advances; at Holy Redeemer Hosp., Meadowbrook (77-1-576)
5	Medical Audit as a Staff Function; at Sharon Gen. Hosp. (77-1-443)
5	The Prostaglandins-Amenorrhea-Galactorrhea Syndromes; at Latrobe Area Hosp. (77-1-595)
6	Inflammatory Bowel Disease; at Pottsville Hosp. (77-1-568)
6	Management of Insensitive Limbs; Escape from Pain—The Pursuit of Happiness; at York Hosp. (77-1-404)
6	Obstructive Lung Disease; at Brownsville Gen. Hosp. (77-1-375)
6	Renal Disease Symposium; Medical Management of Renal Disease; Antihypertensive Rx.; Renin and Blood Pressure Disorder; at Hazleton St. Gen. Hosp. (77-1-37)
7	An Approach to Adolescent Obesity; at Williamsport Hosp. (77-1-483)
7	Childhood Malignancy—Leukemia and Wilm's Tumor; at Williamsport Hosp. (77-1-38)
7	Ischemic Limbs: Vascular Reconstruction and Constructive Amputations; at Pitt (77-1-538)

(77-1-XX) Numbers in parentheses at the end of the item are code numbers which will be helpful as a reference to find a contact for more information.
See: town, institution, and code numbered item in Announcements section for complete details.

7 Upper GI Tract; at Sharon Gen. Hosp. (77-1-438)
7-8 Medical-Legal Forensic Science Seminar; at Pitt (77-1-539)
8 Acute and Chronic Renal Failure; at Armstrong Co. Mem. Hosp., Kittanning (77-1-394)
8 Kidney Stones; at Indiana Hosp., Indiana (77-1-608)
8 The Epstein-Barr Virus and Infectious Mononucleosis; at Williamsport Hosp. (77-1-484)
10-14 Diagnostic Ultrasound-Advanced Abdominal Scanning; at Episcopal Hosp., Phila. (77-1-106)
11 Alcoholism; at Woodville St. Hosp., Carnegie (77-1-35)
11 Cardiac Arrhythmias: at Holiday Inn, Butler (77-1-382)
11 Cardiac Murmurs and Arrhythmias—Diagnostic Evaluation and Management; at Canonsburg Gen. Hosp. (77-1-360)
11 Chemotherapeutic Principles; at Jameson Mem. Hosp., New Castle (77-1-420)
12 Pediatric Pharmacology; at Allentown-Sacred Heart Hosps. (77-1-39)
12 Viral Hepatitis; at Community Med. Center, Scranton (77-1-574)
13 Hypothalamus-Pituitary Axis in Gynecology; Early Diagnosis and Management of Pituitary Microadenoma; at York Hosp. (77-1-405)
13 New Concepts-Management of Multiple Sclerosis; at Nesbitt Mem. Hosp., Kingston (77-1-284)
13 Parkinson's Disease-Office Management; at Nesbitt Mem. Hosp., Kingston (77-1-284)
13 Schizophrenia; at EPPI (77-1-80)
13 The Anemias; Primary, Secondary and Genetic; at Hanover Gen. Hosp. (77-1-328)
14 Antibiotics; at Williamsport Hosp. (77-1-38)
14-15 Approach to the Acutely Inflamed Joint(s); at Williamsport Hosp. (77-1-485)
17 Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)
17-19 Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp. (77-1-337)
18 Addictions; at Woodville St. Hosp., Carnegie (77-1-35)
18 Causes of Hypertension; at Charleroi Div., Monongahela Valley Hosp., North Charleroi (77-1-455)
18 Subject to be announced; at Penn Hills Country Club, Bradford (77-1-433)
19 Clinical Application of Acid Base Physiology; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-602)
19 Current Concepts—Surgery for Occlusive Arterial Disease; at Penn State Beaver Campus, Library Conference Room (77-1-370)
19 Head Trauma; at Sharon Gen. Hosp. (77-1-444)
19 New Developments in Gynecology; at Nazareth Hosp., Philadelphia (77-1-476)
19 The Approach to a Patient with Anemia; at Suburban Gen. Hosp., Pittsburgh (77-1-449)
20 Gall Bladder Disease; at Brownsville Gen. Hosp. (77-1-376)
20 Seminars for the Family Physician; at St. Margaret Mem. Hosp., Pittsburgh (77-1-43)
20 What the Primary Care Physician Should Know About Genetic Evaluation and Counseling; Common Morphologic Syndromes; at York Hosp. (77-1-406)
20-21 The Practice of Behavior Therapy with Children: A Training Seminar; at the Hilton Hotel, Phila. (77-1-121)
21 Oncology; at Williamsport Hosp. (77-1-38)
21-22 Cardiopulmonary Resuscitation Course (77-1-338)
21-22 OB/GYN Program to be announced; at Williamsport Hosp. (77-1-486)
22 Anesthesia Postgraduate Day; at Robert Packer Hosp., Sayre (77-1-430)
22 Genetics; at Armstrong Co. Mem. Hosp., Kittanning (77-1-395)
22 Rehabilitation of the Stroke Patient; at Indiana Hosp., Indiana (77-1-609)
22-23 Workshop in Surgery of the Posterior Fossa; at Sheraton Airport Inn, Phila. (77-1-122)
25 Psychosomatic Medicine; at Woodville St. Hosp., Carnegie (77-1-35)
26 Abdominal Pain in Children; at Allentown-Sacred Heart Hosps. (77-1-39)
26 Evaluation of Jaundice and Liver Function Tests; at Uniontown Hosp. (77-1-460)
26 Present Status of Endoscopic Cholangiography and Pancreatography; at St. Joseph's Hosp., Lancaster (77-1-586)
27 Hyperalimentation; at North Hills Passavant Hosp., Pittsburgh (77-1-465)
27 Inflammatory Bowel Disease; Panel—With Cases; at York Hosp. (77-1-407)
27 Juvenile Diabetes; at Good Samaritan Hosp., Pottsville (77-1-40)
28 Aortic Aneurysms; at Williamsport Hosp. (77-1-487)
29 Varicose Vein Surgery; at Williamsport Hosp. (77-1-488)

FEBRUARY

1 Contraception and Sterilization; at Monsour Med. Cent., Jeannette (77-1-516)
1 Low Back Syndromes—Diagnosis and Treatment; at Nason Hosp., Roaring Spring (77-1-471)
1 Pediatric and Adolescent Medicine; at Troggio's Restaurant, New Castle (77-1-366)
1 Psychiatric Emergencies; at Woodville St. Hosp., Carnegie (77-1-35)
1 Recent Advances in Immunology; at Canonsburg Gen. Hosp. (77-1-361)
2 Benign vs. Malignant Gammopathy; at Holy Redeemer Hosp., Meadowbrook (77-1-577)
2 Common Problems in Dermatology; at Sharon Gen. Hosp. (77-1-445)
2 Inflammatory Bowel Diseases; at Latrobe Area Hosp. (77-1-596)
3 Congestive Heart Disease; at Brownsville Gen. Hosp. (77-1-377)
3 Diagnosis and Treatment of Breast Lesions; at Pottsville Hosp. (77-1-569)
3 Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); at Wernersville State Hosp. (77-1-425)
3 Treatment of GI Disorders by Operant Conditioning; Irritable Bowel Syndrome and Diverticular Disease; at York Hosp. (77-1-408)
4 Blood —RBC, WBC, Lymphocytes; at Sharon Gen. Hosp. (77-1-439)
4 Learning Disabilities; at Williamsport Hosp. (77-1-38)
4-5 Current Concepts in Anticonvulsant Therapy; Learning Disabilities; Floppy Infants; Seizure Disorders in Children; at Williamsport Hosp. (77-1-489)
5 Sports Medicine; at Indiana Hosp., Indiana (77-1-610)
7-18 Chevalier Jackson Basic Course in Bronchoesophagology; by Temple (77-1-176)
8 Oncology—Case Presentation; at St. Francis Hosp., New Castle (77-1-421)
8 Purpose and Technique of Medical Audit; at Holiday Inn, Butler (77-1-383)
8 Unusual Psychiatric Disorders; Postpartum Disorders; at Woodville St. Hosp., Carnegie (77-1-35)
9 Handicapped Child; at Allentown-Sacred Heart Hosps. (77-1-39)
9 Nosocomial Infections; at Community Med. Ctr., Scranton (77-1-575)
9 Recent Advances in the Clinical Use of Radioisotopes; at St. Joseph's Hosp., Lancaster (77-1-587)
9 Vascular Diseases and Diabetes; at Jefferson (77-1-566)
10 Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); at Wernersville State Hosp. (77-1-425)
10 Manic-Depressive Illness; at EPPI (77-1-81)
10 New Aspects of Management and Treatment of Endometriosis; at Nesbitt Mem. Hosp., Kingston (77-1-285)
10 Renal Disease Symposium; Pyelonephritis; Acute Renal Failure; Renal Tubular Acidosis; at Hazleton St. Gen. Hosp. (77-1-37)
10 Thrombophlebitis and Pulmonary Emboli—Diagnosis, Treatment, and Prevention; Arteriosclerosis Obliterans—Diagnosis and Treatment; at York Hosp. (77-1-409)
10 Treatment and Management of Cervical Carcinoma; at Nesbitt Mem. Hosp., Kingston (77-1-285)
11 Septic Shock Etiology Pathogen Management; at Williamsport Hosp. (77-1-38)
11-12 Approach to the Anemic Patient; at Williamsport Hosp. (77-1-490)
12 Rehabilitation of the Stroke Patient; at Armstrong Co. Mem. Hosp., Kittanning (77-1-396)
12-13 Advances in Clinical Practice; at Sheraton Inn, Danville (77-1-205)
14-18 Diagnostic Ultrasound-Echocardiography; at Episcopal Hosp., Phila. (77-1-107)
15 Cosmetic Surgery: Indications, Candidates, Common Problems, Procedures Available; at Monongahela Div., Monongahela Valley Hosp., New Eagle (77-1-456)
15 Individual Psychotherapy, Psychoanalytic Behavior, Client-Centered Hypnosis, Direct Analysis; at Woodville St. Hosp., Carnegie (77-1-35)
15 Subject to be announced; at Penn Hills Country Club, Bradford (77-1-434)
16 Advances in Internal Medicine; at Nazareth Hosp., Philadelphia (77-1-477)
16 Medical Diseases Presenting with Psychiatric Symptoms; at Sharon Gen. Hosp. (77-1-446)
16 Peripheral Vascular Disorders and Phlebo-embolic Disease; at Hanover Gen. Hosp. (77-1-329)
16 Practical Management of Common Neurological Disorders; at Penn State Beaver Campus, Library Conference Room (77-1-371)
16 Treatment of Overdoses; at St. John's Gen. Hosp., Pittsburgh (77-1-450)
16 Use of Arteriography in Diagnosis; at Soliders and Sailors Mem. Hosp., Wellsboro (77-1-603)
17 Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); at Wernersville State Hosp. (77-1-425)
17 Malabsorption; at Holy Redeemer Hosp., Meadowbrook (77-1-578)
17 Parotid Tumors; Treatment of Head and Neck Cancer; at York Hosp. (77-1-410)
17 Renal Disease; at Brownsville Gen. Hosp. (77-1-378)
17 Renal Disease Symposium; Management of Chronic Renal Disease Dialysis and Transplant in Renal Failure; at Hazleton St. Gen. Hosp. (77-1-37)
18 Endocrinology; at Williamsport Hosp. (77-1-38)

18-19 OB/GYN Program to be announced; at Williamsport Hosp. (77-1-491)
19 Stasis Ulcer; at Indiana Hosp., Indiana (77-1-611)
21-23 Occupational Respiratory Disease; by Hahnemann, Phila. (77-1-182)
21-25 Second Seminar in Angiography and Special Diagnostic Techniques in Radiology; in Caracas Hilton, Caracas, Venezuela (77-1-541)
22 Group Psychotherapy; Family Therapy; Multiple Therapists; Psychodrama; at Woodville St. Hosp., Carnegie (77-1-35)
23 Birth Injuries and Their Future Impact; at Allentown-Sacred Heart Hosps. (77-1-39)
23 Evaluation of Dizziness; at Uniontown Hosp. (77-1-461)
23 Hypertension, 1977; at Geisinger, Danville (77-1-206)
23 Problems in the Management of the Gravely Ill Patient; at St. Joseph's Hosp., Lancaster (77-1-588)
23-25 Modern Therapeutics III; at Jefferson (77-1-567)
24 Evaluation and Treatment of Hemolytic Anemia; at North Hills Passavant Hosp., Pittsburgh (77-1-466)
24 Anaerobic Infections; at Hazleton St. Gen. Hosp. (77-1-37)
24 Hematuria; at Good Samaritan Hosp., Pottsville (77-1-40)
24 Radiation Therapy of Pituitary Disease; Selected Topics in Radiation Therapy; at York Hosp. (77-1-411)
25 Cervical Spondylosis, Diagnosis and Complications; at Williamsport Hosp. (77-1-492)
25 Concepts of Renal Transplants; at Williamsport Hosp. (77-1-38)
26 Chemotherapeutic Principles; at Armstrong Co. Mem. Hosp., Kittanning (77-1-397)
26 Pediatric Neurosurgery; at Williamsport Hosp. (77-1-493)
26 Surgery Postgraduate Day; at Robert Packer Hosp., Sayre (77-1-431)
28 Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)

MARCH

1 Breast Cancer; at Canonsburg Gen. Hosp. (77-1-362)
1 Current Trends in the Diagnosis and Management of Psychiatric Illness; at Troggio's Restaurant, New Castle (77-1-367)
1 Organic Therapies; Milieu Therapy; at Woodville St. Hosp., Carnegie (77-1-35)
1 Recognition and Treatment of Obstetrical Emergencies in 1st and 3rd Trimesters; at Nason Hosp., Roaring Spring (77-1-472)
2 Diabetes Revisited - Hypercalcemia; at Latrobe Area Hosp. (77-1-597)
2 Problem Oriented Medical Records; at Sharon Gen. Hosp. (77-1-447)
3 Gout; at Brownsville Gen. Hosp. (77-1-379)
3 Neuro-Transmitters and Brain Catecholamines; at Pottsville Hosp. (77-1-570)
3 Pathologists Meeting; at Jeanes Hosp. (77-1-82)
3 The Pediatric-Psychiatric Interface of Adolescence; Selected Cases; at York Hosp. (77-1-412)
3 Viruses as Infective Agents; at Hazleton St. Gen. Hosp. (77-1-37)
3-4 A Multidiscipline Approach to Orbital Disorders; at Univ. Health Ctr. of Pittsburgh (77-1-339)
4 Genetics and Genetic Counseling; at Williamsport Hosp. (77-1-38)
4 Innocent Cardiac Murmurs; at Williamsport Hosp. (77-1-494)
4 Lower GI Tract; at Sharon Gen. Hosp. (77-1-440)
4-5 Retinal Diseases of the Young and Adolescent; at Marriott Hotel, Philadelphia (77-1-75)
5 Pulmonary Embolism; at Indiana Hosp., Indiana (77-1-612)
7 New Developments in Otolaryngology of Interest to Primary Care Physicians; at Geisinger, Danville (77-1-207)
7-9 Bedside Diagnosis of Heart Disease; at Philadelphia Marriott Motor Hotel (77-1-393)
7-11 Introductory Diagnostic Ultrasound; at Episcopal Hosp., Phila. (77-1-105)
8 Child Psychiatry; at Woodville St. Hosp., Carnegie (77-1-35)
8 Investigations and Treatment of Infertility in Women; at Holiday Inn, Butler (77-1-384)
8 Oncology—Case Presentation; at Jameson Mem. Hosp., New Castle (77-1-422)
9 Air Pollution - Respiratory Diseases; at Holy Redeemer Hosp., Meadowbrook (77-1-579)
9 Drug Interactions; at St. Joseph's Hosp., Lancaster (77-1-589)
9 Productive Values and Efficiency of Medical Diagnosis; at Allentown-Sacred Heart Hosps. (77-1-39)
10 Diseases of the Vulva; Management of Vulvar Disorders; at York Hosp. (77-1-413)
10 New Management of Hypertension; at Nesbitt Mem. Hosp., Kingston (77-1-286)
10 Pneumoconiosis; at Hazleton St. Gen. Hosp. (77-1-37)
10-12 Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp. (77-1-340)
11 Clinical Spectrum in Mitral Valve; at Williamsport Hosp. (77-1-38)
11-12 Cardiopulmonary Resuscitation Course (77-1-341)
11-12 Management of Hypertension; at Williamsport Hosp. (77-1-496)
12 Hyperlipidemia; at Armstrong Co. Mem. Hosp., Kittanning (77-1-398)
15 Community Psychiatry; at Woodville St. Hosp., Carnegie (77-1-35)
15 Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
15 Neurology Review; Common Syndromes, Physical Examination, Definitive Testing; at Charleroi Div., Monongahela Valley Hosp., North Charleroi (77-1-457)
15 Subject to be announced; at Penn Hills Country Club, Bradford (77-1-435)
16 A Day in Pediatric Cardiology; by Temple (77-1-123)
16 Adolescent Suicidal Attempt; at Nazareth Hosp., Philadelphia (77-1-478)
16 Antibiotics—Mechanism of Action and How to Select; at Penn State Beaver Campus, Library Conference Room (77-1-372)
16 Headache; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-604)
16 High and Low Blood Sugars and What to do About Them; at Geisinger, Danville (77-1-208)
16 Low Back Pain; Lumbago vs. Disc; at Sharon Gen. Hosp. (77-1-448)
16 Low Back Pain and Paget's Disease; at St. John's Gen. Hosp., Pittsburgh (77-1-451)
16-18 Obstetrics and Gynecology; at Jefferson (77-1-565)
17 Acute Hemorrhagic Shock; at Hanover Gen. Hosp. (77-1-330)
17 Cardio-Pulmonary Resuscitation; at Brownsville Gen. Hosp. (77-1-380)
17 Convulsive Disorders; at Holy Redeemer Hosp., Meadowbrook (77-1-580)
17 Diagnosis, Treatment and Long Term Follow-up of Primary Myocardial Disease; Indications for Coronary Arteriography; at York Hosp. (77-1-414)
17 The Cardiac Examination; at Hazleton St. Gen. Hosp. (77-1-37)
17-18 Frontiers of Psychotherapy; at University City Holiday Inn, Phila. (77-1-124)
18 High Risk OB; at Williamsport Hosp. (77-1-38)
18-19 OB/GYN Program to be announced; at Williamsport Hosp. (77-1-497)
18-20 American Urological Association Meeting; at Pittsburgh Hilton Hotel (77-1-342)
19 Office Gynecology; at Indiana Hosp., Indiana (77-1-613)
19 Radiology for the Non-Radiologist; at Abraham Lincoln Motor Inn, Reading (77-1-563)
21 Medical and Psychiatry Continuing Education: at Allentown St. Hosp. (77-1-177)
21 Urology Course; Caracas, Venezuela (77-1-125)
21-April 1 Medical-Legal Seminars; at Vail, Colorado (77-1-542)
22 Geriatric Psychiatry; Forensic Psychiatry; at Woodville St. Hosp., Carnegie (77-1-35)
23 Indications for and Hazards of Prophylactic Use of Antibiotics; at St. Joseph's Hosp., Lancaster (77-1-590)
23 Modern Approach to Allergic Diseases; at Uniontown Hosp. (77-1-462)
23 Pros and Cons of Multiphasic Screening Program; at Allentown-Sacred Heart Hosps. (77-1-39)
24 Appendicitis, the Acute Surgical Abdomen; at Hazleton St. Gen. Hosp. (77-1-37)
24 Errors in Emergency Practice; at Good Samaritan Hosp., Pottsville (77-1-40)
24 Hospital Bred Infections; at North Hills Passavant Hosp., Pittsburgh (77-1-467)
24 Management of Cardiac Emergencies; at York Hosp. (77-1-415)
25 Carcinoma of the Stomach; at Williamsport Hosp. (77-1-498)
25 IV Nutrition-Hyperalimentation; at Williamsport Hosp. (77-1-38)
26 Health Care Symposium; at Robert Packer Hosp., Sayre (77-1-432)
26 Hyperalimentation; at Williamsport Hosp. (77-1-499)
26 Hypertension and Renal Disease; at Armstrong Co. Mem. Hosp., Kittanning (77-1-399)
27-30 Clinical Immunopathology; at William Penn Hotel (77-1-343)
29 Etiology; at Woodville St. Hosp., Carnegie (77-1-35)
30 Causes and Treatment of Hyponatremia; at Holy Redeemer Hosp., Meadowbrook (77-1-581)
30 Immunology for the Practitioner; at Geisinger, Danville (77-1-209)
31 Pain Control: Medical, Psychological & Psychiatric Aspects; at EPPI (77-1-79)
31 Pulmonary Emboli, Recent Advances in Diagnosis and Treatment; at York Hosp. (77-1-416)
31 Total Joint Replacement (Emphasis on Indications and Results); at Hazleton St. Gen. Hosp. (77-1-37)
31-April 1 Advanced Electronystagmography Course; at Jefferson (77-1-564)
31-April 2 Annual Glaucoma Course; at Wills Eye Hosp. (77-1-359)

APRIL

1 Bone; at Sharon Gen. Hosp. (77-1-441)
1 Respiratory Failure in Pediatric Age Group; at Williamsport Hosp. (77-1-38)
1-2 Acute Glomerulonephritis; Metabolic Acidosis/Alkalosis; One Day OPD Workup of Renal Problems; Approach to Patients with Disorders of the Inflammatory Response; at Williamsport Hosp. (77-1-500)
1-2 The Glaucoma Patient; at Wills Eye Hosp. (77-1-74)
1-2 Sixth Sports Medicine Symposium; at Univ. Health Ctr. of Pittsburgh (77-1-546)
2 Obesity; at Indiana Hosp., Indiana (77-1-614)

5 Cerebrovascular Disease; Diagnosis and Treatment; at Nason Hosp., Roaring Spring (77-1-473)
5 Concepts of Normality; at Woodville St. Hosp., Carnegie (77-1-35)
5 Pancreatic and Small Bowel Disorders; at Canonsburg Gen. Hosp. (77-1-363)
5 Physiatry in General and Rehabilitation Therapy; at Troggio's Restaurant; New Castle (77-1-368)
6 A Rational Approach to the Diagnosis and Treatment of Hypertension; at St. Joseph's Hosp., Lancaster (77-1-591)
6 Abdominal Diseases: The Internist and the Surgeon; at Geisinger, Danville (77-1-211)
6 Causes and Treatment of Hypopotassimia; at Holy Redeemer Hosp., Meadowbrook (77-1-582)
6 Practical Advances in Dermatology; at Geisinger, Danville (77-1-210)
6 Pulmonary Embolism - Bronchial Asthma; at Latrobe Area Hosp. (77-1-598)
7 Arthritis; at Brownsville Gen. Hosp. (77-1-381)
7 Clinical Disturbances in Regulation of Water and Electrolyte Metabolism; Selected Cases; at York Hosp. (77-1-417)
7 Drug Treatment of Arrhythmias; at Pottsville Hosp. (77-1-571)
7 Dx and Rx of Gout; at Hazleton St. Gen. Hosp. (77-1-37)
9 Recent Trends—Office Gynecology; at Armstrong Co. Mem. Hosp., Kittanning (77-1-400)
12 A Review of Basic Immunology; at St. Francis Hosp., New Castle (77-1-423)
12 Review and Summary; at Woodville St. Hosp., Carnegie (77-1-35)
12 Surgery and Peptic Ulcer Disease; at Holiday Inn, Butler (77-1-385)
13 Early Diagnosis of Malignancies; at Allentown-Sacred Heart Hosps. (77-1-39)
13 Emergency Dept. Radiology; by Temple (77-1-126)
13 Eye Problems in General Practice; at Hanover Gen. Hosp. (77-1-331)
14 Basics and Clinical Application of Arterial Blood Gases; at Nesbitt Mem. Hosp., Kingston (77-1-287)
14 Diabetes Symposium; at Univ. Health Ctr. of Pittsburgh (77-1-547)
14 Disorders of Fluid, Electrolyte and Acid Base Balance; at Hazleton St. Gen. Hosp. (77-1-37)
14 Occupational Hazards to Hearing; at Holy Redeemer Hosp., Meadowbrook (77-1-583)
14 Psychopharmacology Update; at Wernersville State Hosp. (77-1-426)
14 Psychophysiological Responses to Anesthesia and Operation; Informed Consent; at York Hosp. (77-1-418)
15 Obstetrical Anesthesia; at Williamsport Hosp. (77-1-38)
15-16 OB/GYN Program to be announced; at Williamsport Hosp. (77-1-501)
16 Hyperlipidemia; at Indiana Hosp., Indiana (77-1-615)
16 Symposium on the Management of Chronic Pain; at Pitt (77-1-550)
16-30 13th International Medical-Legal Seminar; in Egypt and Morocco (77-1-551)
18-May 6 Second Career Training Program for Emergency Physicians; at College of Phys./Phila. (77-1-428)
18 Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)
18-20 Cancer Chemotherapy II; by Hahnemann, Phila. (77-1-183)
18-22 Diagnostic Ultrasound-Advanced Abdominal Scanning; at Episcopal Hosp., Phila. (77-1-106)
19 Diagnosis and Therapy of Common Dermatological Problems; at Monongahela Div., Monongahela Valley Hosp., New Eagle (77-1-458)
19 Pelvic Infections—Including Vaginitis; at Westmoreland Hosp., Greensburg (77-1-517)
19 Subject to be announced; at Penn Hills Country Club, Bradford (77-1-436)
20 A Day of Pediatric Nephrology; at St. Christopher's Hosp. for Children, Phila. (77-1-114)
20 Current Concepts in Immunology; at Penn State Beaver Campus, Library Conference Room (77-1-373)
20 Current Immunology; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-605)
20 Management of the Severely Injured Patient; at St. Joseph's Hosp., Lancaster (77-1-592)
20 Nephrolithiasis; at St. John's Gen. Hosp., Pittsburgh (77-1-452)
20 Pulmonary Physiology Made Easy: A Guide to the Understanding of Pulmonary Function Testing; at Geisinger, Danville (77-1-212)
20 Surgery for Peripheral Vascular Disease; at Nazareth Hosp., Philadelphia (77-1-479)
21 Hemophilia Symposium; at Univ. Health Ctr. of Pittsburgh (77-1-552)
21 Physiology of Sexual Response; Treatment of Sexual Dysfunction; at York Hosp. (77-1-419)
21 Recent Progress in Diabetes Mellitus; at Hazleton St. Gen. Hosp. (77-1-37)
21 Seminars for the Family Physician; at St. Margaret Mem. Hosp., Pittsburgh (77-1-43)
21 Preoperative Evaluation; at Holy Redeemer Hosp., Meadowbrook (77-1-584)
22 Old and New Problems of the Hip; at Williamsport Hosp. (77-1-502)
22-24 Fourth Annual Symposium for Nurse Anesthetists; at Pittsburgh Hilton Hotel (77-1-346)
23 Clinical Skills Day; at Sugarloaf Conference Center, Phila. (77-1-127)
23 Nuclear Medicine; at Armstrong Co. Mem. Hosp., Kittanning (77-1-401)
23 Office Orthopaedics; at Williamsport Hosp. (77-1-503)
25-29 Family Practice Review Course; at Landis Valley Motor Inn, Lancaster (77-1-128)
27 Diabetes and the Eye; at Allentown-Sacred Heart Hosps. (77-1-39)
27 Peripheral Neuropathies—Diagnosis and Treatment; at Uniontown Hosp. (77-1-463)
27 Stauffer Memorial Lecture; by Temple (77-1-129)
28 Cardiac Dysrhythmias and Utilization of Pacemakers; at North Hills Passavant Hosp., Pittsburgh (77-1-468)
28 Gynecologic Endocrinology; at Hazleton St. Gen. Hosp. (77-1-37)
28 Substance Abuse; at Wernersville State Hosp. (77-1-427)
28 Treatment of Bronchial Asthma; at Good Samaritan Hosp., Pottsville (77-1-40)
28-29 Current Concepts in Medicine for the Practicing Physician; at Valley Forge Hilton (77-1-392)
29 Primary Health Care; at Williamsport Hosp. (77-1-38)
29-30 Cardiopulmonary Resuscitation Course (77-1-347)
29-30 Oculo-Plastic Surgery; location to be announced (77-1-73)
29-30 Speaker to be announced; at Williamsport Hosp. (77-1-504)
30 Current Concepts in Medicine for the Practicing Physician; at Bryn Mawr Hosp. (77-1-392)

MAY

1 Non-Invasive Techniques of Cardiac Diagnosis; at Latrobe Area Hosp. (77-1-600)
2 Menopause - What Not, if Estrogen; at Pottsville Hosp. (77-1-573)
2-3 Nuclear Medicine Update; at Univ. Health Center of Pittsburgh (77-1-553)
2-4 Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp. (77-1-350)
2-6 Diagnostic Ultrasound-Echocardiography; at Episcopal Hosp., Phila. (77-1-107)
3 Diagnostic Uses of Radioisotopes; at Nason Hosp., Roaring Spring (77-1-474)
3 Leukemias and Lymphomas; at Canonsburg Gen. Hosp. (77-1-364)
3 Ultrasound as a Diagnostic Tool; at Troggio's Restaurant, New Castle (77-1-369)
4 Hearing Loss - T&A - Indications and Alternatives; at Latrobe Area Hosp. (77-1-599)
4 Hypothyroidism and Thyrotoxicosis; at Geisinger, Danville (77-1-213)
4 Pediatric Hypertension; at Holy Redeemer Hosp., Meadowbrook (77-1-585)
4 Practical Approach to the Management of the Patient with Hypo or Hyperadrenal Function; at St. Joseph's Hosp., Lancaster (77-1-593)
5 Hyperlipidemia; at Pottsville Hosp. (77-1-572)
5 Immune Mechanisms in Disease; at Hazleton St. Gen. Hosp. (77-1-37)
5 Substance Abuse; at Wernersville State Hosp. (77-1-427)
6 Anemia in Childhood; at Williamsport Hosp. (77-1-38)
6 Lung; at Sharon Gen. Hosp. (77-1-442)
6-7 Hematology; at Williamsport Hosp. (77-1-505)
7 Special Child Conference-9th Annual; at Geisinger, Danville (77-1-214)
7 Surgical Management of Peptic Ulcer Disease; at Indiana Hosp., Indiana (77-1-616)
8-12 Therapeutics; by Hahnemann, Phila. (77-1-185)
10 (Subject to be announced); at Jameson Mem. Hosp., New Castle (77-1-424)
11 The Collagen Diseases; at Hanover Gen. Hosp. (77-1-332)
11 Which Newly Discovered Hypertension Patient Should be Evaluated Extensively; at Allentown-Sacred Heart Hosps. (77-1-39)
11-13 Ophthalmic Microsurgery; at Eye and Ear Hosp., Pittsburgh (77-1-554)
12 Chemo and Cobalt Therapy in Oncology; at Nesbitt Mem. Hosp., Kingston (77-1-288)
12 Peripheral Vascular Disease—Medical and Surgical Management; at Hazleton St. Gen. Hosp. (77-1-37)
13 Evaluation of Gall Disease and Current Therapy; at Williamsport Hosp. (77-1-38)
13-14 Pathophysiology of Acid-Base Disorders; at Williamsport Hosp. (77-1-506)
14 Chronic Obstructive Pulmonary Disease; at Armstrong Co. Mem. Hosp., Kittanning (77-1-402)
15 Management of Cardiac Arrhythmias; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-607)
15-17 Annual Conference on Pediatric Ophthalmology-Complications; at Hyatt House, Cherry Hill, N.J. (77-1-70)
16 Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)
16-20 Selected Subjects in Internal Medicine; at William Penn Hotel (77-1-351)
17 Common Pediatric GI Problems; at Charleroi Div., Monongahela Valley Hosp., North Charleroi (77-1-459)

17	Subject to be announced; at Penn Hills Country Club, Bradford (77-1-437)
18	Chronic Obstructive Pulmonary Diseases; at St. Joseph's Hosp., Lancaster (77-1-594)
18	Difficult Diagnosis of Chest Pain; at Penn State Beaver Campus, Library Conference Room (77-1-374)
18	Endocrine Function; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-606)
18	Thyroid Disease; at Nazareth Hosp., Philadelphia (77-1-480)
18	Tuberculosis Update; at St. John's Gen. Hosp., Pittsburgh (77-1-453)
19	Granulomatosis Disease; at Hazleton St. Gen. Hosp. (77-1-37)
19-21	Annual Convention, PAO&O; at Bedford Springs Hotel (77-1-71)
20	Family Planning Update; at Williamsport Hosp. (77-1-38)
20	Peripheral Vascular Surgery; at Williamsport Hosp. (77-1-507)
21	Acute Care of Multiple Trauma; at Armstrong Co. Mem. Hosp., Kittanning (77-1-403)
21	Renal Transplantation; at Williamsport Hosp. (77-1-508)
25	Antibiotics—Mechanism of Action and How to Select; at Uniontown Hosp. (77-1-464)
25	Oculopneumoplethysmograph (Evaluation of Stroke Prone Patients); at Allentown-Sacred Heart Hosps. (77-1-39)
26	Blood Component Therapy Update; at North Hills Passavant Hosp., Pittsburgh (77-1-469)
26	Eye—Systemic Disease; at Good Samaritan Hosp., Pottsville (77-1-40)
26-27	11th Annual Symposium on Emergency and Critical Care Medicine; at Pittsburgh Hilton (77-1-555)

JUNE

1	The Worried Well: Practical Approaches to Problem Patients; at Geisinger, Danville (77-1-215)
2	Pathologists Meeting; at Jeanes Hosp. (77-1-82)
3	H. Influenza-Bacterial Infections-Viral Infections; at Williamsport Hosp. (77-1-38)
3-4	Pediatric program to be announced; at Williamsport Hosp. (77-1-509)
5	Rheumatic Fever 1977; at Williamsport Hosp. (77-1-495)
6-10	Diagnostic Ultrasound-Cross-Sectional Anatomy; at Episcopal Hosp., Phila. (77-1-108)
7	Non-Metastatic Manifestations of Neoplasms; at Nason Hosp., Roaring Spring (77-1-475)
7-10	26th Annual Seminar in Pediatrics; at Benjamin Franklin Hotel, Phila. (77-1-113)
8	Coronary Bypass; at Allentown-Sacred Heart Hosps. (77-1-39)
8	The Significance of the Apical Systolic Murmur; at Geisinger, Danville (77-1-216)
10	Liver Disease and Pancreatic Disease; at Williamsport Hosp. (77-1-38)
10-11	Approach to Ischemic Heart Disease and Hyperlipidemia; at Williamsport Hosp. (77-1-510)
14	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
15	Diagnosis and Treatment of Seizure Disorders Including Status Epilepticus; at St. John's Gen. Hosp., Pittsburgh (77-1-454)
15	New Concept in Cardiology; at Nazareth Hosp., Philadelphia (77-1-481)
16	Radiologic and Nuclear Medicine in Diagnosis and Therapy: Mammography, Xerography, Thermography and the EMI; at Hanover Gen. Hosp. (77-1-333)
16-18	Pediatric Otolaryngology; at Univ. Health Ctr. of Pittsburgh (77-1-556)
17	Colposcopy; at Williamsport Hosp. (77-1-38)
17-18	OB/GYN Program to be announced; at Williamsport Hosp. (77-1-511)
19-23	1st International Facial Nerve Symposium in the USA; at Pittsburgh Hilton Hotel (77-1-355)
20	Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)
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24	Portal Hypertension—Diagnosis and Treatment; at Williamsport Hosp. (77-1-38)
24	Reconstructive Plastic Surgery; at Williamsport Hosp. (77-1-512)
24-25	Thrombosis Course; at Marriott Motor Inn, Bala Cynwyd (77-1-130)
25	Malignant Melanoma; at Williamsport Hosp. (77-1-513)

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6	Drug Interactions; at Latrobe Area Hosp. (77-1-601)
18-20	Bedside Diagnosis of Heart Disease; by Hahnemann, Phila. (77-1-184)

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9-11	Practical Neuropathology (77-2-14)
14	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
15-18	Family Medicine: A Refresher Course and Practice Examination for Family Physicians; at Pittsburgh Hilton (77-2-13)
23-24	Continuing Education Program; at Bedford Springs Hotel, Bedford (77-1-482)

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3-7	Medical Knowledge Self-Assessment Program IV; at William Penn Hotel, Pittsburgh (77-2-15)

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17-19	Clinical Neuro-otolaryngology; at Univ. Health Ctr. of Pittsburgh (77-2-16)

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14	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)

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1977 Regional Schedule

Tulsa, Oklahoma	January 22-23
Birmingham, Alabama	February 5-6
*Lake Tahoe, Nevada	February 11-13
Denver, Colorado	February 19-20
*Tarpon Springs, Florida	March 4-6
Detroit (Southfield), Michigan	March 26-27
New York (Westchester), New York	April 16-17
Houston, Texas	May 15
Hartford, Connecticut	September 10-11
*Lake of the Ozarks, Missouri	September 16-18
Chicago, Illinois	September 24-25
*Hot Springs (Homestead), Virginia	Sept. 30-Oct. 2
*Huron, Ohio	October 7-9
*Honolulu, Hawaii	Oct. 30-Nov. 4
Hershey, Pennsylvania	November 18-19

AMA's 126th Annual Convention

San Francisco, California	June 18-22

AMA's Winter Scientific Meeting

Miami Beach, Florida	December 10-13

AMA Spokesmanship Seminars

Chicago, Illinois	August 13-14
(Marriott O'Hare Hotel)	November 12-13

*Courses end at midday for recreation activities

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W rnings: Caution patients about pos- s e combined effects with alcohol and o er CNS depressants. As with all CNS- a ng drugs, caution patients against h ardous occupations requiring com- p e mental alertness (*e.g.*, operating m chinery, driving). Though physical and p chological dependence have rarely b n reported on recommended doses, u caution in administering to addiction- e ne individuals or those who might in- c ase dosage; withdrawal symptoms (luding convulsions), following discon- t ation of the drug and similar to those s n with barbiturates, have been reported.

***Isage in Pregnancy:* Use of minor ranquilizers during first trimester hould almost always be avoided ecause of increased risk of con- enital malformations as suggested n several studies. Consider possi- ility of pregnancy when instituting nerapy; advise patients to discuss nerapy if they intend to or do ecome pregnant.**

P cautions: In the elderly and debilitated, a in children over six, limit to smallest e ctive dosage (initially 10 mg or less per d) to preclude ataxia or oversedation, i easing gradually as needed and toler- a d. Not recommended in children under s Though generally not recommended, if c bination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.;* severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

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Please see preceding page for a summary of product information.

385K

Pennsylvania Medicine

FEBRUARY 1977

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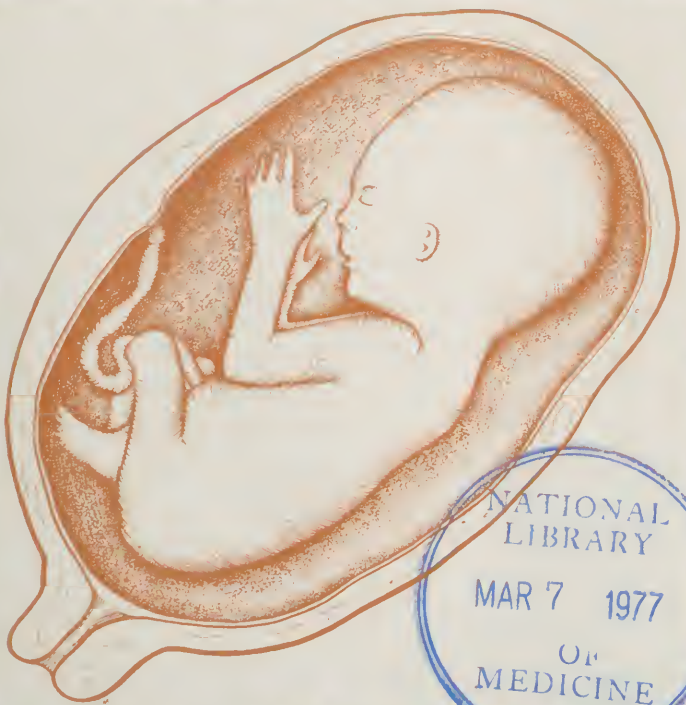

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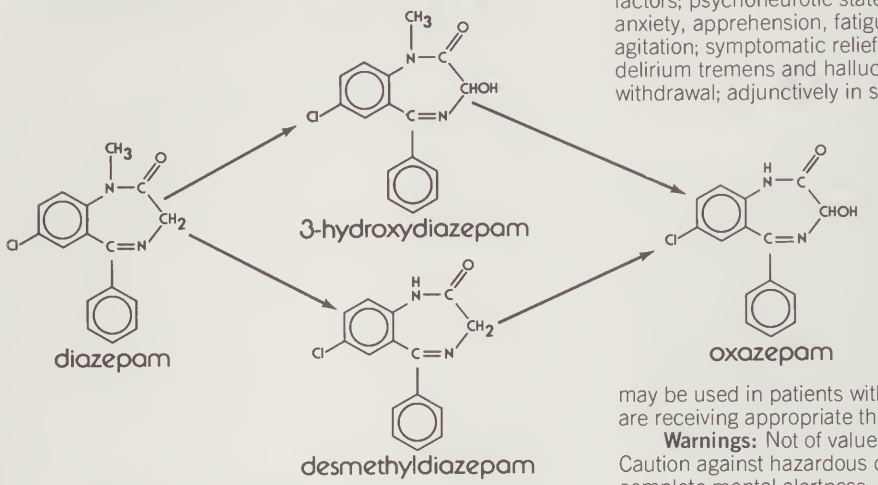
OF MEDICINE

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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medigram

ARGONAUT FILES 70% RATE INCREASE Argonaut Insurance Co. filed for a 70 percent increase in professional liability insurance rates January 28. It calls for changes in territories as follows: New Territory One--Philadelphia, Delaware, and Montgomery Counties; New Territory Three--Allegheny County; and New Territory Four--Bucks and Chester Counties. All other counties remain in Territory Two. The filing also alters the spread of premiums between those in Class I and those in Class V. Class V physicians now pay 14 times the rate of Class I physicians for malpractice coverage. In the new filing they will pay seven times as much. The filing allows a 7.5 percent credit for the beneficial effects of the new malpractice law, Act 111. The Society has asked the Insurance Department for the opportunity to participate in the hearing when scheduled. The Society through the Commission on Professional Liability Insurance has taken no position pending the final report of its actuary, expected late in February.

BOARD APPROVES ACT 111 AMENDMENTS Amendments to the state's malpractice law developed by the Society's Ad Hoc Committee on Malpractice Insurance were approved by the Board of Trustees January 12. At the same time the Board approved a public and membership communications campaign. Meeting January 26, the ad hoc committee established a timetable which calls for introduction of a single bill containing the amendments.

GOVERNMENTAL COUNCIL EXECUTIVE COMMITTEE NAMED The Board of Trustees approved the following as members of the Executive Committee of the Council on Governmental Relations: Michael P. Levis, M.D., chairman; Charles K. Zug, III, M.D.; R. William Alexander, M.D.; Bernard Zamostien, M.D.; and Mrs. John Polcyn, Auxiliary representative. The committee was appointed to make decisions as necessary between meetings of the council.

CO-OP RECEIVES FUNDING The Board of Trustees January 12 authorized a $50,000 loan for the Pennsylvania Medical Cooperative. The loan implements the policy set by the House of Delegates to provide financial support to the Co-op. With the additional funds the Co-op will expand its product line, add a telephone ordering service, hire a sales and promotion expert, and develop a credit plan for members. The Co-op projection is for sales in excess of $800,000 in 1977.

ASA FIGHTS FOR RELATIVE VALUE SCALE The American Society of Anesthesiologists (ASA) has refused to accept a consent decree in the suit brought by the Antitrust Division of the U.S. Department of Justice because of the society's use of its relative value guide. In similar actions brought by the Federal Trade Commission, three other specialty societies accepted consent decrees to cease using such guides. They are the American Academy of Orthopedic Surgeons, American College of Radiology and American College of Obstetricians and Gynecologists.

JUA ON ITS OWN Medical Protective Co. no longer represents the Professional Liability Joint Underwriting Association. William H. Lennert, JUA general manager, said JUA matters should be directed to: Pennsylvania Professional Liability Joint Underwriting Association, 580 W. Germantown Pike, Suite 207, Plymouth Meeting, PA 19462, or telephone (215) 828-8890.

STATE BOARD TO PROBE DEATHS The State Board of Medical Education and Licensure has appointed a special advisory committee to review 83 case records, in which the cause of death was questionable, which were received from the Philadelphia medical examiner's office. Serving on the committee will be two general practitioners, a medical school dean, a hospital administrator, a registered nurse, a hospital director, and two private citizens. All will be from outside the Philadelphia area. The committee will meet at least once a week and is expected to complete a report by April 1, Richard C. Lyons, M.D., state board chairman, said.

WELFARE LINE ITEM SOUGHT FOR PHYSICIANS' FEES The State Society will ask the Legislature to add a line item allocating specific funds for physicians' fees in the budget of the Department of Public Welfare. The Board of Trustees authorized the action on the recommendation of the Council on Medical Service which met with DPW officials on the reimbursement problem in December.

SOCIETY TO CONDUCT SURVEY The State Society will mail in February questionnaires to 6,000 physicians in an effort to determine the Society's priorities as perceived by the members. William J. Kelly, M.D., Society president, called for such a survey in his address to the House of Delegates at the time of his installation in September 1976. Dr. Kelly has urged physicians who receive the questionnaires to answer and return them as soon as possible.

SOCIETY CAUTIONS STATE ON GENERIC PRESCRIBING The Commission on Therapeutics of the State Society met January 13 with a representative of the Drug, Device, and Cosmetic Board of the Department of Health on Act 259 of 1976, the new generic prescription law. The act requires a physician to authorize or prevent substitution of a generic equivalent of the prescribed medication depending on which line he signs the order. The law is not implemented until the Department of Health prepares a formulary, probably in late spring.

APPEAL FILED IN PHILADELPHIA HSA CASE The City of Philadelphia has asked for reconsideration of the decision of U.S. District Court Judge Clifford Scott Green that Philadelphia and the four surrounding counties form a single Health Service Area for planning and development under P.L. 93-641. The Department of Health, Education, and Welfare established three HSAs for the area after local governments, citizens' groups, and professional associations objected to the original single area designation. The State Society is on record in support of three HSAs.

The Pennsylvania Medical Society Announces Its Spring Schedule of Management Workshops

These programs give you and your office personnel an opportunity to hear experts discuss the business side of medical practice. Good business management today is essential to good medical practice. For your benefit, we offer programs by several management consultants in different locations throughout Pennsylvania.

Medical Assistant Series

March 15, 1977	Wilkes-Barre	Holiday Inn
March 16, 1977	Allentown	Holiday Inn—West
March 17, 1977	Valley Forge	Sheraton-Penn Pike Motor Inn
March 18, 1977	Hershey	Hershey Hotel
March 23, 1977	Erie	Erie Hilton
March 24, 1977	Pittsburgh	Marriott Inn

All sessions 9 a.m.-5 p.m.

Tuition—$60

Registration Limit—50-60

Office Manager Workshop

April 19, 1977	Hershey	Hershey Hotel
April 20, 1977	Hershey	Hershey Hotel

Tuition—$245

Two day workshop 9 a.m.-5 p.m.

Registration Limit—30

To register for this and above program CONTACT:
Practice Productivity, Inc.
2000 Clearview Avenue, Suite 101
Atlanta, Georgia 30340
(404) 455-7344

Physician Half Day Workshops

(Morning "Personnel"—Afternoon "Time Management")

April 21, 1977	Hershey	Hershey Hotel
April 22, 1977	Valley Forge	Stouffer's Valley Forge Hotel
April 23, 1977	Pittsburgh	Pittsburgh Hilton

9 a.m. - 12:30 p.m. 1:30 p.m.-5 p.m.

Tuition—$65 per half day
$125 full day

Registration Limit—35

To register CONTACT:
Council on Education and Science
Pennsylvania Medical Society
20 Erford Road
Lemoyne, Pennsylvania 17043
(717) 238-1635
All sessions conducted by: Practice Productivity, Inc.

Financial Control of Your Medical Practice

March 22, 1977	Pittsburgh	Allegheny County Medical Society
March 23, 1977	Harrisburg	Harrisburg Polyclinic Hospital
March 24, 1977	Wilkes-Barre	Luzerne County Medical Society
March 25, 1977	Philadelphia	Philadelphia Marriott Motor Hotel

All sessions 1 p.m.-5:30 p.m.

Tuition—$62.50

Registration Limit—

Conducted by: Conomikes Associates, Inc.

To register CONTACT:
Council on Education and Science
Pennsylvania Medical Society
20 Erford Road
Lemoyne, Pennsylvania 17043
(717) 238-1635

Principles of Medical Practice Management

(One and a half day workshop)

April 29, 1977	9 a.m.-6 p.m.	Camp Hill	Penn Harris Motor Inn
April 30, 1977	8:30 a.m.-1 p.m.	Camp Hill	Penn Harris Motor Inn

Tuition—$125

Registration Limit—

Conducted by: Management Consulting for Professionals, Inc.

To register CONTACT:
Council on Education and Science
Pennsylvania Medical Society
20 Erford Road
Lemoyne, Pennsylvania 17043
(717) 238-1635

Watch for additional information brochures in your mail.

Other Management Aids

Workshops on Uses of the Computer in Private Practice (to be scheduled in late spring).

Booklet available—"Principles of Medical Practice Management"—Price $7.50.

Tapes available—Six cassette tapes in bookshelf binder on hows and whys of good management of medical office practice—Price $

For additional information on these items CONTACT:
Mr. LeRoy C. Erickson
Director, Educational Activities
Pennsylvania Medical Society
20 Erford Road
Lemoyne, Pennsylvania 17043
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Pennsylvania Medicine

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FEBRUARY 1977 Volume 80, Number 2

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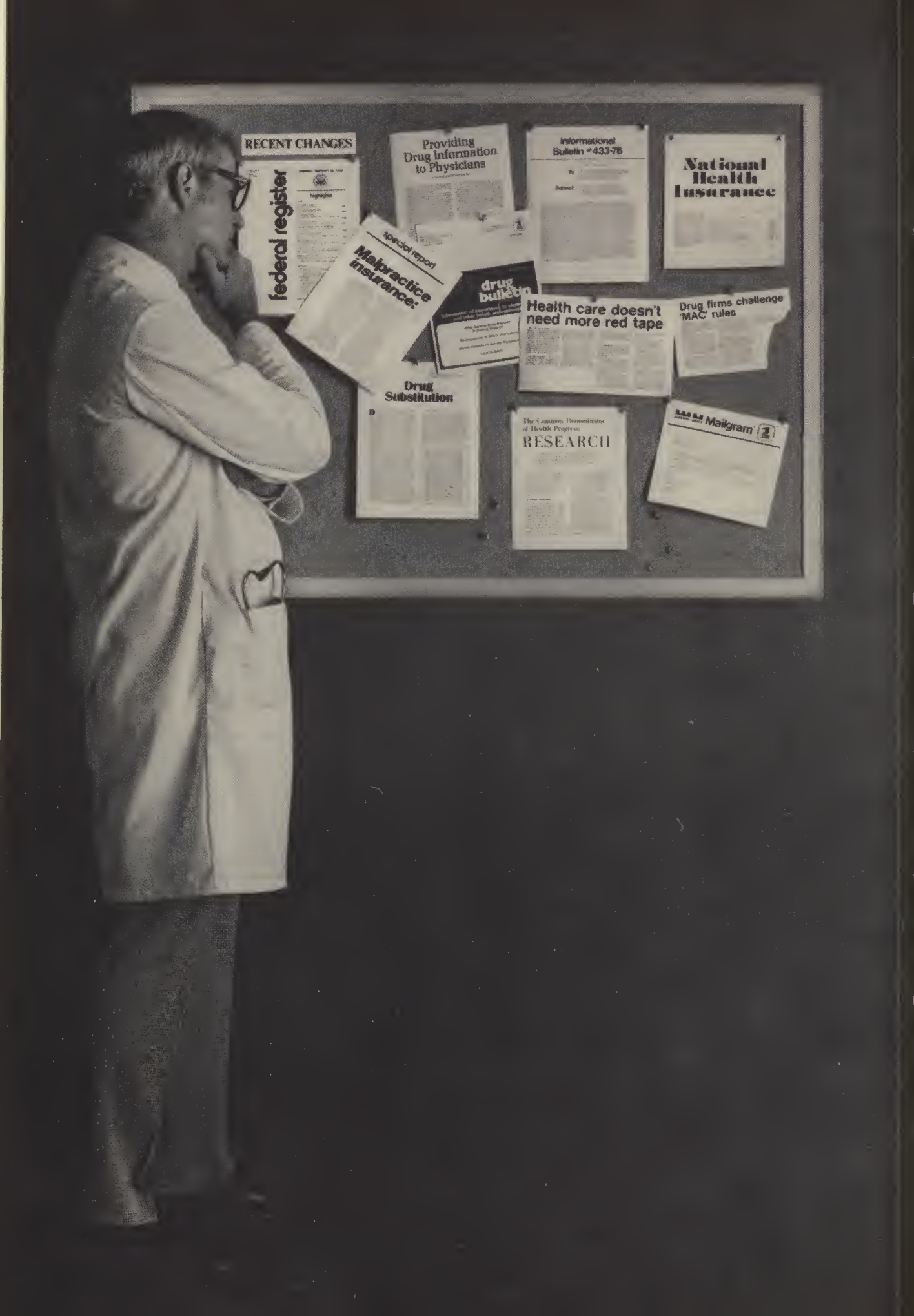
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THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all inds of scrutiny. Your control over patient therapy is eing monitored, judged and occasionally abrogated, ometimes by unknown third parties.

The worry is that in the wake of this focus, the relaonship between you and your patient will be weakened, ithout offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, gulations or professional custom stipulate that your on-generic prescriptions be filled with the precise prodcts you prescribe. But in the last five years, a dozen or ore State laws have been changed, permitting the pharacist in most cases to select a product of the same eneric drug to fill any prescription.

Ironically, this dilution of physician control has ken place against a background of growing evidence at purportedly equivalent drug products may be inquivalent, since neither present drug standards nor their nforcement are optimal. In fact, the FDA itself says it as not enforced the same standards for hundreds of follow-on" products that it had applied to the original DA approvals. Thus physician control over patient erapy is being eroded with a risk that patients may be xposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced rescription prices for consumers. Yet no documentation f any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's rug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber ertifies on the prescription that a particular product is edically necessary, the Government intends to pay only or the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

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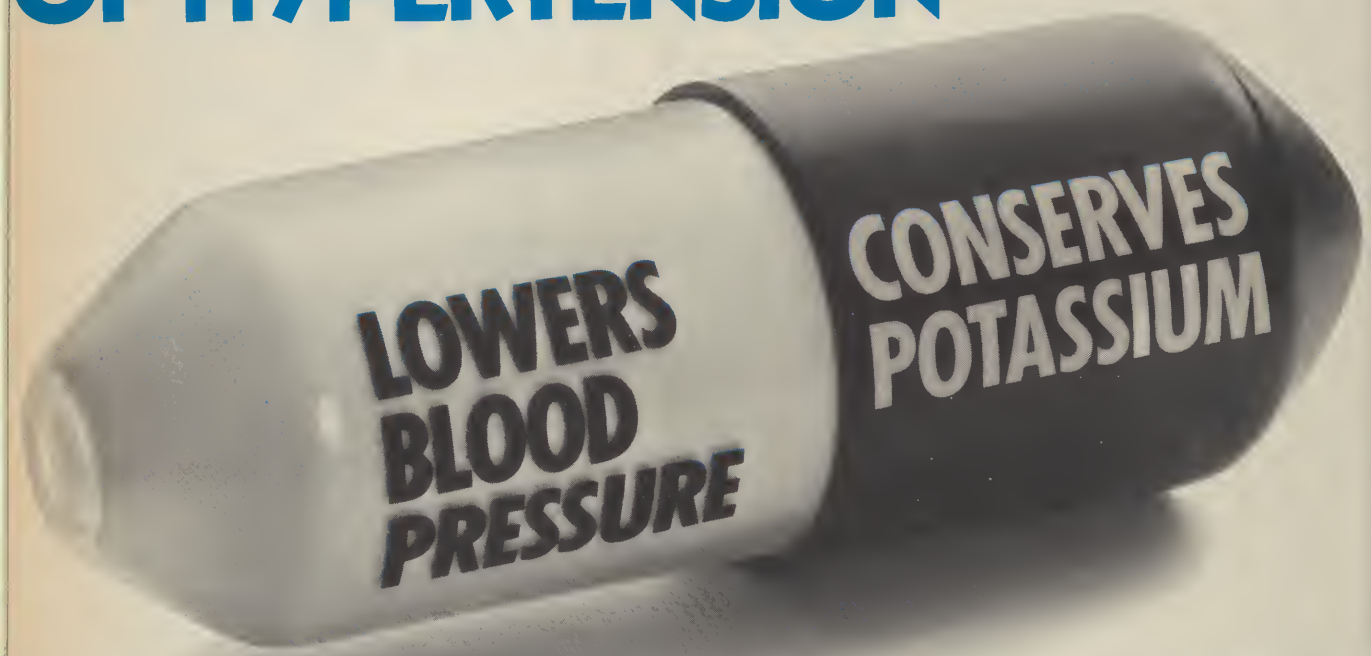

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

WARNING
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Preexisting elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K^+ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy.** Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium® (triamterene, SK&F Co.), and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

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Irvine Page to speak at Officers' Conference

Irvine Page, M.D., editor of *Modern Medicine* and director emeritus of the Research Division of the Cleveland Clinic Foundation, is scheduled to deliver the Walter Foster Donaldson, M.D., Memorial Lecture during the 1977 Officers' Conference, April 13-14 at the Hershey Motor Lodge, Hershey.

Dr. Page has been involved in medical research since 1928 when he took the position of director of the chemical division of the Kaiser Wilhelm Institute in Munich, Germany. In 1945, after working for the Rockefeller Institute for Medical Research and the Lilly Laboratory for Clinical Research in Indianapolis City Hospital, he joined the Cleveland Clinic Foundation as director of the research division.

From 1956 to the present he has received a total of nine honorary degrees from American and foreign universities, and 16 awards, one of which was the American Medical Association's Sheen Award of 1968. Dr. Page has held offices and/or honorary fellowships in about 25 medical and scientific organizations and is a member of at least a dozen others.

Dr. Page will deliver the Donaldson Lecture Thursday morning, the second day of the Officers' Conference.

R. William Alexander, M.D., chairman of the Officers' Conference Committee, will act as anchorman and open the conference at 1:00 p.m., Wednesday, April 13.

Interviews with government health officials are expected to highlight the first day's activities. Directly after Dr. Alexander's opening remarks, Society President William J. Kelly, M.D., will interview State Secretary of Health Leonard Bachman, M.D., at "The Hershey Summit." James A. Raub, M.D., chairman of the Council on Education and Science, will talk with Richard C. Lyons, M.D., chairman of the State Board of Medical Education and Licensure. Later in the program, Henry Fetterman, M.D., chairman of the Council on Medical Service, and Thomas L. Hooker, deputy secretary, Department of Public Welfare, will investigate "The Red Tape Factory."

DR. PAGE

Also during the first day, John S. Zapp, D.D.S., director of the Department of Congressional Relations in the American Medical Association's Washington office, will provide officers with a "Washington Perspective."

A dinner meeting, at which Dr. Kelly will preside, will take place Wednesday evening at 7 p.m. Dr. Murray Banks, adjunct professor of psychology at Northwood Institute in Midland, Michigan, an international speaker who mixes practical psychology with humor, will provide the dinner entertainment.

Medical series on air

WCAU Radio (1210 AM) in Philadelphia and the Medical College of Pennsylvania have launched a series of reports on medicine which are heard at 10:40 a.m. and again at 2:40 p.m. daily.

The taped, two minute radio spots are presented by various members of the medical college's faculty. Each week a new topic of general interest is selected for discussion. The first week's talk on depression was presented by Barbara Schindler, M.D., assistant professor of psychiatry and head of the series' advisory committee. Faculty representatives have been appointed by Alton I. Sutnick, M.D., dean and executive vice president for health affairs.

Dr. Blady to appoint

President Elect John V. Blady, M.D., is now considering appointments for the 1977-78 term. Members are invited to make suggestions for membership on the four administrative councils, and the following committees: Advisory to Auxiliary, Discipline, Objectives, Relations with Allied Professions, Interspecialty, and Medicine, Religion, and Bioethics.

As Society Bylaws require confirmation of all appointments by the Board of Trustees and Councilors, all suggestions must be made no later than March 1 to county society officers who may then forward suggestions to Dr. Blady at Society Headquarters.

Dr. Shuman is president of Philadelphia CMS

In January, the Philadelphia County Medical Society installed new officers for 1977 during the organization's annual dinner dance. Charles R. Shuman, M.D.,

Jenkintown, became the society's 116th president.

Dr. Shuman graduated with a B.A. from Gettysburg College in 1940. He earned his medical degree from Temple University School of Medicine, served his internship and began his residency at Temple University Hospital. After two years in the U.S. Army, he finished his residency at Temple and received a master of science degree in internal medicine.

In 1949 Dr. Shuman joined the Temple medical school faculty; he was named professor of medicine in 1966. Since 1952 he has been chief of the metabolic service at Temple. He has served as Eastern Pennsylvania coordinator for the American Diabetes Association since 1965.

Dr. Shuman is a fellow in the Philadelphia College of Physicians and the American College of Physicians.

Other officers installed during the ceremony are: John Helwig, Jr., M.D., president elect; Robert S. Pressman, M.D., vice president; and Peter A. Theodos, M.D., treasurer. Incumbent secretary Edward J. Resnick, M.D., will serve another term.

Six-year plan announced

Hahnemann Medical College and Hospital, Widener College in Chester, and the Crozer-Chester Medical Center in Upland have entered into a joint six-year M.D. program, to begin in the fall, for students interested in practicing primary care in the under-served areas of Pennsylvania.

Forty students will be chosen for the first phase of the program from Adams, Chester, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lebanon, Perry, and York counties and the lower half of Berks County.

Montgomery County Society installs officers

The 1977 officers of the Montgomery County Medical Society were installed during a luncheon meeting early in January. They are as follows: John C. Maerz, M.D., Schwenksville, president; Harold J. Byron, M.D., Wyncote, president elect; John J. Maron, M.D., Royersford, vice president; and Joseph L. Hunsberger, M.D., Norristown, treasurer. Alan L. Dorian, M.D., received a ceremonial gavel as outgoing president and was at the same time installed as the society's new secretary.

Dr. Maerz is a family physician and director of clinical services for McNeil Laboratories, Inc., in Fort Washington. He graduated from Temple University, then received his medical degree from Jefferson Medical College in 1951. He served his internship at the Montgomery Hospital in Norristown and his residency at the Roxborough Memorial Hospital. He is a member of the American Academy of Family Physicians and the Industrial Medical Association.

In January the Montgomery County Medical Society celebrated its 130th anniversary. In January 1847, five physicians met to form the county society. The following year representatives from the society, including Dr. Hiram Corson, met in Lancaster with members of other young county and regional organizations to form the Medical Society of the State of Pennsylvania. Presently, the Montgomery County Medical Society has the third largest membership in the state.

Hershey announces family practice plan

St. Vincent Medical Center and the Hamot Medical Center, both in Erie, have joined the Pennsylvania Family Practice Residency Consortium, bringing to sixteen the number of member institutions.

Sponsored by the Milton S. Hershey Medical Center, Pennsylvania State University, the voluntary association of family practice residency programs was formed in 1975 with nine member hospitals.

Other member institutions are the Altoona Hospital; Conemaugh Valley Memorial Hospital, Johnstown; Geisinger Medical Center, Danville; Harrisburg Hospital; Hershey Medical Center; Monsour Medical Center, Jeannette; Polyclinic Hospital, Harrisburg; Reading Hospital; Sacred Heart Hospital, Allentown; St. Joseph's Hospital, Reading; St. Margaret Memorial Hospital, Pittsburgh; Shadyside Hospital, Pittsburgh; Washington Hospital; and York Hospital.

Society passes 1976 membership goal

During 1976, the Society's membership reached 14,230, surpassing the 14,000 mark set as the goal for the year.

Figures from 1976 compare favorably with 1975 figures. The net gain in active membership was 431 in 1976 and only 52 in 1975; 1,058 new members were processed in 1976 while only 838 were processed in 1975—a 26 percent increase.

The ten counties whose membership increased most are: Allegheny, 99; Bucks, 16; Dauphin, 20; Lackawanna, 20; Lancaster, 31; Luzerne, 15; Montgomery, 39; Montour, 39; Philadelphia, 61; and York, 21. Counties with the greatest percentage increases are: Adams, 20 percent; Bradford, 18 percent; Carbon, 12.5 percent; Indiana, 13.6 percent; Jefferson, 17.3 percent; Lancaster, 10.9 percent; Montour, 47 percent; Potter, 46 percent; Somerset, 30.8 percent; and Union, 14.1 percent.

Because of their gain in membership, the Allegheny, Lancaster, Luzerne, and Montour County Medical Societies each will gain one delegate to the State Society House of Delegates.

In contrast to the rise in State Society membership, American Medical Association membership in Pennsylvania in 1976 dropped by 759, or 7.5 percent. Five or more members were lost in 27 counties. Because of the decrease, the State Society will lose its eleventh delegate to the AMA House of Delegates. Ten counties losing the greatest number of AMA members are: Allegheny, Berks, Bucks, Chester, Dauphin, Delaware, Lackawanna, Lancaster, Montgomery, and Philadelphia.

Diet manual revision out

The Institution Food Research and Services Project of Pennsylvania State University has issued a revised version of the *Pennsylvania Diet Manual,* first published in 1974. The new version has been endorsed by the State Society and the State Department of Health's Medicare Certification Section.

All diets included in the manual are applicable to physicians' use. The planning committee of the book first developed a diet for the normal, healthy person and made modifications in accord with the best practices for diets to be used for therapeutic reasons. As a result, the manual develops sequentially and is indexed accordingly.

The Pennsylvania Diet Manual may be purchased for $14 with a hard vinyl cover, or $6.50 for all inserts. Checks should be made payable to Pennsylvania Diet Manual. The manual may be obtained from the Institution Food Research and Services, Pennsylvania State University, 202 Academic Projects Building, University Park, PA 16802.

DURING ITS December meeting, the Society's Commission on Accreditation granted full accreditation for a period of four years to the Frankford Hospital, Philadelphia, and St. Francis General Hospital, Pittsburgh. Shown in attendance at the meeting are, left to right, Joseph E. Imbriglia, M.D., Wilkes-Barre; David W. Kistler, M.D., vice chairman, Kingston; Rex A. Pittenger, M.D., Pittsburgh; and Frederick D. Fister, M.D., chairman, Wescosville.

Medical College launches women's study

The Medical College of Pennsylvania has begun a two year oral history project on women in medicine, under grant from Roche Laboratories. The project is to be carried out by the Florence A. Moore Library of Medicine under the supervision of Carol Fenichel, associate librarian and assistant professor of information science.

The aim of the project is to do in-depth interviews with approximately fifty women physicians, covering both their professional and personal lives and dealing with the special difficulties and rewards they have encountered as women in a traditionally male field.

Interviewees will range from women who played a pioneering role in medical developments early in the century to women just beginning their medical careers.

Material gathered will be housed in the Medical College of Pennsylvania's special collection on women in medicine.

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AMA delegates work hard but reap rewards for efforts

MALCOLM W. MILLER, M.D. CHAIRMAN
Pennsylvania Delegation to the AMA

Being a delegate to the AMA House of Delegates means taking two extra vacations a year—right? Wrong!

Being a member of the Pennsylvania Delegation to the AMA is work, and calls for dedication to study the issues, along with a commitment to be on hand when needed. We saw this demonstrated during the Philadelphia meeting of the AMA House in December 1976.

Delegates arrived a day early for their initial caucus, and met at 7 a.m. every morning for discussion before House sessions. Every delegate is assigned to a reference committee hearing and reports back to the other delegates at the next caucus. To prepare for the session, delegates study eight pounds of paper containing resolutions, reports, and proposals. That's work, true, but of tremendous interest and importance.

Pennsylvania was the host state for the December meeting of the AMA House, in Philadelphia, where the major issue was continued support in the Congress of national health insurance. The issue was discussed during the Pennsylvania caucuses, and all delegates generally agreed with

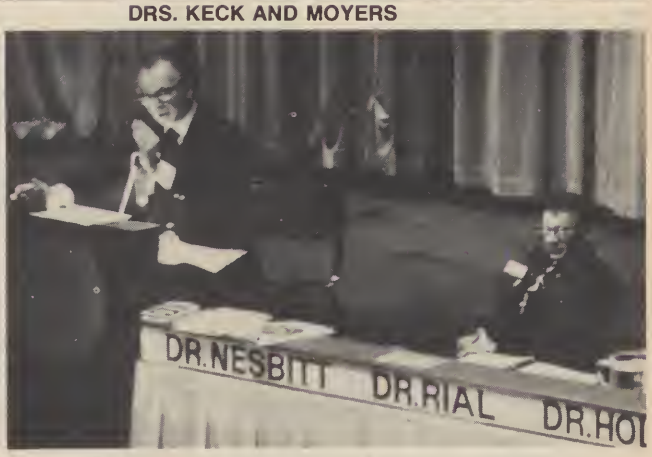
(Continued on page 16)

THE AMA HOUSE OF DELEGATES

DRS. ALEXANDER AND GLOECKNER

DRS. KECK AND MOYERS

JOHN F. RINEMAN, DR. MARSHALL, AND DR. LOVETTE



DR. RIAL SEATED AT SPEAKERS PLATFORM

First Professional Standards Review Council meets

Representatives to the Pennsylvania statewide Professional Standards Review Council (PSRC) held their first meeting January 5 in Philadelphia. PSRC is a private, nonprofit corporation designed to coordinate activities of the twelve Professional Standards Review Organizations within the state. The council is to consist of a representative from each of the twelve PSROs, two from the Hospital Association of Pennsylvania, one each from the Pennsylvania Medical Society and the Pennsylvania Osteopathic Medical Association, and four public members.

At this writing the council has only eight of the twelve PSRO representatives. When the four unfunded PSROs are designated as conditional PSROs, four additional representatives will be appointed. There is also one vacancy for a public representative to be appointed by the Secretary of Health, Education, and Welfare.

The PSRO representatives are: James Z. Appel, M.D., Lancaster, for the Southcentral Pennsylvania PSRO; Donald C. Brown, M.D., Irwin, for the Southwestern Pennsylvania PSRO; Edward C. Leonard, Jr., M.D., Philadelphia, for the Philadelphia PSRO; Matthew Marshall, Jr., M.D., Pittsburgh, for the Allegheny PSRO; John L. Steigerwalt, M.D., Rosemont, for the Montgomery/Bucks PSRO; David A. Tilly, M.D., Allentown, for the Eastern Pennsylvania Health Care Foundation; Paul C. Royce, M.D., Ph.D., Sayre, for the Central Pennsylvania Area II PSRO; and James M. O'Leary, M.D., Altoona, for the Highlands PSRO Corporation.

Physician representatives are: Earl A. Gabriel, D.O., Allentown, for the Pennsylvania Osteopathic Medical Association; Sidney O. Krasnoff, M.D., Philadelphia, for the Pennsylvania Medical Society; Robert L. Lambert, M.D., Wayne, and David A. Smith, M.D., Harrisburg, for the Hospital Association of Pennsylvania.

The public representatives are: Nancy M. Goldberg, Wilkes-Barre; Patricia M. Nicastro, Scranton; and Sally A. Wollins, Ph.D., Harrisburg.

House staff union appeals

The Physicians National Housestaff Association, a professional union which claims to represent 10,000 residents and interns in the United States, is fighting a decision made last March by the National Labor Relations Board that housestaff physicians are not covered by the National Labor Relations Act.

The NLRB ruling said that interns and residents are students and not hospital employees. In a series of cases, one of which involved St. Christopher's Hospital for Children in Philadelphia, the board dismissed petitions for election to be represented by unions for collective barganing under the National Labor Relations Act. The board held that participants in internship and residency programs did so "not for the purpose of earning a living; instead they are there to pursue the graduate medical education that is a requirement for the practice of medicine."

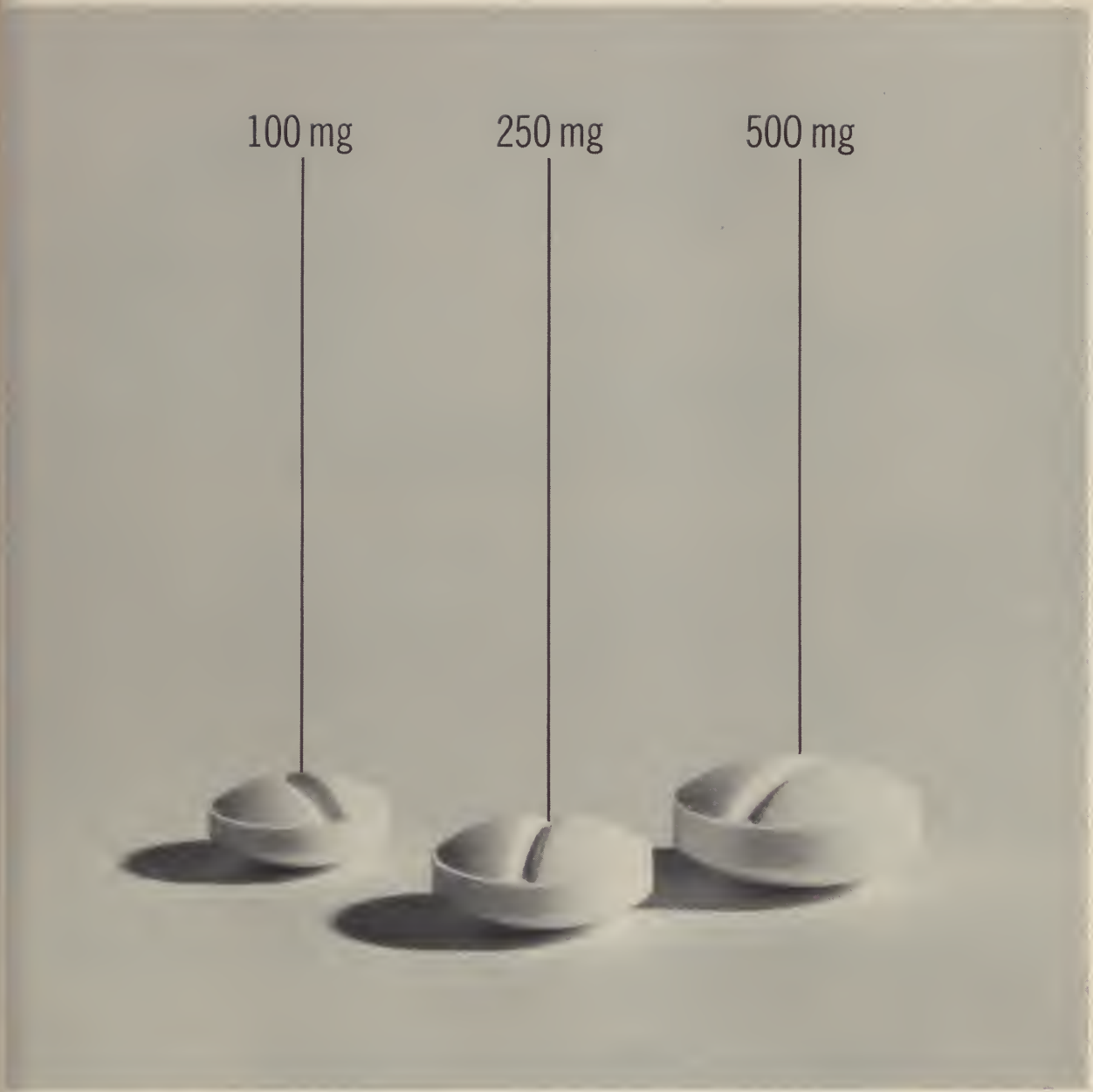
The board's decision applies to clinical fellows as well, as such fellowship programs are ". . . designed not for the purpose of meeting the hospital's staffing requirements, but rather to allow the student to develop . . . the clinical judgment and proficiency in clinical skills necessary," the board stated.

Hershey produces TV sleep workshop

A television workshop to be shown in hospitals throughout the nation has been produced by the Sleep Research and Treatment Center at the Milton S. Hershey Medical Center, Pennsylvania State University. Entitled "The National Sleep Disorders Update: A Television Workshop," the program was expected to debut in 500 hospitals nationwide during the month of January.

The program and coordinated printed material were written by Anthony Kales, M.D., chairman of psychiatry and director of the sleep center, and Joyce Kales, M.D., associate professor of psychiatry and co-director of the sleep center, along with a number of medical advisors, including chief of neurology Robert Brennan, M.D.

Acceptable for credit from the American Medical Association, the American Academy of Family Physicians, and the American Osteopathic Medical Association, the 50 minute program covers such topics as symptomatology and clinical manifestations of insomnia, hypersomnia, narcolepsy, sleep apnea, enuresis, night terrors, nightmares and sleepwalking, etiologic and precipitating factors, evaluation and differential diagnosis, prognosis and longitudinal course, and steps in management and treatment.



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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy,* Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized. as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly,* pp. 95-101. Medcom Press, N.Y., 1974. HOW SUPPLIED: 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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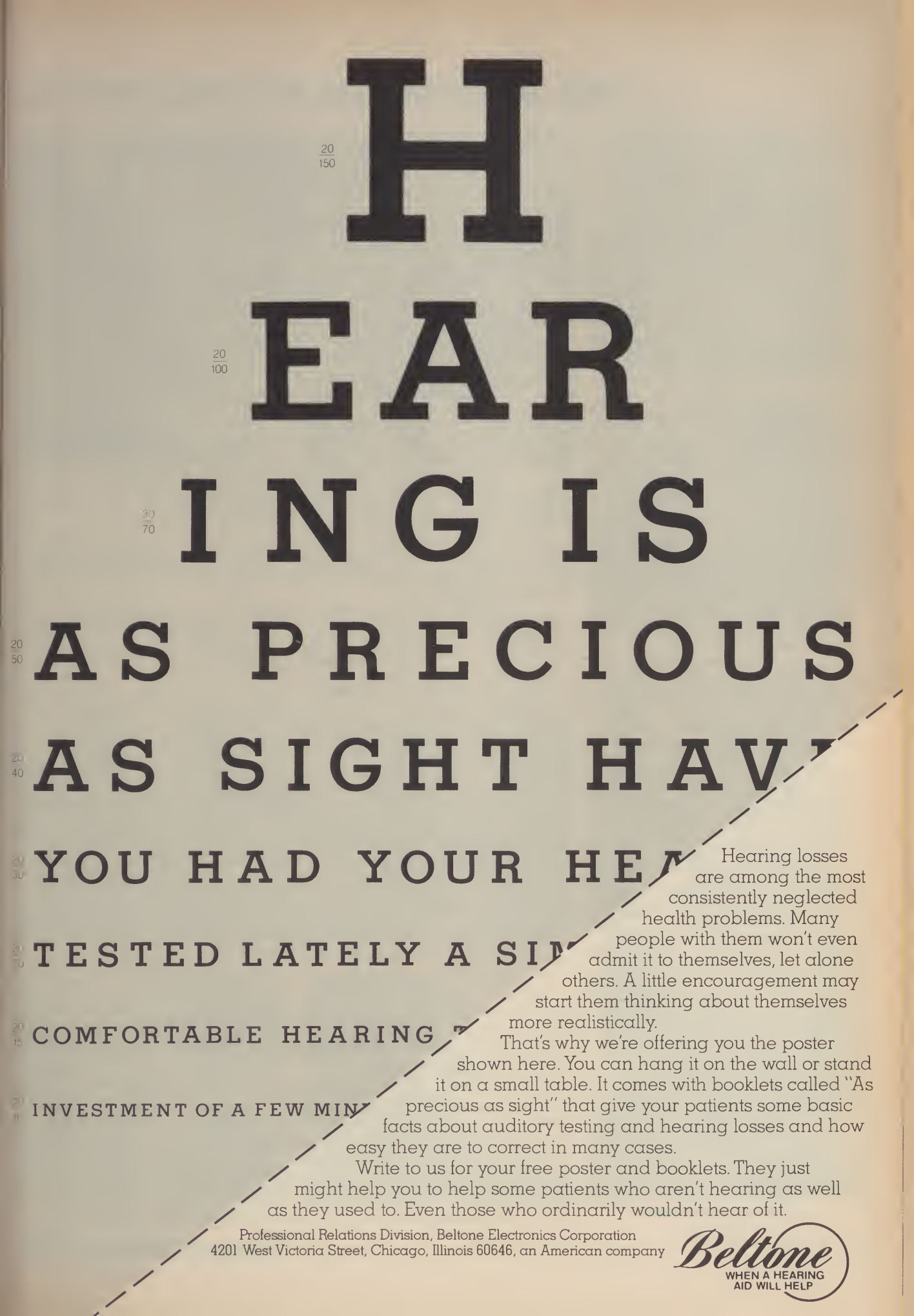

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WHEN A HEARING AID WILL HELP

AMA delegates work hard, reap rewards,

(Continued from page 11)

Russell B. Roth, M.D., of Erie, past president of the AMA, who said, "The practicalities of the legislative process in Washington make it important for the AMA to state in bill form the principles which it endorses, instead of simply being in opposition." Matthew Marshall, Jr., M.D., of Pittsburgh, recommended delegation support for this concept, and formal action followed.

After lengthy debate in reference committee and on the floor of the House, delegates reaffirmed AMA sponsorship of a national health insurance bill. Most of those who spoke in support of this position from the floor voiced opinions similar to those expressed by Dr. Roth in the Pennsylvania caucuses, and in an editorial on page 24 of this issue.

In other major actions the House:

Directed the AMA Board of Trustees to review the federal health planning law and develop amendments to make the law more acceptable to physicians;

Voted to establish a new section of our organization on medical schools in a move to bridge the gap between medical educators and practicing physicians;

Reaffirmed the AMA's formal definition of primary care, turning down a bid to refuse to designate

DR. MILLER AT SESSION

DRS. MARSHALL, LOVETTE, AND ROWLAND AT SESSION

Leads drive to lower hemodialysis costs

Does organized medicine respond to the wishes of its members? Yes. At the recent AMA clinical meeting in Philadelphia the Pennsylvania Delegation succeeded in introducing and having passed a resolution supporting home hemodialysis.

It is now the official policy of the AMA to ". . . urge the Secretary of HEW and the Commissioner of the Social Security Administration to consider the revision of existing reimbursement policies for hemodialysis as an alternative to a maintenance dialysis in hospitals or free standing facilities."

The origin of this new policy goes back to the fall of 1976 when a Philadelphia delegate to the PMS House introduced Resolution 76-9, entitled "Better Support for Hemodialysis Done in the Home." That resolution was written and introduced by Richard A. Kern, M.D., from Philadelphia.

Not only did the resolution pass the State Society's House of Delegates, but it also stipulated that the Pennsylvania Delegation introduce it into the AMA House of Delegates to become national policy.

In making its plea to the AMA, Pennsylvania delegates noted that maintenance hemodialysis yields its best results when carried out in the patient's home. For example, in the Philadelphia metropolitan area, the annual death rate of patients on home dialysis is 15 percent, compared to 20 percent for those treated in hospitals and centers.

Despite the good record of home dialysis, physicians are seeing a decline in its use because of a lack of federal and state incentives in the reimbursement program.

From the taxpayers' point of view, home dialysis is attractive. Home dialysis cost per patient is about $14,900 in the first year including initial purchase of equipment, supplies, and maintenance, and $7,000 yearly thereafter, as compared to an average of $23,400 yearly per patient in dialysis centers or hospitals.

In his resolution Dr. Kern pointed out that removing the three month waiting period, increasing present 80 percent coverage to 100 percent, including drugs and supplies, and reimbursing the home dialysis partner would enhance home dialysis and save the government millions of dollars.

In his resolution, Dr. Kern combined concern for his patients with fiscal responsibility. The winning combination that the Pennsylvania Delegation presented to the AMA has now become national organized medical policy.

aim to represent members in deliberations

DRS. ERHARD AND HELWIG, SANDRA AHLUM, MEDICAL STUDENT, AND JAMES F. DONALDSON, M.D., WHO BECOMES A DELEGATION MEMBER IN 1977.

DRS. HELWIG AND TYSON AT CAUCUS

any field as "primary" (general practice, family practice, internal medicine, pediatrics, and obstetrics-gynecology remain the formal primary care specialties); and

Called for a study of ways to improve the role of the expert witness in malpractice litigation, including changes in tort rules to permit expert medical witnesses to testify as friends of the court rather than on behalf of the adversaries.

One of the four resolutions introduced by the Pennsylvania delegation played a role in the latter. Although withdrawn, the Pennsylvania resolution defining an expert witness will be the subject of a meeting between representatives of the State Society and the AMA Judicial Council to arrive at a joint resolution.

The AMA House acted on Pennsylvania's other resolutions as follows:

Adopted a resolution seeking

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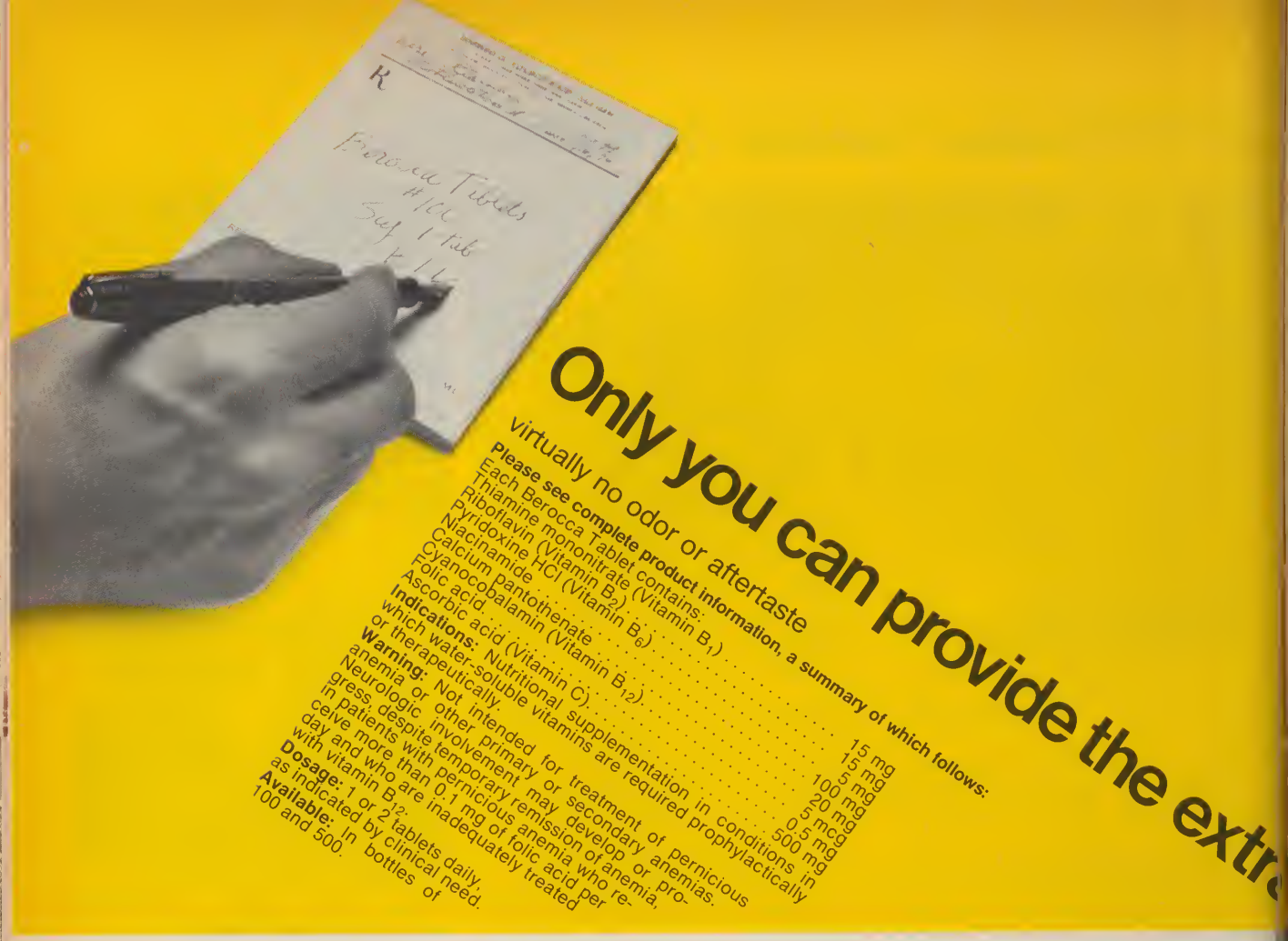
DELEGATES CAUCUS

DRS. CARROLL AND KELLY

DRS. GRANDON AND MOYERS

DR. HELMICK

DR. ROTH



improved payments for home hemodialysis (see report elsewhere in this issue);

Rejected because of cost the proposal that physicians in the first year of practice be billed at a reduced rate of 50 percent (While the AMA financial picture shows improvement, reserves may be eaten up by litigation costs and possible IRS tax on unrelated business income); and

Referred for study the recommendation that the AMA oppose any move to reduce medicare fees paid to physicians in the teaching setting.

Over 5,000 people, including 2,806 physicians, registered for the AMA's last clinical convention, for which R. Robert Tyson, M.D., of Philadelphia, served as chairman. Other Pennsylvanians took leadership roles in Philadelphia. William Y. Rial, M.D., of Swarthmore, is currently vice speaker of the AMA House. His candidacy for the office of speaker was announced by the Pennsylvania Delegation. Edmund L. Housel, M.D., of Philadelphia, served as chairman of one of two reference committees on miscellaneous items. Dr. Malcolm Miller was a member of the reference committee on medical education. William J. Kelly, M.D., Society president and a member of the Pennsylvania Delegation, delivered opening remarks at a preconvention meeting on the National Health Planning and Resources Development Act.

The delegation re-elected Dr. Miller as chairman and John B. Lovette, M.D., as vice chairman. Raymond C. Grandon, M.D., of Harrisburg, was elected delegation secretary to replace Dr. Housel, who did not seek reelection as a delegate. Dr. Housel was honored for fourteen years of service to the delegation at the final caucus.

The delegation heard a report from the chairman of its political action committee, R. William Alexander, M.D., of Reading. The newly created committee will recommend candidates for AMA office and plan strategy.

Other delegation members present for the deliberations were: Drs. Robert N. Moyers, George A. Rowland, Robert J. Carroll, Loraine H. Erhard, Henry H. Fetterman, John Helwig, Jr., Wayne W. Helmick, Richard L. Huber, and David J. Keck.

Included among many Pennsylvania physicians who participated in activities related to the meeting were James Z. Appel, M.D., former president of the AMA; and M. Louise C. Gloeckner, M.D., former vice president.

The Pennsylvania Delegation will caucus at 10 a.m., Wednesday, April 13, prior to the opening of the 1977 Officers' Conference, in preparation for the June 1977 meeting of the AMA House of Delegates.

new members

DAUPHIN COUNTY:

Juraj Osterman, M.D., Internal Medicine, Hershey Med. Ctr., Hershey 17033
Robert J. Petrokubi, M.D., Internal Medicine, Hershey Med. Ctr., Hershey 17033
Randal R. Raeuchle, D.O., General Surgery, 914 N. 2nd St., Harrisburg 17102
Joanne T. Ray, M.D., Pediatrics, 2514 N. 4th St., Harrisburg 17110
John C. Schantz, M.D., General Surgery, 13 Polaris Bldg., Hershey 17033
Robert A. Shiroll, M.D., Internal Medicine, 431 W. Caracas Ave., Hershey 17033
William H. Shoff, M.D., Internal Medicine, Apt. B56, 4581 Larch Dr., Harrisburg 17109
John G. Short, M.D., Radiology, Rad. Dept., Hershey Med. Ctr., Hershey 17033
Richard M. Somma, M.D., Neurology, 246 S. College St., Carlisle 17013
Samir J. Srouji, M.D., Internal Medicine, 797 Poplar Church Rd., Camp Hill 17011
Richard A. Todd, M.D., Anesthesiology, 974B, E. Oak St., Palmyra 19301

DELAWARE COUNTY:

Anjali G. Bhatt, M.D., Pathology, Manoa Park Apts., Glendale Rd., Havertown 19083
Elizabeth H. Bomheuer, D.O., Physical Medicine/Rehabilitation, 2411 West Chester Pike, Broomall 19008
Hector C. Chavez, M.D., Family Practice, Crozer Chester Med. Ctr., Chester 19013
Frederick A. Furia, M.D., Internal Medicine, 830 Myra Ave., Yeadon 19050
Allen S. Gabroy, M.D., Family Practice, 204 E. Chester Pike, Ridley Park 19078
Joseph C. Hummel, M.D., Family Practice, 696B Lenni Rd., Aston 19014
Antonio B. Ingente, M.D., Family Practice, 7900 Lindbergh Blvd., 4503, Philadelphia 19153
Arthur T. Laver, M.D., Obstetrics and Gynecology, 3937 Henry Ave., Philadelphia 19129
Osmundo U. Lim, M.D., Family Practice, 305 Hidden Valley Rd., Aston 19014
Ronald N. Rosenfeld, M.D., Orthopedic Surgery, 2212 Rhonda Rd., Broomall 19008
Emir W. Rubio, M.D., Family Practice, 227 Applewood Ln., Penns Grove, NJ 08069
Harvey B. Spector, M.D., Pathology, Crozer Chester Med. Ctr., Chester 19013
Calvin R. Stafford, M.D., Neurology, Crozer Chester Med. Ctr., Chester 19013
Raymond R. Strocko, M.D., Family Practice, Crozer Chester Med. Ctr., Chester 19013
Monica H. Wang, M.D., Pediatrics, 542 Hampshire Rd., Drexel Hill 19026
Michael V. Yow, M.D., Internal Medicine, 906 Twyckenham Rd., Media 19063
Mary K. Zee, M.D., Family Practice, 257 N. State Rd., 8C, Springfield 19064

ERIE COUNTY:

Graeme C. Baker, M.D., Plastic Surgery, 104 E. 2nd St., Erie 16507

(Continued on page 34)

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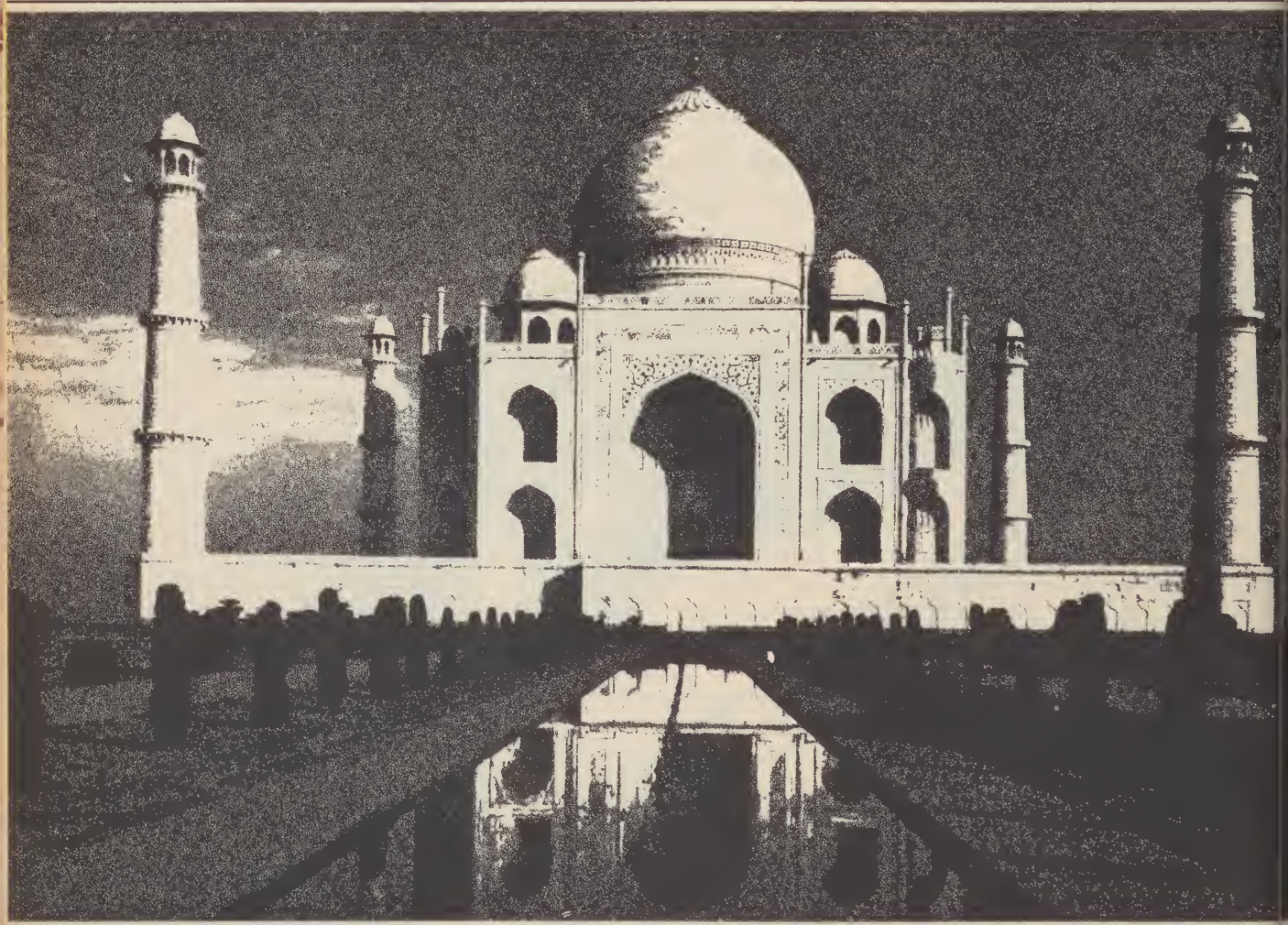

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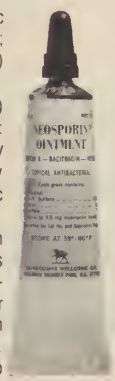

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editorials

Logic, science mark investigation

Lassa fever. Swine flu. Guillain-Barre syndrome. Legionnaire's disease. Nineteen seventy-six produced a series of epidemic scares but none so mysterious or frightening as "Legionnaire's disease." Defined by health officials as fever of 102° or more, cough, and radiographic evidence of pneumonia in a person having attended the American Legion Convention in Philadelphia, July 23-27, 1976, (or having been at the Bellvue-Stratford after July 1) and having exhibited these symptoms after July 1 and before August 18, the elusive pathogen caused 29 deaths in its 179 victims and then vanished leaving frustration and economic disaster in its wake.

As data continue to be compiled and no credible cause cited, frustration is evidenced by increasing criticism of the management of the investigation. Charges of poor coordination, lack of communication between state and federal officials and inadequate, haphazard investigation have been made. Some physicians stated that no Pennsylvania Health Department directives concerning the disease were sent while others complained that there should have been more emphasis on allergic etiology, on toxicologic etiology, on criminal aspects . . .

The "epidemic" was almost over by the time it was discovered but physicians feared that the new disease might spread through secondary infection. The first task was to isolate or rule out communicable disease factors and within a week, working under strictly controlled conditions, bacteria, fungi, and flu viruses were discarded as causes. No secondary infection was reported. Attention then turned to toxic substances. Hotels, the Bellvue-Stratford and the Ben Franklin, were investigated. Questionnaires were distributed to convention attendees in an attempt to find a common denominator. None of these studies produced a positive result. On December 8, the Pennsylvania Department of Health announced the circulation of a new questionnaire on drinking habits. One-hundred twelve persons who attended the convention, 56 who became ill and 56 who did not, will be asked to provide more detailed information in this regard. No evidence of sabotage or criminal activities, which have been given media notice, has been discovered.

The Epidemiological Investigation Service of the Center for Disease Control dispatched twenty officers to Pennsylvania in addition to the two resident officers. Normally, two or three are sent. The study was conducted logically and scientifically, the most important infectious factors being eliminated first. Three thousand ninety-eight questionnaires were distributed. Air conditioners, water, ice, industrial cleaners, food, drinks, and elevators are a few of the numerous areas under investigation. By late August, seventeen metals had been ruled out as causes. Nickel carbonyl, an industrial toxin that produces symptoms similar to the disease, was given brief notoriety.

While time elapses and the study reaches no conclusion, more censure will undoubtedly be leveled at those involved in the investigation. As physicians, we should be the first to admit that not all disease mechanisms are explainable; causes, apparent; or treatments, universal. Representative John M. Murphy (Philadelphia Congressional hearing on Legionnaire's Disease) indicated that his committee intended to reorganize federal agencies so that the next mystery disease will be solved. If it is felt that reorganization is necessary, then it ought to be accomplished. But personnel shifting is not now and never will be an insurance policy that guarantees the resolution of disease causes.

David A. Smith, M.D.
Medical Editor

Guest editorial

The changing doctor-patient relationship

Reprinted from the ACMS ***Bulletin.***

For some years now it has seemed to me that there has been a change in the way doctors and patients perceive each other. I can remember walking down the street with my father, a physician, on Saturday mornings in my little hometown in Welch, West Virginia. I recall the respect that the local people had for him as they would stop and talk. I remember, on one occasion, a young girl, her mother and rather young grandmother stopping him and chatting for

about five minutes. After this conversation father told me, with pride in his voice, that he had delivered all three.

At the time of his death, my father was superintendent of a state mental hospital in West Virginia. Because he had expressed a desire to be buried in our family plot, next to Uncle Roscoe, a surgeon who was his best friend, we brought him back to Welch for the funeral. Due to the immense crowd of people, the balcony at the church broke down. Loud speakers had to be placed outside the church so that many who could not get in could hear the service. Those in attendance included college presidents and supreme court justices as well as prostitutes, numbers runners, thieves and thugs. Eulogies were delivered by a supreme court judge, a college president from Pennsylvania and a prostitute who insisted on talking. My thought at the time was, "What a tribute to a guy!"

My best friend, an OB/GYN surgeon, who trained with me as a resident in a large university system, was murdered a few years ago in Detroit. At his funeral in one of the largest churches there, the balcony was packed and he had delivered every person in that balcony.

In contrast, a few weeks ago I was called in consultation by a primary physician to see one of his patients. When I walked into the room, the patient's middle-aged sister was visiting there. She immediately began to show me bruises on her sister's arm which she said had resulted from taking blood. She used the words "malpractice" and "negligence" twenty-five times—I counted them. Not once did she mention her sister's basic illness, which had been handled beautifully by her physician. In fact, for an 82-year-old patient, she had been progressing exceptionally well.

Upon leaving the patient's room, I went downstairs to my mailbox. There I found a letter from our medical director, lecturing me about another physician's patient whom I had seen as a consultant. He informed me that the family complained about being unable to get in touch with the attending physician or me. His point was that although no claim had been made against anyone, the patient, an alcoholic with the biggest liver I had ever seen, had not been cared for properly. The director did not ask the attending physician or me what happened. Can you imagine, reproving a psychiatrist on "communication with people"—for the wrong reasons?

If there were more communication between us, many malpractice suits would be eliminated.

Many times since my father's funeral I have thought that the relationship between my father and his patients truly represented the ideal kind of doctor-patient relationship. Sometimes I think my middle aged depression has simply caught up with me and things really are not this bad. I do know, however, that I am very glad that I am not going into the tunnel but after thirty years am coming out of the other end.

Eugene L. Youngue, M.D.
Pittsburgh

The AMA debates national health insurance

The Clinical Convention of the American Medical Association, held in Philadelphia in December, may have given to the casual observer the impression that there is a deep split in the membership of the association. There was indeed a spirited contest between those who want the AMA to reintroduce what is still widely referred to as its Medicredit Bill for a kind of national health insurance, and those who would prefer no bill at all. It is noteworthy, however, that in terms of basic objectives there was virtually complete unanimity. Everyone seemed to agree that the need is to prevent our Congress from passing ill-advised, unnecessary legislation. The arguments were over strategy.

Dr. Roth has served the State Society and the AMA for many years, and currently is chairman of the Society's Judicial Council. He was speaker of the State Society's House of Delegates, vice speaker and speaker of the AMA House of Delegates, and AMA president. In 1974 Dr. Roth received the State Society's Distinguished Service Award for outstanding leadership in the medical community.

The spectrum of political philosophy within the AMA is not full in the sense that in the Democratic Party, for example, there is a range from the very liberal to the very conservative. The AMA is essentially a moderate to conservative organization, with almost no radicals within it, and relatively few true liberals. Some of the house staff and student members sound quite liberal on occasion, but as time passes one observes these young physicians shifting into the moderate group. There is, however, a significant representation of very conservative physicians who sincerely mistrust and work against almost any intrusion of government into medicine. Their numbers are rather small nationally and even

within the AMA. Their candidates for office in the AMA have routinely been badly defeated, and their efforts to champion the cause of repealing PSRO or withdrawing AMA support for its Medicredit Bill have not flourished. In the Philadelphia meeting the conservative forces, rallying behind the Louisiana Delegation, spent a great deal of time, effort, and no small amount of money, in an effort to discourage re-introduction into Congress of any AMA bill which could be labelled "national health insurance." The final vote, after much discussion in reference committee and again on the floor of the House, was 3 to 1 in favor of reintroduction of a bill essentially like that of the recent past.

The vote was supportive of the view that the practicalities of the legislative process in Washington make it desirable for the medical profession to state, in bill form, the principals which it endorses instead of simply being in opposition to a wide variety of alternative proposals. It seems certain that in our next Congress there will be the usual diversity of proposals plus a new Administration bill, the character of which is not yet clear.

Since the Congress has not changed greatly in respect to the leadership of key committees and subcommittees in the health field, there is a distinct possibility that there will be no great change of pace in considering national health insurance.

One may accept it as reasonably certain that the principal deterrent to the passage of a broad and comprehensive national health insurance bill is the cost. Any major bill to provide more care for more people in more expensive facilities by more and better trained health professionals is bound to cost more money.

Congress may try to contain cost by dealing only with "catastrophic" insurance which leaves the massive "front end" of the risk uncovered. It could try to postpone major economic impacts by devising some sort of gradual phasing in of coverage for children or low income groups. It could elect to federalize medicaid. It is belatedly and reluctantly beginning to recognize that, whatever virtues may reside in PSRO legislation and HMO support, they are not features which will reduce costs. There is some palpable reason to suspect that this Congress will not move any NHI bills out of subcommittee since campaign oratory is readily discounted and there is really very little clamor from the constituencies which would tempt the legislators to take the economic risk involved.

As for the AMA, it is neither lacerated nor torn. It is gaining in strength as it exercises the freedom it holds forth for the expression of differences of opinions by its members. It is the strongest defense mechanism which our profession has devised.

Russell B. Roth, M.D.
Erie

The four horsemen

This essay is suggested by something I read in *Medical Tribune* in December of 1975. You remember reading in the Bible, the Book of Revelations, in Chapter 6, the story of the four horsemen. Verse 2 reads: "And I saw and behold, a white horse and he that sat on him had a bow; and a crown was given unto him; and he went forth conquering and to conquer." The white horse, suggest some theologians, refers to a conquering king. For this horseman we are suggesting the analogy of the automobile, for this mechanical monster has, indeed, become king. We need think only of the money Americans spend on their automobiles and what is spent on roads. The amount is staggering! In addition to this, there is the internal combustion engine pollution factor. But we are primarily concerned with the automobile here as a *lethal* weapon. Many people fail to understand that an automobile is literally a 2,000 pound missile capable of massive destruction. Add to this the fact that the best and most skillful and careful driver on the road is still at the complete mercy of the least skillful, most drunk, drugged, or worst driver who is on the road behind the wheel at that same moment. The concept is frightening. Many excellent drivers are killed or maimed each year through no fault of their own. This year, 46,200 is the estimated number of (almost completely preventable) deaths caused by this white horse and his rider. This does not include the surviving injured, the army of living maimed—which far outnumber those who die.

Returning to "Revelations," Verse 4 reads: "And there went out another horse that was red: and power was given to him that sat thereon to take peace from the earth that they should kill one another; and there was given unto him a great sword." This second, red horse is generally interpreted to represent war! We seem to be temporarily out of wars at this time in our country's history, and that's nice for the Bicentennial, but we are not out of the prime cause of war's principle death instrument—the gun. How long the National Rifle Association can

continue to intimidate the entire population of this country by implying that guns are not a vital part of this problem, will, indeed, be interesting to see. Hand guns are my hangup. I do not even insist they be banned, only *strictly* controlled. If they were monitored with about half the intensity Class IV drugs are controlled, we would all be much safer. By the way, about 28,000 Americans die from firearms yearly. About half of these are homicides and generally the trigger is pulled by someone known to the deceased, someone with a criminal record. In over 11,000 homicides in 1974, the weapon used was a handgun. About 12,000 suicides each year involve firearms and even accidental gun deaths estimated to amount to some 2,500 yearly are really preventable—are they not? I realize the criminals will get guns, regardless of controls, for guns are the tools of their trade. I also know that even though certain drugs are strictly controlled by the Federal Government I could go to my local high school tomorrow and purchase as much amphetamine as I can afford. My real gripe is that we are making it so easy to get guns, particularly hand guns, that they cannot help but be part of the "era of violence" in which we now live.

Returning to "Revelations," Verse 5 reads: "And when he had opened the third seal, I heard the third beast say, Come and see. And I beheld, and lo, a black horse; and he that sat on him had a pair of balances in his hand. And I heard a voice in the midst of the beasts say, A measure of wheat for a penny, and three measures of barley for a penny; and see thou hurt not the oil and the wine." This third, black horse and rider, we're told, suggests famine and starvation. Although we live in a land of plenty, the world is moving very close to the edge of starvation. But let us consider the use of alcohol to represent this black rider, for this is another large scale killer of Americans, both by its implication in nearly 50 percent of all highway deaths and by literally starving the body to death. This year, 1976, will again produce thousands of deaths directly attributed to the drug, alcohol (and alcohol is truly the American drug problem), but this is only the tip of the iceberg. One authoritative estimate places the economic loss from alcoholic liver disease alone at over $2 billion yearly. The monetary loss and family and personal suffering are unmeasurable. There appears to be little chance of any meaningful advances in the control of this problem until rather extensive sociobehavioral modifications can be introduced into our society. No nation on earth has yet been able to effect such change and there is little evidence that this nation will be any more successful. But the resultant deaths are largely preventable, are they not?

Verse 8 of "Revelations" says: "And I looked, and behold, a pale horse: and his name that sat on him was Death, and hell followed with him. And power was given unto them over the fourth part of the earth, to kill with sword and with hunger and with death and with the beasts of the earth." When I read this I always think of Dr. Osler's comment on pneumonia, as it was known by him. He called it the "Captain of the Legions of Death," and no question that this pale horse represents death, itself. And to this pale horse and rider one might well assign the lethal cigarette smoking habit. What a habit this is! Millions of Americans are enslaved by it. It is unequaled as a purveyor of mortal disease. Nineteen seventy-six is expected to bring 93,000 new cases of lung cancer alone, and during this important year in our nation's history, 84,000 Americans are expected to die from this one particular kind of cancer, related to the smokicidal habit. The death of this number of citizens in one year represents more Americans than were killed in the entire Viet Nam conflict. We must add to that smoking-caused cancers of the mouth, throat, and bladder and the fatal damaging effect to both heart and lungs.

The Third World Conference on Smoking and Health held recently in New York concluded that the scientific evidence available at this time indicates that smoking is a "single, most preventable cause of these diseases and the deaths resulting therefrom!" Here, too, we have another form of death which is largely preventable but, as with the others, there does not appear to be any significant evidence that we, as a nation, have become alarmed enough to do anything about it. One of the things that causes me the greatest amount of concern is the alarmingly rapid rate at which teenage females are taking up the smoking habit. They now at least equal the number of young males who are smoking and, in addition to having all of the same problems of men who smoke, may cause damage to a pregnant state and potential harm to the newborn.

"Revelations" describes the appearance of the four horsemen as an event predicted for the future, without recourse to interference by a person or nation. But our four horsemen can all be influenced, both by individuals and by nations—if they care! The answer to the question of whether anything will be done or not lies in the future. Will we be able to do it? Only history will provide that answer, but certainly everyone in this nation should know where physicians stand with regard to all of these problems. To remain silent in the face of these challenges is to fail to live up to our creed.

J. Mostyn Davis, M.D.
Shamokin

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Theory, practice contradictory in government direction of community MH centers

ABRAHAM J. TWERSKI, M.D.

Pittsburgh

Go to hell, Washington, and take Harrisburg with you

The community mental health center movement was cited as an example of a solution to a problem in one particular area of medical practice, wherein the treatment system was turned over to government management. I will state at the outset that some benefits have indeed accrued from the community mental health center system, but it is highly questionable whether the good has outweighed the evil.

To begin with, a medical specialty has been placed under lay direction. Note that I did not say lay administration, but rather lay *direction*. It is perfectly legitimate for a medical program to have the administrative aspects run by a non-medical person, with expertise in administration; but the *direction* of the program must be medical. No non-medical person can dictate what is treatable and what is not; what is an illness, and what is not; and what types of treatments should be employed. Yet, in many community mental health centers this is precisely what has happened.

Division of a community into multiple catchment areas has deprived patients of their freedom of choice of a therapist. In *theory*, a patient may request service from *any* mental health center in his community. In practice, this has not worked. The community mental health center may claim that it is overloaded with demands for service from residents of its own catchment area, who have priority on available services. Furthermore, in order for the requested mental health center to be reimbursed for its services, it must have a "sign off" from the mental health center within the patient's catchment area. Mental health centers guard their budgets very jealously, and are extremely hesitant to authorize services rendered by another mental health center.

I want to make an introductory remark before making my next point. I feel that the community mental health centers have provided some valuable services. There are centers that have very competent personnel providing prompt and effective help for many people. Having said that, my next point is that the system is open to gross deficiencies in practice, and that in some centers these deficiencies are being both covertly and overtly encouraged by the lay bureau *directing* the community mental health centers.

The proportionately small psychiatrist to patient ratio, which was perhaps the major factor in initiating the community mental health center movement, was not corrected by legislation, contrary to what the "paper people" might like to believe. Rather, the system devised was for non-medical and paramedical people to provide psychological treatment *under supervision of a physician*. There are indeed many therapists from non-medical disciplines who can provide excellent psychological services, and my comments are no reflection on their expertise. The central issue is essentially one of deception and subterfuge.

There would have been nothing wrong with a frank statement, "Look, public. There are not and never will be enough psychiatrists to go around. We feel that many mental health problems can be dealt with by therapists who are not physicians. Mental health is not exclusively a medical problem. Treatment will be provided in clinics by therapists who are not physicians."

This article is part six of Dr. Twerski's series on the paper world' of government. Dr. Twerski is medical director of the Gateway Rehabilitation Center and clinical director of psychiatry at St. Francis General Hospital, Pittsburgh.

One may agree or disagree with this position, but the facts of life would have been spelled out truthfully. Instead, the legislature and bureaucracy saw fit to insist that these clinics be under medical supervision, and yet permitted and abetted their development and function in such a fashion that "medical supervision" is an impossibility in fact, and sometimes exists only on paper.

Community mental health centers currently exist and function wherein someone presenting with a problem is *never* interviewed nor examined by a physician from the intake interview to the time of discharge. Since there is a possibility that emotional symptoms may in some cases be manifestations of a physical disease, this practice may allow serious physical conditions to progress undetected and untreated. Furthermore, medication such as antidepressants and potent tranquilizers are sometimes prescribed or refilled without the physician's having evaluated or re-evaluated the patient, and at times even without the physician's knowledge. Total physician time available to a busy mental health center, which treats say 150 patients per week, may be no more than eight hours, and after time for administrative meetings and lectures is deducted, the amount of supervision time available may be two minutes or less per patient. These practices are being condoned and even encouraged by the lay direction of the mental health center officials, who feel that their "mandate" to provide services justifies anything and everything. Granted, these practices are not likely to occur in better staffed mental health centers, but they do occur in others, with the blessing of the responsible governmental agency, while patients are assuming that they are receiving adequately supervised care. The governmental system thus perpetuates a cruel hoax on an unsuspecting public.

Under lay direction, treatment modalities may be altered according to social needs rather than patients' needs. For example, a mental health center was operating an effective day-hospital program, where qualified therapists, able to operate with a small patient/therapist ratio, were providing an intensive psychotherapeutic experience for some very sick patients, who were thus able to benefit from therapy without being confined as inpatients. The governmentally-operated mental health system decided to return many chronically-hospitalized patients to the community, and since these required a great deal of supervision, the day-hospital was ordered to accommodate them. Since there was no way for the staff to provide both intensive psychotherapeutic services to a small number of patients, and a supervised activity program for a large group of chronically-ill patients, the treatment program was diluted to the point where it was sacrificed. This decision was not a medical one, not a psychiatric one. Rather, it was a lay administrative decision which dismantled an effective therapeutic program.

In an era in which we are so concerned with incursions on our right to personal privacy it is important to note that the governmentally operated mental health center system completely destroys confidentiality. Although patients are registered by an identifying number rather than by name, it is really not a difficult task to find out who's who and what's what about whom. Reports of symptoms and diagnoses are submitted and stored in a central data bank. Every bit of data regarding a person's mental condition that has been recorded can be retrieved, and assurances to the contrary are deceptive. No authorization of the patient is necessary; in order to obtain service, he must comply with the required information gathering, which is then transferred to a computer. Now it might be argued that there is implied consent (although in non-governmental medical practice there is no such thing as implied consent; in fact, consent must be "informed" and explicit in the minutest detail) when one applies for service, although I believe this argument to be invalid. But by no stretch of the imagination is there *any* type of consent when a person applying for services gives information (which may be indeed important to treatment) concerning the private affairs of his or her spouse, children, or other family members. This too is recorded and is retrievable. A woman may apply to a clinic for counseling because of her husband's alleged alcohol or drug problem or homosexuality, and without his consent, *he* is now recorded somewhere in the data bank as being an addict or homosexual. This is a bad enough situation if this is a true allegation, but infinitely worse if the whole thing exists only in the spouse's fantasy. The computer, however, cannot tell fact from fantasy. All this is going on right at this moment, under the auspices of your friendly government agency. □

'. . . some benefits have indeed accrued from the community mental health center system, but it is highly questionable whether the good has outweighed the evil.'

MDs in the news

J. W. J. Carpender, M.D., Sayre, was installed recently as the president of the Radiological Society of North America. He is cochairman of the radiation department and chief of radiation therapy and nuclear medicine at the Robert Packer Hospital and Guthrie Clinic in Sayre.

Janet Parker, M.D., was recently appointed professor of radiology and director of the section of radiation oncology and nuclear medicine at the Medical College of Pennsylvania. She is a consultant in radiation oncology and nuclear medicine at Frankford Hospital, Philadelphia.

DR. PARKER

DR. TOBOROWSKI

Robert M. Toborowski, M.D., was appointed recently as clinical director of the Hall-Mercer Community Mental Health and Mental Retardation Center of Pennsylvania Hospital. Dr. Toborowski is an assistant professor of psychiatry at the University of Pennsylvania School of Medicine. He is former director of psychiatric clinical services at Philadelphia General Hospital for the University of Pennsylvania and the West Philadelphia Community Mental Health Consortium.

The Southeastern Pennsylvania Kidney Association awarded a one year research grant to **John Carson, M.D.,** a fellow at Jefferson Medical College, Thomas Jefferson University. Dr. Carson is currently conducting research into the prevention of immune complex glomerulonephritis.

Norman S. Sarachak, M.D., Allentown, was elected recently to serve on the board of directors of the American Heart Association, Pennsylvania Affiliate. He is the director of the coronary care unit at Allentown and Sacred Heart Hospital Center.

John F. Ditunno, Jr., M.D., was elected recently to the Board of Governors of the American Academy of Physical Medicine and Rehabilitation. He is professor and chairman of the department of rehabilitation medicine at Jefferson Medical College, Thomas Jefferson University.

Monica D. Blumenthal, M.D., was recently appointed professor of psychiatry at the University Health Center of Pittsburgh. She is on the faculty of the University of Pittsburgh School of Medicine's department of psychiatry.

Arvind K. Singh, M.D., was recently certified by the American Board of Anesthesiology. He is an anesthesiologist on the staff of Mercy Hospital, Scranton.

Two Pittsburgh physicians were elected recently as officers of the American College of Surgeons. ***Mark M. Ravitch, M.D.,*** *was elected first vice president and* ***William F. Donaldson, M.D.,*** *was chosen as regent. Dr. Ravitch, an internationally known authority in the use of staples in surgery, is professor of surgery at the University Health Center of Pittsburgh and surgeon in chief at Montefiore Hospital. He is currently vice president of the Southwestern Pennsylvania Chapter of the American College of Surgeons. Dr. Donaldson is clinical professor of orthopedic surgery at the University of Pittsburgh School of Medicine. He was the 1976 recipient of the Frederick M. Jacob Physician Merit Award of the Allegheny County Medical Society, which he has served as president and member of the board of directors. He is a past president of the American Academy of Orthopedic Surgery.*

William S. Robbins, M.D., was elected recently as treasurer of the American Psychoanalytic Association. Dr. Robbins is director of the Philadelphia Psychoanalytic Institute and clinical associate professor of the department of psychiatry at Temple University's School of Medicine.

Jean Dace Golden, M.D., was recently named chief of surgery at Pocono Hospital, East Stroudsburg. She has been on the hospital staff since 1967.

The following M.D.s were recently inducted as fellows of the American College of Chest Physicians: **Robert E. Albertini,** Danville; **William M. Anderson,** Harrisburg; **Paul B. Bricknell,** Hershey; **Frank P. Castrina,** Carlisle; **Neil S. Cherniack,** Philadelphia; **Manoucher Fallah-Nejad,** Philadelphia; **Ray F. Garman,** Sayre; **Michael L. Gerber,** Pittsburgh; **Suresh C. Ghosh,** Philadelphia; **Sukhdev S. Grover,** Pittsburgh; **Richard H. Helfant,** Philadelphia; **Richard L. Heppner,** Pittsburgh; **Marc J. Horman,** Arlington; **Robert F. Johnston,** Philadelphia; **Leon A. Kauffman,** Philadelphia; **John K. Kelly, Jr.,** Philadelphia; **David M. Leaman,** Hershey; **Sanford Levine,** Philadelphia; **William O. Rexrode,** York; **John F. Shuman,** West Reading; **Bhagwan J. Wadhwani,** Fredericktown; and **John S. Willens,** Paoli.

The American Board of Obstetrics and Gynecology recently named the following physicians as diplomates: **Robert H. Tomhave, M.D.,** and **Neil I. H. Park, M.D.,** both of Johnstown; **Alberto Manetta, M.D.,** Altoona; and **Rifaat R. Bassaly, M.D.,** New Castle.

The following physicians were named recently as fellows in the American College of Physicians: **Martin E. Wenger, M.D.,** Lancaster; **James G. Kitchen, III, M.D.,** Bryn Mawr; **Allan Lipton, M.D.,** Hershey; **William F. Hallahan, M.D.,** Lebanon; **Carl R. Sherk, M.D.,** Lebanon; and **Benjamin B. Platt, M.D.,** Pottsville.

new officers

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Eugene J. Roe, M.D., Scranton, second vice president
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OFFICERS' CONFERENCE HIGHLIGHTS

April 13-14
Hershey Motor Lodge

- **The Hershey Summit - Society President William J. Kelly, M.D., Interviews State Secretary of Health Leonard Bachman, M.D.**
- **The Red Tape Factory - Henry Fetterman, M.D., Chairman, Council on Medical Service, Interviews Thomas L. Hooker, Deputy Secretary, Department of Public Welfare**
- **Donaldson Memorial Lecture - Irvine Page, M.D., Editor, *Modern Medicine***
- **Dinner Speaker - Murray Banks, Ph.D.**
- **Washington Perspective - John S. Zapp, D.D.S., Director, Department of Congressional Relations, AMA Washington Office**

For more information:
Officers' Conference Committee
Pennsylvania Medical Society
20 Erford Road
Lemoyne, PA 17043

MDs in the news

A. Frederick Hartman, M.D., formerly of Camp Hill, was honored recently by the World Health Organization for his work in helping to eradicate small pox in India and Bangladesh during 1973. Currently Dr. Hartman is working in Brazil helping to innoculate villagers along the Amazon River.

Alagiri K. Swami, M.D., was inducted recently as a fellow in the American Academy of Pediatrics during the organization's annual meeting in Chicago. Dr. Swami is chief of pediatrics at the Berwick Hospital.

Allen S. Weed, M.D., and **Gordon S. Clement, M.D.,** were recently appointed to serve on the board of trustees of Norristown's Sacred Heart Hospital. Dr. Weed is chief of pediatrics at Sacred Heart and Dr. Clement is on the staffs of Sacred Heart and Montgomery Hospitals.

Recently granted fellowship in the American College of Cardiology were: **Bernard N. Bathon, M.D.,** Hanover; **Monty M. Bodenheimer, M.D.,** Philadelphia; **Kenneth M. Kessler, M.D.,** Philadelphia; and **William J. Kimber, M.D.,** Danville.

Dennis G. Youshaw, M.D., Altoona, was elected recently as president of the Southern Allegheny Unit of the American Trauma Society. **Richard B. Magee, M.D.,** also of Altoona, became secretary of the organization.

Richard J. Santen, M.D., recently participated in a White House conference on breast cancer, entitled "Breast Cancer: A Report to the Profession 1976," sponsored by the National Cancer Institute and the American Cancer Society. Dr. Santen presented a paper entitled, "Medical Adrenalectomy." He is an associate professor of medicine at the Milton S. Hershey Medical Center, Pennsylvania State University, Hershey.

Anita K. Bahn, M.D., *professor in the department of research medicine, has become the chairman of the University of Pennsylvania's new interdisciplinary group in epidemiology. The program draws upon the faculty of the university's school of medicine, dental medicine, veterinary medicine, and certain departments in the arts and sciences, and offers a graduate degree in epidemiology. The program's goals are: to train students in epidemiologic research and teaching, and to train professionals in other fields in methods of epidemiology research.*

Thomas K. Oliver, Jr., M.D., was named recently to the executive council of the Association of American Medical Colleges as a representative of the Council of Academic Societies. Dr. Oliver is medical director of the Children's Hospital of Pittsburgh and chairman of the department of pediatrics at the University of Pittsburgh School of Medicine.

Harry E. Bacon, M.D., Haverford, was recently accorded an honorary membership in the *Societa Italiana di Chirurgia*. He is emeritus professor of rectal surgery at Temple University School of Medicine and director general of the International Society of Colon and Rectal Surgeons.

Ramon N. Tan, Jr., M.D., Johnstown, and **Toeruna S. Widge, M.D.,** Allentown, were certified recently by the American Board of Anesthesiologists.

Gonzalo Mesa, M.D., Meadville, was recently certified in psychiatry. Dr. Mesa is associate medical director of the Meadville City Hospital Community Mental Health Center.

Dom C. Calderon, M.D., Johnstown, and **John B. Martin, Jr., M.D.,** Fredericktown, were recently named diplomates of the American Board of Internal Medicine.

William H. Diehl, M.D., was honored recently by the Lebanon County Medical Society for 50 years in the practice of medicine. Retired from private practice in otolaryngology in 1972, Dr. Diehl currently serves as consultant to the Lebanon Veterans Administration Hospital.

Christian J. Lambertsen, M.D., was chosen recently to receive the U.S. Coast Guard's Distinguished Public Service Award, the highest recognition it can bestow for civilian service. He was cited for singly " . . . instituting self-contained diving operations in the U.S. Coast Guard for air-sea and related rescue functions," from which evolved extensive diving-related activities which include safety supervision for offshore operations. Dr. Lambertsen is director of the University of Pennsylvania's Institute for Environmental Medicine and professor of medicine and professor of pharmacology and experimental therapeutics in the university's school of medicine.

Frank J. Altomare, Jr., M.D., was certified recently in nuclear medicine by the Conjoint American Board of Nuclear Medicine. Dr. Altomare has been associated with St. Francis Hospital, New Castle, and has served as chief of cobalt therapy and nuclear medicine.

Gordon F. Schwartz, M.D., was appointed recently to serve on the Breast Cancer Task Force of the Philadelphia Division of the American Cancer Society. He is an associate professor of surgery at Jefferson Medical College and clinical director of Jefferson's Breast Diagnostic Center.

M. Veerappan, M.D., was recently certified in general surgery by the American Board of Surgery. He is on the medical staffs of Altoona, Mercy and Tyrone Hospitals.

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(Continued on page 62)

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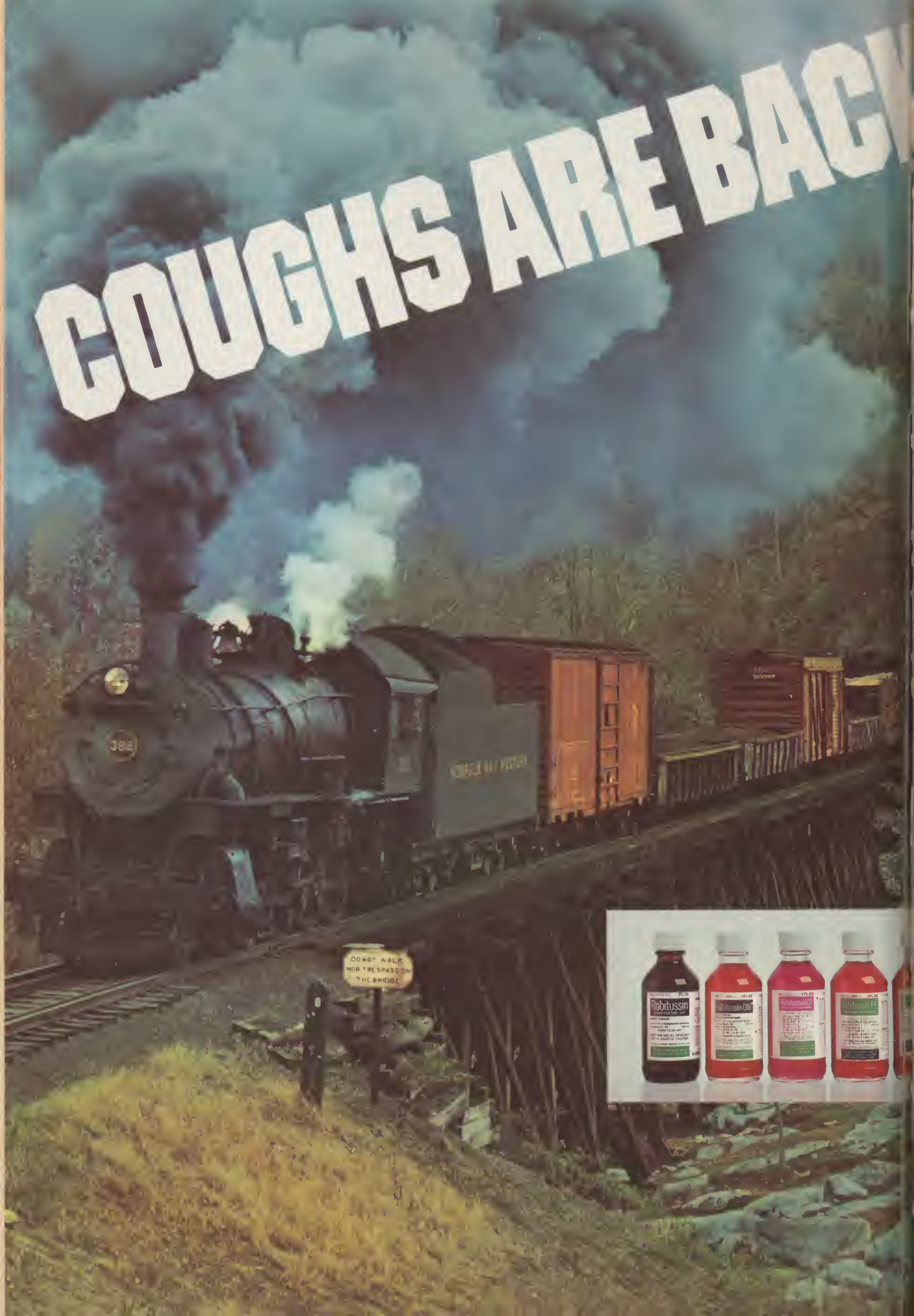
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R PHOTO: Norfolk & Western Branch Train 202 west bound near Alvarado, Va. (Oct., 1956). s line reaches the highest point of any railroad st of the Rockies (elevation 3,577 ft.) with a imum grade of 3%. It crosses 108 bridges, ne 700 ft. long! Photo by O. Winston Link.

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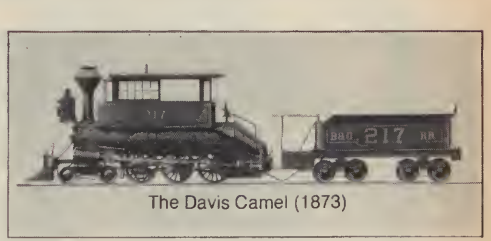

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Review of initial 114 cases

Prenatal diagnosis in central Pennsylvania

ROGER L. LADDA, M.D.
RICHARD HILDEBRANDT, M.D.
YVONNE DOBELLE, B.A.
Hershey

In July 1974, the establishment of a prenatal diagnosis program at The Milton S. Hershey Medical Center brought genetic counseling and antenatal diagnostic services within easy reach of central Pennsylvania's large population. Previously, women desiring testing had to be referred to medical centers 100 to 200 miles from their homes. Approximately 3,000 pregnancies in the referral region of the Hershey Medical Center have a significant risk for defective offspring, but less than 4 percent of the high-risk pregnancies currently are being referred for risk assessment. The value of prenatal diagnosis should not be measured only by the number of abnormal fetuses detected and aborted, since a significant number of normal pregnancies can be saved from indiscriminate termination by timely and accurate assessment of each pregnancy at risk.

Prenatal diagnosis in certain high-risk pregnancies offers the means to prevent the birth of children with malformations or metabolic diseases associated with serious or fatal illness and/or profound mental retardation.[1-8] Although the methods for antenatal testing have been available for nearly two decades, their general application to the appropriate groups of pregnant women has only occurred within the past four years, in part because of the previous limited accessibility of patients to centers providing the service. Even with expanding services and greater public awareness, it is estimated that less than 4 percent of high-risk pregnancies in this country are currently studied.[4] Poor utilization of this newly developing form of preventive medicine is probably due less to public apprehension about abortion than to the lack of awareness of the indications for prenatal testing among physicians providing primary obstetrical care. Our purpose is to review the current methods available for prenatal diagnosis, discuss the indications for selecting pregnancies at risk, and report on the experience of the medical center with the first 114

Dr. Ladda and Ms. Dobelle are in the division of genetics, department of pediatrics, The Milton S. Hershey Medical Center, The Pennsylvania State University. Dr. Hildebrandt is director of obstetrics and gynecology at the Polyclinic Hospital, Harrisburg, and is in the department of obstetrics and gynecology at Hershey. *The study on prenatal diagnosis was supported in part by a grant from the National Foundation-March of Dimes.*

consecutive amniocenteses performed for prenatal testing.

Methods

Methods available for prenatal diagnosis are listed in Table I. The selection of the appropriate technique depends on the specific abnormality for which the pregnancy is at risk. (See indications below.) Noninvasive studies such as standard x-rays of the pregnant uterine contents between 16 and 22 weeks of gestation are probably harmless to the fetus and may detect major skeletal defects of the head (anencephaly) and limb reduction malformations (radial aplasia; various amelias and hemimelias).[9]

Ultrasonography is also noninvasive and is routinely employed at Hershey for placental localization, determining number of fetuses, measuring fetal biparietal diameter, and evaluating other fetal parts to assess gestational age.[2, 4, 9-11] Once again, major structural defects of the head, spine, and limbs may be detected. In skilled hands internal anomalies such as congenital heart defects, renal anomalies (multicystic and polycystic kidneys), and duodenal atresia have been diagnosed prenatally. Improved resolution of instruments may, in the foreseeable future, allow relatively complete non-invasive "perusal" of the fetus for structural defects. Early concern about the induction of chromosome breakage by diagnostic ultrasound studies has not been substantiated.[12-15]

TABLE I
Methods in Prenatal Diagnosis

X-ray Evaluation
1. Skeletal, cranial defects
2. Major limb malformations

Ultrasound
1. Placental localization
2. Fetal size-(biparietal diameter)
3. Major structural defects-(neural tube defects, congenital heart defects, kidney malformations)

Amniocentesis
1. Chromosome aberrations
2. Neural tube defect (α-fetoprotein)
3. Metabolic disorders
4. Structural defects-amniography

Fetoscopy
1. Potentially all external structural defects
2. Skin biopsy (enzymes and chromosomes)
3. Fetal blood sample (hemoglobinopathies, enzymes, chromosomes)

The most common conditions associated with severe malformations and mental retardation are those caused by chromosomal and metabolic defects. These require fetal tissues for diagnosis and the primary technique for obtaining them is amniocentesis. Amniocentesis is performed by the transabdominal route between 15 and 17 weeks of gestation, at which time approximately 125-200 ml of fluid surround the fetus.[5-6] Before amniocentesis is carried out ultrasound scanning is routinely performed for the reasons mentioned above and to localize the area of largest fluid accumulation. Ultrasound monitoring during the insertion of the needle allows the obstetrician to avoid the placenta and fetus and to obtain clear, blood-free fluid. Localization of the placenta reduces the possibility of feto-maternal transfusion. Bloody taps are to be avoided because fetal blood will increase the α-fetoprotein (α-FP) of the amniotic fluid [14, 16] and may affect the growth of fibroblastic cells (see below).

Amniocentesis is performed as an outpatient procedure and requires little more than an hour to complete. Following withdrawal of 15 to 30 ml of amniotic liquor, the fluid is immediately taken to the tissue culture facility where fluid and cells are separated under sterile conditions. Amniotic cells are routinely divided into three closed culture flasks and the supernatant is used for α-fetoprotein studies.

Most of the cells in the amniotic fluid are dead, desquamated cells derived from the fetal skin, respiratory, urinary, and gastrointestinal tracts.[4, 6] Over the next few days in culture viable cells attach to the surface of the culture dish and, in 10 to 12 days, form finite colonies. Cultures remain untouched for at least 6 to 8 days and are then screened carefully for cell growth. Each colony (group of cells derived from a single cell) is circled on the culture flask for future reference. Thereafter, the cells are refed every three days and carefully scored for rate of growth. At approximately 14 to 18 days the colonies are ready for transferring to cover slips for chromosome analysis. If metabolic studies are necessary, 10 additional days may be required to grow sufficient number of cells to produce assayable quantities of metabolic products. The average time for completion of the study ranges from 18 to 28 days (mean 24 days) after amniocentesis. A successful study is marked by the appearance of rapidly growing spindle-shaped fibroblast cells in the culture. Approximately five types of cells may attach to the culture dish surfaces, but some of these are large, epitheliod-type cells which grow very slowly; they often do not divide and gradually die.[17] If brisk fibroblastic growth is not apparent by 10-12 days, a second amniocentesis is advised.

Since the amniocentesis is performed on or about the sixteenth week, results should be available to the physician and expectant mother between the nineteenth and twenty-first week of gestation. If an abnormality is detected, adequate time then remains for additional counseling and possible therapeutic abortion. In case of culture failure, a repeat amniocentesis may be performed by the eighteenth to nineteenth week and may yet be completed by 21 to 23 weeks.

Amniography may be performed along with amniocentesis to search for large surface defects and anomalies of the gastrointestinal tract.[18-20] Contrast medium is introduced into the amniotic fluid and may absorb to the surface of the fetus or be swallowed by the fetus. Standard x-ray studies will show the fetus and fetal structures in outline.

Ideally, direct visualization and inspection of the fetus would allow its complete physical evaluation and increase the potential for metabolic screening.[11, 20-22] Although fetoscopy remains an experimental technique because of problems in instrumental design, it has been used to diagnose neural tube defects and other severe malformations in man and has been

used to obtain fetal tissue specimens in experimental animals. Current instruments are not sufficiently flexible or maneuverable to permit safe and adequate inspection of the fetus. In addition, the procedure is dangerously invasive. In the few studies conducted in the human pregnant female, a high complication rate, mainly the precipitation of abortion, has occurred.[11]

Indications

The most common indication for antenatal diagnosis is advanced maternal age with its potential risk for chromosomal anomalies of the fetus. The specific concern of the older woman is the increased risk of having a child with Down syndrome (Trisomy 21), the single most common identifiable cause of mental retardation. Approximately one in every 600 to 800 live births are affected with this condition. At age 25, a woman has a risk of about one in 1500. Between ages 35 to 39 the risk increases and may range from one in 250 to about one in 160; over age 40 the risk ranges from one in 80 to as great as one in 40. All women age 35 and older should be made aware of these risks and informed of the availability of prenatal diagnosis.[2, 4, 7, 8, 23]

The previous birth of a child with Down syndrome (Trisomy 21) increases the risk of recurrence in future pregnancies to about one in 50 to 80. The recurrence risk is *independent* of maternal age and thus, is especially significant for women less than 35 years because, as indicated above, the general population incidences below this age are low by comparison. *All* subsequent pregnancies should be monitored specifically for Trisomy 21.[4]

TABLE II
Indications for Amniocentesis

Specific (High recurrence risk)
1. Advanced maternal age (>40 years)
2. Previous child with Down syndrome
3. Familial translocation
4. Known biochemical defect (carrier parents of affected proband: homocystinuria; Hurler's syndrome; Lesch-Nyhan; various storage disease)
5. X-linked disease (Duchenne's muscular dystrophy; hemophilia)
6. Previous neural tube defect

General
1. Advanced maternal age (35-39 years)
2. Previous chromosomal anomaly in a child of normal parents (?gonadal mosaicism)
3. Repeated spontaneous abortion (?chromosome anomaly)
4. Maternal anxiety

An important specific indication for amniocentesis is the parent who is a carrier of a balanced chromosome translocation. A carrier parent appears normal because all the genetic material is present, albeit arranged abnormally. During gametogenesis a large proportion of gametes may be produced with either too much or too little genetic material. A couple at risk may be first identified because of multiple spontaneous abortions or following the birth of a defective child. Karyotype of the child would reveal the unbalanced condition and additional study of the parents could identify the carrier. Although the data base is limited almost entirely to D/D translocations, the recurrence risk is considered to be significantly greater when the mother is the carrier of the translocation (Table III) and may be as great as one in 5 to 6.

Hereditary biochemical disorders are primarily autosomal recessive traits (Gaucher disease; Tay-Sachs disease; Maple-syrup-urine disease; galactosemia).[24] Couples at risk are usually only identified after the birth of an affected child. Risk of any future offspring to be affected is one in four. If parental screening, such as that of the Tay-Sachs program, is available

TABLE III
Recurrence Risks for Various Categories of Abnormalities Detectable by Amniocentesis

Category	Specific Diagnosis	Risk to Unborn Child
Chromosome abnormality	Maternal age greater than 35 years (risk for Down syndrome)	1-1.5% (35 yrs) - 2-10% (45 yrs)
	Previous child with Down syndrome	~1-2%
	Parents known translocations carriers	~9-16% for carrier mother ~4-8% for carrier father
Autosomal recessive disorders	Previously affected child identified, or parents known carriers	25% for each pregnancy
Sex-linked disorders		
Specific enzyme assay available	Hunter's syndrome, Fabry's disease, Lesch-Nyhan	50% for each male
For sex only	Duchenne muscular dystrophy, hemophilia	50% for each male
Congenital malformations	Previous child with chromosome abnormality (parental karyotype normal)	Less than 1% or Indeterminate
	Neural tube defect (after one affected)	~3-5%

to identify carrier parents, then high-risk pregnancies may be anticipated and prenatal testing performed when indicated.[25] Unfortunately, broad metabolic screening systems for carrier detection have not yet been devised. *Antenatal diagnosis of a metabolic disorder can only be performed when the specific defect has been identified.*[5, 24]

Disorders linked to X-chromosomes represent a great risk to male offspring. Male offspring of a carrier female have a one in two chance of being affected. If the condition is characterized by a specific assayble enzyme or gene product, then intra-uterine diagnosis may be possible. Unfortunately, in hemophilia and Duchenne muscular dystrophy, two of the most severe X-linked disorders, no such markers exist. In couples at risk, fetal sex may be accurately determined and the male fetus at risk could be aborted to ensure only normal children (females). Obviously, such a decision would result in a one in two chance of aborting a normal male. Furthermore, female offspring would have a one in two chance of being a carrier.[26]

Congenital malformations of the neural tube (anencephaly, myelomeningocele, and hydrocephalus with spina bifida) occur in the general population approximately one in every 500 to 1,000 live births.[27-29] In the case of anencephaly, death occurs soon after birth, but for the other defects life may be complicated by mental retardation, paralysis, and recurrent infections. These malformations have a complex mode of inheritance (multifactorial) and a significant recurrence risk. Following the birth of a child with any one of these defects, the risk to the next child is about one in 20 (3 to 5 percent). Should two children be born with the defect, the risk to a third or subsequent child would be in the range of 10 to 12 percent.[28] Neural tube defects (NTD) may be detected antenatally by ultrasonography and determination of α-fetoprotein (α-FP) in the amniotic fluid and maternal serum;[30-37] α-FP is an embryonal protein, an alpha-1-globulin, produced by the fetal liver, yolk sac and gastrointestinal tract. It reaches maximal concentration in the fetal circulation and cerebrospinal fluid (CSF) at about 14 to 16 weeks' gestation.[16, 30] Thereafter, the level falls until term at which time it disappears. If the neural tube fails to close appropriately during the third or fourth week of gestation, fetal CSF may escape into the amniotic fluid. Since the ratio of α-FP in the fetal serum to amniotic fluid is normally about 200 to 1, elevation of α-FP in the amniotic fluid suggests a communication.[16, 30] Maternal serum α-FP level is about 500 times less than that in amniotic fluid and in recent studies α-FP in maternal serum has been shown to increase with NTD.[33] Unfortunately, α-FP levels may be influenced by a variety of abnormalities (Table IV).[30] Furthermore, maternal serum α-FP studies are burdened by a significant rate of false positives and negatives;[36] α-FP determination in amniotic fluid provides an accurate diagnosis in 85 to 90 percent of the cases of *open* neural tube defects. The combination of ultrasound scanning, amniocentesis for α-FP, and amniography offers a very high probability (>90 percent) of detecting major neural tube defects.

TABLE IV
Pathological Conditions with Increased Amniotic Fluid α-FP

Spina bifida
Anencephaly
Missed abortion
Congenital nephrosis
Sacrococcygeal teratoma
Exomphalos
Turner syndrome
Meckel syndrome
Esophageal atresia
Hydrocephaly

Results of diagnostic studies

The experience of the Hershey medical center with 114 consecutive amniocenteses is summarized in Tables V and VI. In 102 amniotic fluid fibroblast cultures providing cytogenetic results, four cases had abnormal karyotypes. One case was

TABLE V
Diagnostic Amniocenteses (July 1974-October 1976)

Number of Amniocenteses	114
Normal Karyotypes	97
Normal Births	72*
Abnormalities**	5
Growth Failures	12

* Twenty-five pregnancies are yet to terminate.
** Reflects test results and not the outcome of the pregnancy.

TABLE VI
Reasons for Study (July 1974-October 1976)

Advanced maternal age (over 35 years)	61
Previous child with Down syndrome	20
Affected relatives with Down syndrome	4
Previous child with neural tube defect	13
Previous child with malformations or chromosomal defect (other than Trisomy 21)	9
Irradiation	2
Repeated spontaneous abortion	2
Parent carrier of abnormal chromosome (not translocation)	1
Rubella	1
Metabolic disease	1

found to have sex chromosomal mosaicism which was undetected before birth. One case involved the problem of evaluating a fetus at risk for an ill-defined metabolic defect and another raised the issue of an apparently false positive α-FP assay.

Case 1—A 42 year old primigravida woman married for 24 years requested amniocentesis because of her advanced maternal age and concern about Trisomy 21. Amniocentesis was performed at 16 weeks' gestation. Karyotype indicated a male with Trisomy D and a therapeutic abortion was elected at 20 weeks. A male fetus was delivered and weighed 410 grams (Figure 1). Multiple anomalies included microcephaly, cyclopia with elongated proboscis above the eye, mid-facial hypoplasia, prominent occiput, post-axial polydactyly and foot deformities. Autopsy revealed tetralogy of Fallot and lissencephaly. G-banding of amniotic fluid and fetal skin fibroblast metaphase spreads confirmed the diagnosis of Trisomy 13 (Figure 2).

Case 2—A 25 year old primigravida woman experienced a measles-like exanthem during the second to third weeks of gestation. Amniocentesis was requested at 16 weeks for chromosome analysis. Multiple chromatid breaks were found in about half of the 20 cells screened. All cells analyzed revealed a 46, XX karyotype; α-FP level in the amniotic fluid was normal. Rubella titer was elevated at 13 weeks and remained high at 16 weeks' gestation. Apparently she had already decided to abort the pregnancy before the amniocentesis was performed. No obvious defects of the fetus were apparent.

Case 3—A 38 year old mother of two children ages 6 and 18 years was advised by her physician to have amniocentesis for advanced maternal age. Amniocentesis was performed at 15 weeks' gestation. Karyotype of 28 cells was 46, XY. At birth the newborn exhibited ambiguous genitalia. Chromosome analysis of peripheral blood and skin revealed 45, X/46, XY mosaicism (~16 percent 45, X, in blood; ~63 percent 45, X, in skin). Restudy of the original amniotic fluid

Figure 1. Fetus from Case 1 at 20 weeks' gestation; note cyclopia with proboscis above eye, midfacial hypoplasia and polydactyly. (Photo courtesy of Drs. Favino, Garbes, and Beecham, Geisinger Medical Center.)

cultures failed to show the 45, X cell type. Presumably the 46, XY cell strain preferentially grew in culture whereas the monosomic X cell type failed to attach to the culture dish and grow. The female phenotype was selected and the child is developing normally.

Case 4—Because of a previous child with Down syndrome, a 32 year old woman was advised to have prenatal diagnosis. Amniocentesis was performed at 15 weeks' gestation. Chromosome analysis revealed a 47, XY, +G karyotype. Therapeutic abortion was performed at 19 weeks and the fetus showed many stigmata of Trisomy 21.

Case 5—A 21 year old mother of a normal 3 year old son requested amniocentesis because her sister-in-law had aborted a fetus with multiple anomalies. Her considerable anxiety seemed sufficient reason to her obstetrician to have the test performed. Four cells of 65 studied in detail revealed rearrangements. Three cells showed an unbalanced karyotype with an abnormal C group chromosome with a large amount of material added to its long arms (46, XY, Cq+). One cell contained what appeared to be a balanced translocation, 46, XY t(Cq−; Dq+). The dilemma revolved around whether the abnormalities reflected the fetal karyotype or represented a rearrangement which occurred in tissue culture. Amniography was attempted, but was technically poor and failed to outline the fetus. Based on the experiences reported from other centers with similar problems, the parents elected to continue the pregnancy.[1, 38-40] At about 28 weeks' gestation a male child was prematurely delivered. He experienced transient respiratory distress, but showed no apparent malformations and is developing normally.

Case 6—The prenatal diagnosis of a suspected type of sphingolipidosis was attempted in a 22 year old woman who had previously given birth to an affected child. Enzyme assays of skin fibroblasts derived from the affected child indicated a block at some point in the degradation pathway of the sphingolipids, but the specific defect could not be identified. The parents desperately wanted some attempt to prevent its recurrence. The plan was to determine the lysosomal enzyme activity of the fetal cells and if a pattern similar to the proband was

Figure 2. "G"-band preparation of chromosomes from amniotic fluid fibroblast culture; note extra chromosome 13 (arrow).

found, then the fetus would presumably be affected and a therapeutic abortion could be justified. In the subsequent pregnancy lysosomal enzyme studies of the amniotic fluid fibroblasts were comparable to controls. The pregnancy was continued and resulted in a normal child.

Case 7—Amniocentesis was performed at 18 weeks on a 28 year old woman because her previous child had hydrocephalus, Arnold-Chiari malformation, but no evidence of spina bifida. Chromosome study indicated a 46, XX karyotype, but amniotic fluid α-FP was elevated ten times above normal. Amniography at 22 weeks showed no structural abnormalities, but serial views at 24 hours indicated no apparent fetal swallowing. A therapeutic saline abortion was elected and performed at 23 weeks. The fetus showed no apparent malformations and an autopsy failed to suggest a reason for the high α-FP. About six months later she again was pregnant. Amniocentesis was performed at 16 weeks. Karyotype was normal (46, XY). Once again maternal serum and amniotic fluid α-FP levels were elevated, 278 ng/ml and 360 μg/ml respectively. Ultrasonography showed normal fetal head and trunk. Amniography was carried out to attempt to visualize the suspected anomaly. No apparent defect of the head, back, or vertebral column could be ascertained. Serial views at 24 and 48 hours showed contrast material in the fetal intestine suggesting that the fetus was swallowing as would be expected. Parents decided to continue the pregnancy and we await its completion.

Comments

Cases 1 and 4 illustrate the optimal combination of appropriate selection of women at risk and definitive cytogenetic diagnosis confirmed by therapeutic abortion. In case 3, the sex chromosome monosomy was not "missed" in the original culture; the abnormal cell strain simply did not grow in culture. Routinely 30 or more cells are analyzed in detail specifically to search for such mosaicism. Considering the high percentage of 45, X cells in the child's skin it is difficult to understand why the cell type did not establish itself in culture.[39, 40] Detection of chromosomal mosaicism in amniotic fluid cell cultures is difficult and can never be absolutely excluded. For this reason it is essential that every woman, preferably every couple, be carefully counseled so that both parents-to-be are completely aware of the limitations of the study.

Cases 5 and 6 represent the problem situations in which the results of the tests may not have reflected the fetal condition. The unusual chromosomal mosaicism in case 5 seems suspicious. The parents were counseled at great length and given all available information so that *they* could make the appropriate decision for themselves. They chose to continue the pregnancy. In case 6, α-FP elevation seemed entirely acceptable because the tap was not bloody and the elevation was great.

In at least 20 of the 102 successful studies, older women had seriously considered abortion before amniocentesis, but chose to continue their pregnancies after the studies proved to be normal. Thus, the value of antenatal diagnosis cannot be judged solely by the number of abnormal fetuses aborted, but rather, must also include those pregnancies salvaged from indiscriminate termination through misunderstanding of actual risks.

Culture failures

Of the 114 tests, 12 failed to provide cytogenetic information because of culture growth failure (Table V); eight failures occurred among the first 18 cases. In retrospect, six of them were caused by poor culture conditions. In two others, the women had received high doses of therapeutic radiation to the pelvis for malignancies during the first 3 to 4 weeks of pregnancy and specimens were obtained at the time of elective therapeutic abortion; no cells attached to the culture dishes in either case. In the subsequent 106 cases, 4 culture failures occurred and 3 of these were amniotic fluids obtained at another hospital or office and sent to us by mail or messenger. In two cases, women decided against repeating the test and the other two were too far along in the pregnancy for any action to be taken on the results. Of the 102 complete studies, nine amniocenteses had to be repeated because of slow fibroblast growth. However, in five of the nine, both cultures eventually yielded results. In one case, three amniocenteses were performed over a period of six weeks and all cultures failed to grow. A normal male child was delivered at term.

Amniotic fluid cells fail to grow for many reasons. Gross contamination of the fluid with blood seems to hinder fibroblast attachment to the culture surface. Of special concern is the transportation of fluids from referral hospitals and offices and the potential exposure to severe climatic conditions. Although transported specimens have been successfully cultured, half of those we have received have required repeat taps. We advise physicians to refer their patients to the medical center for amniocentesis so that cultures may be established immediately after the procedure is performed.

In the past 20 months, only 3.8 percent of cultures have failed to provide cytogenetic results (96.2 percent success rate). No culture failures have occurred or repeat "taps" been required in the last 31 consecutive studies. Our experience is similar to other medical centers providing prenatal diagnostic studies.[8]

Pre-amniocentesis counseling

Although many women are referred for amniocentesis following careful counseling by their physicians, most do not fully appreciate the limitations of the procedure. Before samples are taken, women and their husbands are interviewed and the indication for the investigation determined. Risks are discussed and related to the "background" risk of defective offspring in the general population. Pretest counseling includes a discussion of the technical problems associated with cell growth in culture and the potential risk of error in the results. About 25 percent of the couples decide not to have the test after the risk factors are understood.

Complications with Amniocentesis

The National Institute of Child

Health and Human Development collaborative study of 1,040 subjects noted immediate complications (amniotic fluid leakage, vaginal bleeding) in less than 2 percent of the women as a result of the amniocentesis procedure, and no significant difference in fetal loss when compared to the control group.[8] Complication rates have varied from 0.1 to 3 percent in different centers; rarely has spontaneous abortion occurred soon after the tap. Before the use of ultrasound several fetuses were actually struck and penetrated by the needle. In our experience with 114 amniocenteses, no complications were observed. In addition to those pregnancies which were terminated, 72 women have given birth and none of the children has had any type of congenital anomaly.

Pregnancies at risk

The number of diagnostic amniocenteses performed per year since the service was first offered is indicated in Table VII. The projected number of tests for 1976 is a 78 percent increase over 1975 and reflects the realization that antenatal testing is available in our region and increased awareness of the indications. Despite the expanding interest, vital statistics data for central Pennsylvania point to approximately 3,000 women over 35 years of age who conceive each year and, as noted above, face a significant risk for offspring with a chromosomal anomaly. This group alone gives birth to approximately 30 to 35 children with Down syndrome. Our amniocentesis program accounts for only 2 to 3 percent of these high-risk pregnancies. We estimate that only another 2 to 4 percent are referred to other centers and thus, 93 to 96 percent of women at risk for defective offspring may be unaware that methods of prevention are readily accessible.

Summary

Antenatal diagnosis of fetal abnormalities is limited to chromosomal anomalies, certain enzyme deficiency states, and a limited number of specific malformation conditions. Methodology continues to be refined and newer developments may eventually extend its application to potentially every pregnancy at risk for heritable disease and malformations. Until these methods are clinically applicable, indications for prenatal diagnosis must remain selective (Table II). Even with these restrictions over 90 percent of high-risk pregnancies currently do not receive the prenatal diagnostic services that are available for evaluation of risk. □

TABLE VII
Number of Amniocenteses by Year

1974	13
1975	45
1976 (first 9 months)	56*

*Expect 1976 total to be ~80 cases.

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Knee lacerations

Method to evaluate joint synovium-capsule integrity

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A direct blow to the knee incurred in a variety of high speed accidents may be the cause of lacerations over the anterior aspect of the knee. Knees striking the dashboard of an automobile, or striking the ground in motorcycle accidents, or striking the seat in front in airplane accidents are a few examples of the types of trauma that may produce lacerations over the anterior aspect of the knee.

Frequently the laceration is superficial involving skin and subcutaneous tissue and an adequate evaluation can be performed under local anesthesia in the emergency care unit. However, when the quadriceps retinaculum, patellar tendon, or quadriceps tendon is involved in the laceration it may be impossible to determine the integrity of the joint capsule and synovium by merely performing a cursory examination in the emergency care unit. Knee lacerations should not be closed without first determining whether or not the joint capsule and synovium have been violated. The traumatic injection of foreign material and pathogenic organisms into the knee joint could result in a pyogenic arthritis leading to loss of articular cartilage and a painful, disabled joint.

Conversly, one should be judicious in deciding to perform an arthrotomy in the presence of a contaminated wound, even though the wound can be made surgically "clean." How then can the integrity of the joint synovium and capsule be determined without performing an arthrotomy?

Patients with severe lacerations that require extensive debridement for evaluation should be taken to the operating room and evaluated under spinal or general anesthesia. Small lacerations up to four or five cm can usually be evaluated in the emergency care unit. The wound is anesthetized with a local anesthetic following which a surgical scrub and prep and debridement is performed. A sterile sponge is placed in the wound and the remainder of the skin over the entire knee joint is again surgically prepared with soap und an antiseptic solution. An 18 gauge needle, to which is attached a 50 cc syringe, is placed into the suprapatellar pouch, either medially or laterally. Fluid is aspirated if an effusion is present. Sterile saline is injected into the suprapatellar pouch until the knee is maximally distended (Figure 1). This may require 75-100 cc or more. An alternate method of injecting the fluid is to attach the needle to a bottle of intravenous saline.

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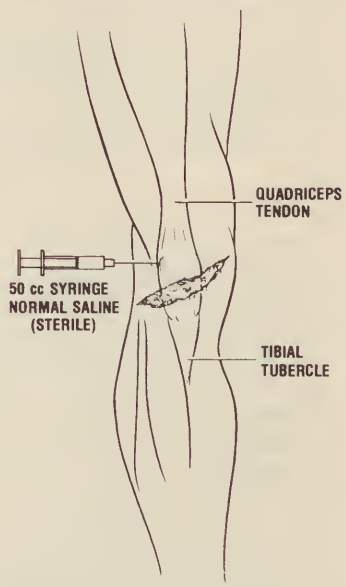

LACERATION OVER ANTERIOR ASPECT OF KNEE

Figure 1. Injection of sterile saline into the suprapatellar pouch of the knee joint following surgical preparation of the wound and skin and injection of local anesthetic.

The sterile sponge is removed from the wound and the edges retracted. The depths of the wound are observed while continuous pressure is placed on the plunger of the syringe. Flexion and extension may be performed in order to facilitate penetration of the fluid through the wound. Fluid that exudes from the depths of the wound indicates that the joint synovium and capsule have been lacerated, permitting the injected saline to escape. Radiopaque contrast media may be injected to further augment the study with x-rays if desired. Immediate arthrotomy, irrigation of the joint, and a debridement are recommended if a wound penetrating into the joint is confirmed. Intravenous antibiotic therapy should be instituted without delay.

If fluid is not seen to escape from the depths of the wound it can be assumed that no violation of the joint has occurred and one can proceed with a formal debridement and closure of the wound.

This method can be especially helpful in the management of casualties due to a catastrophic accident such as a train collision, airplane crash, or multiple vehicle automobile accident. A multitude of patients may be brought to an emergency care unit with myriad of injuries, one of which is a knee laceration. This method enables one to quickly and accurately determine whether or not the joint synovium and capsule are intact and expedites the emergency management of the patient. □

Pharmacologic management of psychiatric emergencies

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The mental health professional who works with psychiatric patients should have in his stock of knowledge information concerning the kinds and treatment of psychiatric emergencies that will occur. A review of emergencies, including their etiologies, will be pursued.

Drugs causing emergencies

A familiarity with the *agents* that induce many of the acute syndromes, which cause the patient to present as an emergency, is essential. Toxic chemicals, foreign to the usual metabolism of the human body, are legion and humans tend to ingest them for various purposes.

Alcohol—One of the most common syndromes presenting at the emergency service or to a mental health facility is associated with the ingestion of alcohol. The treatment of the acute *delirium tremens*, which in its definition includes delirium, is a complicated medical and psychiatric disorder with an associated mortality; hence, the combined resources of medicine and psychiatry for its inpatient treatment will not be dealt with here. The reader should note, however, that the patient with delirium, alcohol on his breath, and a history of alcoholism may not necessarily be a case of *delirium tremens*. For example, one must keep in mind that individuals who have imbibed unknown amounts of alcohol may well have taken barbiturates or other substances and therefore present a complicated diagnostic *and management* problem. One, of course, is aware of the alcohol induced alcoholic hallucinosis in which suicide is a danger if the patient is relentlessly pursued by "the voices." After such a diagnosis has been established the consultant should be wary about *interim* medication, sending the patient "out" without a most careful evaluation of his potential for self harm.

LSD—D-lysergic acid diethylamide-25, well known to our culture, has a mind altering property which peaks in several hours with a duration of six to twelve hours. The phenothiazines are quite helpful in ameliorating the effects; but street drugs are so contaminated that the patient rarely, if ever, knows exactly what he has ingested. The danger in using phenothiazines is that the patient may have ingested, for example, such a substance as 2,5 dimethoxy 4 methyl amphetamine (DOM or STP), one of some 50 or more amphetamine derivatives now available to the psychedelic inclined. In such cases the administration of phenothiazines may produce a severe cardiovascular shock syndrome often ascribed to the accentuation of atropine effects. (Some workers have indicated that there is no such increase of atropine effects with "pure" DOM by thorazine *per se*, and conclude that perhaps the *street* STP contains atropine-like "contaminant" substances.)

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DOM itself may cause convulsions. Thorazine would potentiate the metrazol-like quality of the substance because of its own tendency to lower the seizure threshold. Diazepam (Valium) in 5 or 10 mg parenteral doses may be used if a drug *is* considered necessary to control or calm the patient. It is least likely to have an untoward reaction with whatever the patient has ingested *except* when it is combined unwittingly with a CNS depressant. Hence, the patient must always be closely observed coincident with the judicious use of diazepam, and auxiliary breathing devices must be available on the spot.

Marijuana—Cannabis Sativa (hemp) in large potent doses also has a psychedelic effect. Even *higher* doses (and concentration) have a psychotomimetic reaction and/or a toxic psychosis with confusion and disorientation. The active ingredient is considered to be Δ 9-tetra hydro cannabinol (THC). (The idea that THC is sold in the pure form is probably inaccurate inasmuch as it is difficult to manufacture and oxidizes over time into cannabinol, inactive, although by smoking it the substance *may* revert to Δ 9-THC.) The po-

tency of these substances vary with the geography and climate in which the plants are grown and in the way they are harvested; for example, the resin from the leaves of the flowering parts compose the true hashish which can distinctly cause an hallucinogenic episode. The stronger the preparation, the more tendency for florid psychotic episodes in *prone* individuals. In addition to the psychological effects, there is the usual injected conjectiva and increased pulse rate.

Mescaline—Mescaline, from the cactus peyote, is a phenyl-ethylamine with sympathomimetic qualities and a duration similar to LSD. Interestingly, when the substance is ingested in the pure form (again the ingestor *rarely* knows whether he has the actual drug or not) the subject will see rather typical visual aberrations such as conical shapes and numerals. Amphetamines can cause increased blood pressure and a serious rise in temperature. They may also induce convulsions. Most seriously, they may induce cardiac arrhythmias such as ventricular tachycardia.

One must be alert to the fact that in such a case barbiturates may also be in the patient's system, and for such patients needle tracks may be an associated sign. The same remarks apply with amphetamines in regard to phenothiazines as for LSD; they are specific antidotes for the paranoid psychosis associated with amphetamines, but similarly the patient may have ingested a spectrum of unknown substances. Again, diazepam is the drug of choice when there are indications for medicating serious agitation, uncontrolled behavior, or seizures (with the required associated monitoring of the respiratory function of the patient). Diazepam is in parenteral form, can be given intravenously or intramuscularly, and can be titrated *vis-a-vis* the agitation and distress of the patient.

Darvon—Darvon is another abused drug; 15 or 20 65 mg tablets may be fatal. The patient may experience severe respiratory depression as well as the pulmonary edema found in heroin overdose. Dialysis is not useful because of low blood and high tissue levels. Naloxone (Narcan) can help reverse the overdose syndrome as it does with heroin and methadone.

Heroin and methadone themselves, of course, may result in the patient's presenting in a comatose condition with pulmonary edema. Such patients in pulmonary edema may paradoxically have a reduced respiratory rate. The pupils are pinpoint albeit reactive; however, with sufficient anoxia they may be dilated.

Again, a large percentage of the narcotics users also use barbiturates which must be taken into account in the management of the acute condition. (Keep in mind that quinine used to cut the hard drugs may cause cardiac arrhythmias.)

The use of slow intravenous naloxone at the rate or 0.4 mg every five minutes should be given until the patient is conscious or until it is decided that, in view of a lack of response, the diagnosis must be changed. Naloxone is not a CNS depressant and will not add to the already depressed condition of the central nervous system.

One must be careful to avoid precipitating an acute withdrawal reaction in a patient who is addicted. The duration of the antidote is several hours. This must be especially taken into account with methadone which has a long duration of action. The patient can therefore slip back into coma after having once been revived.

An unfortunate street drug is phencyclidine (Sernyl), a veterinary anesthetic, which produces intoxication with delirium, and may result in a major psychotic episode.[13] The drug is *frequently* substituted for all the above by street entrepreneurs. Following the intoxication there is an actual plane of anesthesia and finally seizures. Phencyclidine, also known as angel dust, may produce a hypertensive crisis as long as one or more days after ingestion.[3,17]

Comas and seizures

Patients in coma are medical emergencies and immediate assistance must be sought from the proper experts. However, the immediate care includes the insurance of an adequate airway, *also* the insurance of adequate *breathing*. Naturally the blood pressure should be ascertained and an appropriate intravenous route established. The patient's temperature must be measured. When considering the airway, one must keep in mind the possibility of food in the trachea. The patient in coma should have 50 cc of 50 percent glucose given intravenously after the blood chemistries and gases are drawn, in case of a hypoglycemic reaction; it will save cerebral cells while awaiting the blood chemistries. Similarly, thiamine can be given safely; this is thought to be helpful to abort the disastrous consequences of Wernicke's encephalopathy. It is necessary to keep in mind the possible psychogenic etiology of "coma," the altered states of consciousness in severe dissociative reactions or catatonia, and the various metabolic comas in which the pupils are usually *small* and reactive. With atropine and schopalamine overdoses, they are dilated and fixed. With glutethimide they are in the mid-position and fixed.

Coma from overdose of lithium salts can be complicated by seizures and may result in a chronic organic brain syndrome. One hopes to retrieve a history of lithium administration, or at least data concerning the progression of signs which are nausea, vomiting, diarrhea, and abdominal pain; excessive thirst (and polyuria); coarse tremor (following fine tremor), muscular weakness and slurred speech; dizziness, sleepiness; and the coma.

For the patient with seizures, blood studies should also be drawn if possible to evaluate the possibility of a metabolic origin. The drug of choice with a relatively short duration of action is diazepam which may be given slowly intravenously in dosages of 10 mg. Phenobarbital is also an excellent drug; from 100 to 200 mg may be given intravenously at no greater speed than 60 mg per minute. Later, parenteral, preventive phenobarbital measures may be administered by giving 100 to 200 mg intermuscularly for prophylaxis. Phenobarbital does have the advantage of being long acting. Again, it is mandatory to have apparatus on hand to aid in respiration in case the patient suffers from respiratory depression or arrest with the infusion of these medications to control the seizures.

Mental health professionals are

familiar with the unfortunate anticholinergic results of drug combinations, particularly when an antipsychotic drug is combined with a tricyclic antidepressant and perhaps also with an antiparkinson agent. The most serious complication is adynamic ilius. However, the patient may present with a psychosis with delirium; this may occur with only *one* of the above medications, particularly in the elderly. Such a condition may be diagnostically evaluated by the administration of a test dose of 1-2 mg of physostigmine intramuscularly, and may be repeated hourly.

Severe atropine psychoses with overdose of over the counter medications, or the aforementioned prescribed drugs, may result in delirium, hyperactivity, visual hallucinations, and seizures. Peripheral signs are tachycardia, mydriasis, facial flushing, dry skin, and perhaps hyperpyrexia. Many of the over the counter drugs have other compounds in the mix which cause serious medical complications (renal damage, etc.). Although the use of physostigmine has been criticized in the treatment of tricyclic antidepressant overdosage[12] its use is substantiated in the acute anticholinergic syndromes associated with the antidepressant, antiparkinsonian, and antipsychotic drugs.[4,10,15]

Note that patients are often kept on antiparkinson agents long after they need be. Such drugs are known to reduce the plasma level of antipsychotic agents. They should *not* be used "prophylactically," but rather when indicated for drug side effects. The procedure can be practically followed when the patient is indoctrinated in the knowledge of possible side effects of major tranquilizers.

Tranquilizers and antidepressants

The mental health worker should be well versed in certain emergencies arising from the use of major tranquilizers (antipsychotic drugs), and tricyclic antidepressants. Such emergencies are sudden; there is all the more reason to be aware of what the possibilities of the patient's emergency state may be related to.

The tricyclic antidepressants, occasionally in therapeutic doses, produce arrhythmias; they exhibit a quindine-like effect in that they prolong atrioventricular conduction time.[2]

In an article by J. Kantors, *et al*, [8] the authors indicate that "extreme caution should be exercised in using tricyclic antidepressant drugs in patients with bundle-branch disease."

Leo E. Hollister[6] reports, "Cardiac toxicity of these drugs may be a hazard in patients with frequent premature ventricular contractions or prolonged cardiac conduction." Dr. Hollister has pointed out that with some of the antipsychotic drugs there is a similiar hazard, particularly in patients with premature ventricular contractions. Drugs which prolong cardiac repolarization induce a risk of the ventricular beat occuring in the "vulnerable" period of such repolarization with a possible resultant ventricular tachycardia or fibrillation. As early as 1964 Dr. Hollister warned of the problem,[7] discussing patients with sudden demise in whom the post-mortem finding usually revealed no specific cause of death: "asphyxia during a seizure or a ventricular arrhythmia are the most likely causes of this most serious of all complications." Hence, a patient who is on a drug such as chlorpromazine or thioridazine and is suddenly stricken should be considered a candidate for such a cardiac complication with resultant requirements for immediate resuscitation.

M. T. Moore and N. M. Book report on "Sudden Death in Phenothiazine Therapy (A Clinical Pathological Study of Twelve Cases).[11] They indicate that of four cases receiving thioridazine *all* received well over the recommended 800 mg per day with one exception in which the 800 mg were combined with another phenothiazine given simultaneously.

Functional psychoses

The psychiatric emergency we most commonly come in contact with which requires all of our skill and human concern is the agitated patient, suffering from a functional psychosis, who is out of his own control and perhaps is aggressive or dangerous. The patient is suffering from fearfulness or anger which is overwhelming his own resources, and he needs the resources of the mental health staff.

It is frequently difficult not to respond with emotions, similar to those which overwhelm the patient, when one is confronted by this often alarming situation. Over and over again it is observed that the personality of the individual dealing with such a disturbed subject has a tremendous impact on how rapidly the patient's ability to re-attain ego control takes place. This does *not* imply that a *single* person, without adequate support, should routinely attempt to deal with an aggressive patient thoroughly out of contact with reality. If the patient, who may well be in panic over the impending total loss of control of impulses, is aware that his surging impulses can be controlled, he may be greatly reassured.

Humane concern is the cornerstone of any such management. Mental health personnel approach

'The issue for the mental health professional is: be thoroughly informed and careful in the evaluation of the condition of the patient in order to safely and effectively reduce painful or dangerous symptomatology. One must constantly question the possibility of physical factors contributing to or creating the presumed psychological picture which presents.'

such a patient exactly as they do a patient with a fresh open wound and needs empathic, albeit firm, understanding management.

The use of the major antipsychotic drugs are often crucial and have over the years shown to be a boon in allaying the anguish of the patient as well as assisting in the protection of himself and others. W. T. Hamill, *et al*,[5] report that chlorpromazine has no more calming or antipsychotic effect than placebo during the first five days of treatment. These data have little to do with the observed and documented effect of the major tranquilizers on patients in the emergency room and elsewhere; antipsychotic drugs are obviously effective with proper management in the short term as well as in subsequent hours and days.

Haloperidol and fluphenazine are probably the safest drugs to give in substantial doses in an *emergency* situation. Chlorpromazine has an excellent sedating effect but has the disadvantage that one cannot observe whatever antipsychotic benefits are occuring during such sedation. In addition, there is the occasional patient for whom such a drug would be unwise because of cardiac status (see above). In such cases haloperidol would be the ideal drug inasmuch as it does not produce electrocardiographic changes and has minimal effect on the blood pressure.[1] Chlorpromazine may have an occasional serious hypotensive effect when given parenterally. Such an event may be mitigated by a test dose, but test doses may not be feasible in an acutely disturbed patient. Most of the hypotensive reactions to chlorpromazine can be dealt with by such means as shock blocks and careful monitoring of the patient (of course an intravenous root should be established). Epinephrine or adrenalin should never be used for such hypotensive episodes as they may cause paradoxical lowering of the pressure.

Levophed bitartrate (levarterenol bitartrate USP) is useful for the short term treatment of such a condition but causes severe vasoconstriction and reduction in renal function; this drug is utilized by adding 4 ml of a 0.2 percent solution to 1000 cc of 5 percent dextrose solution as an intravenous drip. Neo-synephrin hydrochloride (phenylephrine hydrochloride USP) can also be used by adding 10 mg to 500 cc of dextrose or saline solution (USP), also as an intravenous drip, but this drug may exacerbate existing cardiac arrhythmias. Aramine (metaraminol bitartrate MSD [USP]), if given *too* rapidly, may also induce cardiac arrhythmias, but does not have the aforementioned drawbacks of Levophed; 25 mg (2.5 cc) in 500 cc of sodium chloride injection (or 5 percent dextrose solution injection) may be given slowly relative to the condition of the blood pressure and is probably the drug of choice in chlorpromazine induced hypotension of dangerous proportions.

For the elderly patient in an agitated psychotic condition, low doses of thioridazine in liquid form given orally have excellent sedating and antipsychotic effects. This drug can be titrated as 10 to 25 mg portions with the expectation that absorption will be good and the safety range substantial at such dosage levels.

For the acute psychiatric emergency other sedating drugs have been used with great frequency; in the barbiturate group many workers rely on sodium amytal. The difficulties with the barbiturates are several: (1) there is evidence that they may release aggressive impulses; (2) they have no antipsychotic effect of their own; (3) one is unable to follow the activity of the psychotic process while the patient is well sedated; (4) they lower the plasma levels of the major tranquilizers; and (5) one may run into respiratory difficulty when one is attempting to titrate the barbiturate, *particularly if the patient has his condition exacerbated by street drugs ingested prior to his presenting.*

Whereas the mental health professional should be administering major tranquilizers with which he is most familiar, there is evidence that use of fluphenazine or haloperidol is safe in the *acute* situation, especially when one is not familiar with the patient and his physical condition. The side effects encountered with the use of these antipsychotic preparations will primarily be dystonic reactions. For such reactions one may use benztropine mesylate (Congentin) at a dosage of 1 or 2 mg intramuscularly or intravenously as indicated, or biperiden (Akineton), also 1 to 2 mg intramuscularly or intravenously. Benadryl also may be used at a dosage level of 10 to 50 mg intramuscularly or intravenously. Haloperidol may be given intramuscularly with an initial dosage of 2 to 30 mg.[9,14,16] Intravenous haloperidol has been used up to a dose of 25 mg given very cautiously; however, this should be done by only the most expert hands.

The issue for the mental health professional is: be thoroughly informed and careful in the *evaluation* of the condition of the patient in order to safely and effectively reduce painful or dangerous symptomatology. One must constantly question the possibility of physical factors contributing to or creating the presumed psychological picture which presents. □

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practice management

Insurance form system critical for non-participants

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'Many physicians are dropping out of Blue Shield participation. Some are frustrated by the often lengthy delays in payment. Some dislike the required acceptance of the insurer's payment as the full fee without recourse to the patient for the difference. Others feel unfairly restricted by the slow development of their own fee profiles by the third party insurers. . . .'

The considerations involved in deciding whether or not to participate in Blue Shield are many. It is beyond the scope of this article to go into great detail on that issue (since we are dealing with business systems of a non-participating office), but we believe it important to describe some of the key questions each physican must ponder in making this most subjective decision.

Many physicians are dropping out of Blue Shield participation. Some are frustrated by the often lengthy delays in payment. Some dislike the required acceptance of the insurer's payment as the full fee (e.g. in prevailing fee plans) without recourse to the patient for the difference. Others feel unfairly restricted by the slow development of their own fee profiles by the third party insurers, which generally lag one year or more behind the physicians' actual fees charged.

A philosophical factor determining the question of whether to participate or to instead look to the patient for payment and responsibility, turns upon the strong feeling of many physicians that the contract for services is a direct one between the doctor and the patient, and that this direct relationship should not be infringed upon by third parties. This factor has been determinative as to the question of participation by physicians who disliked this outside interference in the doctor-patient relationship.

The obvious factor causing many to participate in Blue Shield is the direct receipt of the fee by the physician, thereby assuring collection. However, this factor must be closely scrutinized in each practice's circumstances. For example, most physicians find that the money they receive from Blue Shield or medicare is substantially less than their fair fee for the service. By dropping from participation, many have been able to improve collections. For example, it is not unusual for a physician to receive only 80 percent of his fee from the third party, being forced to "write off" the difference. In those circumstances, it has often proved advisable to drop from participation and work toward upgrading one's own in-office systems to the point where a 92 percent to 95 percent collection ratio can be attained (as will be described below).

We are by no means totally against participation in Blue Shield. It has served many well. However, we

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believe it is important for each physician to clearly consider the pros and cons of participating! Our experience has been that too many participate without giving nonparticipation a hard look.

Systems for non-participating office

It is most essential that a non-participating office establish a good system for insurance form handling and for collection followup to assure that fees are actually collected and to maintain a good level of collections.

Educating the patient in advance—An important initial step in establishing efficient systems for a practice not participating with Blue Shield and/or generally not accepting medicare assignment is to inform your patients of the facts and the steps to be followed by you and them.

An excellent method of so educating one's patients is a Patient Information Booklet. A portion of it would deal specifically with insurance and collection matters. It would make clear to the patient that the office is no longer participating in Blue Shield and/or generally does not accept medicare assignment (the latter can be done on a case by case basis) in advance of the service. It is important that this be made known to the patient prior to the service so there can be no question of misunderstanding as to such policies after the fact. Much aggravation can be eliminated by warding off potential areas of confusion before they occur.

'An important initial step in establishing efficient systems for a practice not participating with Blue Shield and/or generally not accepting medicare assignment is to inform your patients of the facts and the steps to be followed by you and them.'

Also, in dealing with larger cases (e.g. surgical procedures) a policy may be arranged for payment plans on some sort of installment basis. Ideally, such financial arrangements could be set during a meeting between the patient and the office's key financial assistant (however, in making any such arrangements, one should check with his legal advisors to assure that they comply with Regulation Z of the Federal Truth and Lending Act).

AMA standard claim form—A "standard claim form" has been developed through the joint cooperation of the American Medical Association, a council of private insurance carriers and certain governmental agencies. It can be obtained in bulk at reasonable cost from the AMA or from a medical business forms supplier.

An office should virtually insist on preparing all claims on the standard form. It enables an office's assistants to work most efficiently by cutting down on the variety of forms with which they must work.

Until recently, Pennsylvania Blue Shield and medicare would not accept the AMA master claim forms (other commercial insurers were). However, several offices in our experience are presently using that form exclusively and having it recognized by Blue Shield.

It is premature to say that Blue Shield is accepting the AMA form from all physicians. There is still some uncertainty. Our recommendation, particularly to non-participating physicians, is to start off by sending in a few small Blue Shield claims on that form. If they are reimbursed to the patient within a reasonable time, then increasingly larger numbers of such forms can be sent in without need to use the Blue Shield form, the ultimate goal being to be able to use the AMA standard claim form for all claims.

Use of the superbill—A recent and possibly dramatic improvement in handling insurance work may do away with the preparation of insurance forms altogether. It is called a "superbill." Under such a system, the fee slip used for a patient's visit would have space for all the information essential to the insurance form. The fee slip would easily be completed by the doctor, nurse or receptionist and be ready for nearly immediate attachment to a preprinted insurance form. In the alternative, the fee slip could be handed to the patient with instructions to send it to his insurer along with the usual form.

The superbill is tied into the pegboard or other financial system keyed to a fee slip. It can save a great deal of time.

The superbill concept is new enough that not all insurers will yet cooperate. It is widely accepted in many parts of the nation, but is limited in acceptance in Pennsylvania. However, we do see it as the way of the future here also. Therefore, any newly designed billing system should be adaptable to this approach to insurance forms.

Through our experiences in Pennsylvania, we know of no case where Pennsylvania Blue Shield has accepted and paid superbill claims filed by a Pennsylvania participating physician, on a regular basis.

However, within the last year, we have worked with several non-participating offices where the

superbill approach has worked with Blue Shield. This differentiation between participating and non-participating physicians is understandable since the participating physician has obligated himself, by signing the Participation Agreement, to complete the paperwork for the third party.

Even with the successes of those few non-participating offices, we hesitate to categorically state that all non-participating physicians in Pennsylvania can now use the superbill for Blue Shield claims. In talks with various Blue Shield people, many expressed surprise that the superbill was being accepted at all by Blue Shield.

We believe that non-participating offices should give strong consideration to adopting a superbill system. It can now be used for most other insurance claims and we believe will ultimately be usable with Blue Shield. In the meantime, we recommend that a couple of small Blue Shield claims be sent in by using the superbill to test out its success.

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The superbill, which includes all the information needed to complete the insurance form (including diagnosis and procedure code) can be used to assist in the preparation of the insurance form (if the superbill alone will not suffice). The information needed to complete the insurance form can be transcribed directly from the superbill to the form. It avoids the necessity of the assistant to:

1. have to search for the patient's medical record and financial chart;
2. research the records to determine the proper codes, descriptions and fees; and
3. interpret how to phrase the service and/or whether the service is even to be placed on the claim form.

The superbill can be an excellent help in dealing with medicare claims where assignment is not being accepted.

The instructions on the back of medicare form 1490 clearly stipulate that an itemized bill from the doctor may be attached to the claim form after the personal information (part I) has been put on the form. Those instructions further state:

> Bills should show who furnished the services, the patient's name and number, dates of services, where the services were furnished, a description of the services, and charges for each separate service. It is helpful if diagnosis is also shown.

The superbill satisfies these requirements and should be used in those circumstances.

Prompt billing—It is important that it be made clear to patients that they are personally responsible for the total bill. The amount and timing of payment from the insurer should not affect the patient's obligation (with all of the above to be made clear to the patient in a Patient Information Booklet, or other written form, and verbally by the office's chief billing person).

We recognize that for larger bills the doctor will agree to wait for the bulk of the fee until the patient receives the insurance check; however, this should be the exception rather than the rule. Also, even where the doctor does wait until the insurance payment for the bulk of the fee, the patient should be encouraged to make at least a partial payment before then.

We believe it is most important that insured patients be billed promptly (in the normal monthly billing cycle at the very least). This puts the total liability before the patient immediately and requests prompt payment.

To hold back on the first billing until the patient has received insurance presents difficult collection situations. Some patients will argue that the doctor's fees are too high since they exceed the "usual and customary" and therefore are unreasonable.

Also, the longer the time lapse between the service and the bill the less remembered and appreciated it is, causing a lesser likelihood of total collection.

If the bill is sent promptly and someone speaks to the patient he will know exactly what the doctor's fee is and can be informed that based upon the type of insurance plan he has, the total fee will not be reimbursed to him, and that he can expect to owe a balance over and above it. It is far better to present those things to the patient that way early than have an angry and dissatisfied patient raise it to an office later when less can be done to soothe things.

Followup on "notice of repayment"—Blue Shield will notify non-participating physicians' offices of a claim's disposition at about the same time as payments are mailed to the patients. When that notice is received by an office, programmed actions should automatically occur.

'An excellent collection system is important in any medical practice, but it is a necessity in a non-participating office. Non-participation affords a practice the opportunity to collect all that it charges. . . . However, that only is advantageous if the office has excellent collection procedures so the extra non-participation allows an office to collect can be collected.'

The best approach provides for an office assistant to call that patient the same day to let him know that the office is aware of his receipt of the check (which impresses upon the patient the office's awareness of such matters) and to call attention to the unpaid bill. During that call, immediate payment or even endorsement over of the check should be suggested in light of the payment by Blue Shield.

Another approach calls for an immediate mailing of a pre-printed notice to the patient calling attention to the unpaid bill and suggesting immediate payment.

Excellent collection system needed—An excellent collection system is important in any medical practice, but it is a necessity in a non-participating office. Non-participation affords a practice the opportunity to collect all that it charges (without the constraints of third party insurers). However, that only is advantageous if the office has excellent collection procedures so the "extra" non-participation allows an office to collect can be collected.

Collection at the source—Collection at the time of service should be stressed in any practice. It helps cut down on costs and, very importantly, employe time involved in the billing and collection processes. It frees the office staff so they can concentrate on the large hospital and insurance cases. This is even more important in a non-participating office where closer tabs must be kept on insurance cases since the patient receives the Blue Shield check.

Collection Followup—Non-participation can cut down the insurance form preparation time in some offices (as discussed above). However, collection followup becomes more important since money that was previously coming in directly to the office from the insurer is now going to the patient.

A specific aide should be made primarily responsible for collection followup. A deliberate and effective means of following up on those patients who have been billed but have not yet paid is extremely important. The problem with many collection systems is that no set procedure has been established and followed.

Each office should seriously discuss and consider what procedure best suits its needs. There are a few ideas that might help.

The earlier in the system that someone communicates with the patient, the more likely payment will actually be received. A series of preprinted letters and phone calls are the best means.

Specific procedures should be established on a scheduled basis. It keeps the assistant from becoming overwhelmed by the followup duty.

A chronological recall box should be used to keep track of the accounts needing action. The simplest is a 3″ x 5″ file card box with dividers for the days of the present and succeeding month.

When a patient is first contacted regarding an overdue account, his name and information can be placed on a card and filed for followup on the appropriate day. Each patient reply can be pencilled on the file card, thereby keeping a record of responses. This system allows the followups to arise fairly evenly throughout the month. The recall box will clearly indicate which patients should be called. The existence of other accounts not requiring the assistant's attention on that day will not discourage her from tackling the job at all.

Summation

Non-participation in Blue Shield offers the physician an opportunity to further remove himself from the third parties and allows him to bill and collect his fees for services from patients without profile limitations. However, good office systems are very important to the success of such an approach. □

Know your taxes

1976 amendments alter foreign meeting deductions

EDWARD H. ACHORN, M.A., C.P.A.
Lemoyne

Planning work related foreign travel? This article, the first in a series, will answer some questions about what is permitted under the 1976 Tax Reform Act.

When Congress passed the Tax Reform Act of 1976, it went further in the area of detailing the requirements for and degree of deductibility of foreign travel than in any other preceding legislation. A brief look at some general questions about the new law will help in understanding its scope.

When does it become effective? Any travel after 1976, regardless of when booked, is covered.

What does the law do? In general, it makes non-deductible any expenses incurred (or reimbursements of expenses by an employer) in attending in any tax year more than two conventions, educational seminars, board meetings, or committee meetings outside the United States, its possessions, or the Trust Territory of the Pacific. Further, meal, hotel, and other living expenses will not be deductible in full if the conferee does not attend at least two-thirds of the convention activities. These expenses will be limited to the per diem allowed U.S. Government employes in the location where the convention is held. Transportation expenses are not deductible in full if a majority of the time abroad is not devoted to business-related activities. The transportation expense is limited to the lowest airfare based on coach or economy class charge.

Finally, the taxpayer must attach to his return a signed statement from the sponsoring organization certifying that attendance standards were met, plus a statement signed by the taxpayer furnishing specific information about the convention.

What types of meetings are covered? Conventions, seminars, board meetings, and committee meetings are covered, as is post-convention travel scheduled in conjunction with an association sponsored meeting. *Not included under the law are association board and committee meetings where expenses are paid by the association. Also not covered are convention site inspection, business travel, incentive travel, and trade shows not connected with the convention.*

What are the tax reporting requirements? If an employer or corporation pays convention expenses or reimburses the individual, the employe reports nothing. Conversely, if an individual pays his own expenses and deducts them on his individual return, he must include:

1. the total number of days of the trip;
2. the number of hours of each day devoted to business related activities;
3. a program or agenda of the business activities; and
4. a statement signed by an officer of the sponsoring association attesting to his attendance at the business sessions.

The corporation paying the expenses must report the same information as an individual who claims a tax deduction above.

The sponsoring association need report nothing to IRS. It must furnish an attendance statement to the individual or corporation who intends to take the deduction.

What are the per-diem limits? Per-diem limits apply to meals, lodging, taxis, other ground

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transportation, tips, and other subsistence expenses.

The basic trip limitation is two per individual. If the individual takes the deduction, he is limited to two trips per tax year. If the employer pays expenses, he is limited to two trips per tax year per employe.

Per-diem rates are limited to those allowed U.S. employes. Revised annually, these are published in "Per-Diem Supplement to the Standardized Regulations Concerning Government Civilians in Foreign Areas." Copies may be secured from the Director, Allowances Staff, Department of State, Room 501, State Annex No. 6, Washington, D.C., 20520. (Tel: 202-235-9466)

If a convention site is not listed, or if a rate seems to require change, contact the Per-Diem Allowance Committee of the State Department (Tel: 202-235-9516).

What are the travel limits? The limits of the new law apply between the last stopping point in the United States and the foreign convention destination. Thus, a non-stop flight from Dallas, Texas to Paris would be subject to the limitations in full, whereas a stop-off at New York City would cause the limits to apply only to the portion from New York City.

The overall limiting factor is coach or economy airfare to and from the location of the foreign convention. By car, an allowance of 15.5 cents per mile is allowed, subject to the airfare limits. By bus or train, actual expenses are allowed, subject to the airfare limits. For cruise ship, that portion attributable to transportation is subject to the airfare limits. (Cruise ship travel within U.S. territorial waters is not covered under the new law.)

What are some of the other technicalities? If the association/organization includes a part of the travel or per-diem costs in the registration fee, those charges must be stated separately and treated separately by the taxpayer.

A delegate may take time off from meeting activities for personal travel as long as he devotes at least one half of the days of the trip (excluding travel days) to convention business activities. (Remember, the law considers a day business related only if the delegate attends two-thirds of the day's scheduled activities, or four hours, whichever is greater.)

A non-profit organization may elect to pay some of the expenses—such as meal expenses—for its members attending a foreign meeting while transportation expenses are paid by the delegates. Thus, transportation expenses only would be subject to the new law.

Per-diem allowances are allowed for travel days, subject to the previously mentioned limits.

Meal functions and/or banquets may be considered business sessions to qualify under the six hour business activity requirement *IF* there is a business related speaker or significant business discussion.

Convention exhibitors and sales travel are not subject to the new law. These expenses are deductible as ordinary business expenses.

What are the attendance recordkeeping requirements? An officer of the organization will probably not need to be present to verify an individual taxpayer's attendance. However, there should be a reliable procedure to verify for the officer to sign an attendance statement.

The staff of the sponsoring organization should arrange a procedure to collect and verify attendance. Evidence of attendance should be given individual delegates. Copies of everything should be retained for at least 6 years following the date of the meeting.

Averaging of attendance is permitted to meet the requirements of two-thirds of total activities scheduled and half of the convention days.

Sound complex? Planning some foreign travel? A brief discussion with your tax counsellor is certainly in order. Happy traveling. □

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obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Carl E. Anderson,** Pittsburgh; University of Pittsburgh School of Medicine, 1949; age 55; died November 15, 1976. He was on the medical staff of Presbyterian-University Hospital. He is survived by his wife, two daughters, and his mother.

• **William H. Annesley, Sr.,** Rydal; Jefferson Medical College, 1911; age 88; died December 6, 1976. He was chief of ophthalmology at Northeastern Hospital and an associate at the Lankenau Hospital. A son, William H. Annesley, Jr., M.D., and a daughter survive him.

• **Catherine M. Clarke,** Sewickley; University of Pittsburgh School of Medicine, 1924; age 80; died November 22, 1976. Two sisters survive her.

• **William E. B. Hall,** Chambersburg; University of Toronto School of Medicine, 1929; age 72; died November 18, 1976. He was deputy coroner of Franklin County, director of the pathology laboratory in the Fulton County Medical Center in McConnellsburg, and director-owner of the Physicians Clinical Laboratory in Chambersburg. He had served as vice president, president elect, and president of the Franklin County Medical Society in 1973, 1974, and 1975 respectively, and served as chairman of the board of directors of the organization. He was a charter member of the American Society of Forensic Sciences and from 1951-53 served as chairman of the group's section on pathology. He was a founding fellow of the American Academy of Clinical Scientists. His wife, a son, two daughters, and a sister survive him.

• **Robert C. Hibbs,** Pittsburgh; University of Pittsburgh School of Medicine, 1914; age 84; died November 22, 1976. He had practiced urology for over sixty years. His wife and two daughters survive him.

• **Jeremiah F. Mahoney,** Darby; University of Pennsylvania School of Medicine, 1939; age 62; died November 12, 1976. He was chairman of the department of diagnostic radiology at the Mercy Catholic Medical Center, Fitzgerald Mercy division, and an associate professor of radiology in the University of Pennsylvania School of Medicine and Graduate School of Medicine. He was a past president of the Philadelphia Roentgen Ray Society, a member of the board of the Delaware County Chapter, American Cancer Society and Delaware County Tuberculosis and Health Association. His wife, a daughter, four sons, and two sisters survive him.

• **A. Ralph Marmins,** Stamford, Connecticut; George Washington University School of Medicine, Washington, D.C., 1927; age 75; died November 8, 1976. His wife survives him.

• **Sylvia A. Mazer,** Narberth; Woman's Medical College, 1938; age 64; died November 29, 1976. She was on the staffs of the Medical College of Pennsylvania and Methodist Hospital, Philadelphia, and on the faculty of Jefferson Medical College. She was a diplomate of the American Board of Obstetrics and Gynecology, a fellow of the American College of Surgeons, and a member of the American Academy of Obstetrics and Gynecology. A sister survives her.

• **Elmer H. Miller,** Harrisburg; Jefferson Medical College, 1938; age 65; died November 13, 1976. He was on the medical staff of Polyclinic Hospital. He is survived by his wife, two sons, a daughter, his mother, and a sister.

• **James J. Monahan,** Shenandoah; Jefferson Medical College, 1916; age 86; died November 14, 1976. He was a past president of the Schuylkill County Medical Society. From 1946-50 he was chief of staff at Locust Mountain Hospital in Shenandoah. At his retirement in 1972 he had practiced medicine 52 years. His wife and a daughter survive him.

• **A. Harvey Neidorff,** Altoona; University of Vienna Medical School, 1937; age 67; died November 14, 1976. He had served as president of the Middle Atlantic States of the American Association of Clinical Immunology and Allergy, and as chairman of the dermatology section of the American College of Allergists. He was a diplomate of the American Academy of Allergy, and a fellow of the American College of Allergists, American Academy of Geriatrics, and American Association of Clinical Immunology and Allergy. In 1963 he received the sixth Von Pirquit Gold Medal for outstanding achievement in allergy. His wife, two sons, a daughter, a brother, and two sisters survive him.

• **George Y. Smith,** Butler; State University of New York Downstate Medical Center, 1933; age 69; died November 22, 1976. He had been chief of the department of radiology at Butler County Memorial Hospital for 25 years until his retirement in July 1976. He was a diplomate in radiology and a member of the Radiological Society of North America. He is survived by his wife and three brothers.

• **Lloyd A. Stahl,** Allentown; Jefferson Medical College, 1932; age 72; died November 21, 1976. He was chief of medicine at the Allentown Hospital. He was on the board of trustees of the Lehigh County Medical Society and in 1957 served as president. He was a past president of the Allentown Board of Health and the Lehigh Valley Diabetic Association. His wife and two daughters survive him.

Thomas Canon, Mt. Lebanon; University of Pittsburgh School of Medicine, 1929; age 71; died November 7, 1976. He had practiced medicine for 44 years. A brother and a sister survive him.

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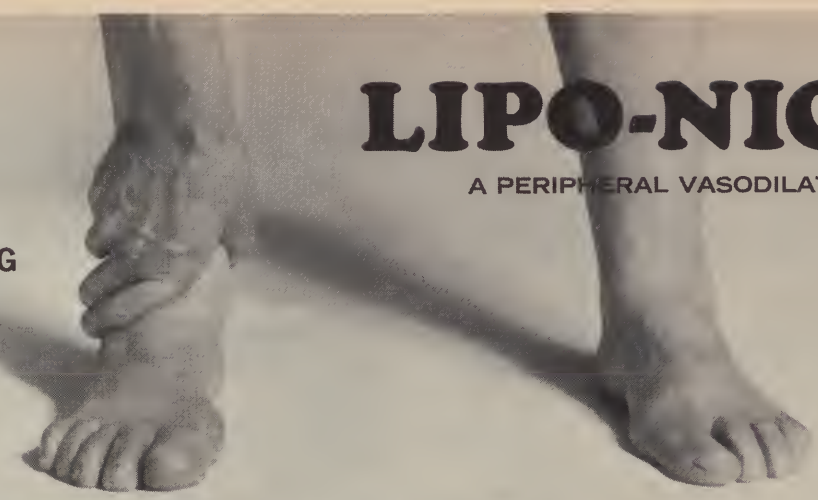

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Thiamine HCL (B-1) .. 25 mg.
Riboflavin (B-2) ..... 2 mg.
Pyridoxine HCL (B-6).. 10 mg.
DOSE: 1 to 3 tablets daily.
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LIPO-NICIN/300 mg.
Each time-release capsule contains:
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In a special base of prolonged therapeutic effect.
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Indications: For use as a vasodilator in the symptoms of cold feet, leg cramps, dizziness, memory loss or tinnitus when associated with impaired peripheral circulation. Also provides concomitant administration of the listed vitamins. The warm tingling flush which may follow each dose of LIPO-NICIN 100 mg. or 250 mg. is one of the therapeutic effects that often produce psychological benefits to the patient. **Side Effects:** Transient flushing and feeling of warmth seldom require discontinuation of the drug. Transient headache, itching and tingling, skin rash, allergies and gastric disturbance may occur. **Contraindications:** Patients with known idiosyncrasy to nicotinic acid or other components of the drug. Use with caution in pregnant patients and patients with glaucoma, severe diabetes, impaired liver function, peptic ulcers, and arterial bleeding.

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education

This issue carries no education course listings. The January issue contained a comprehensive course list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, 20 Erford Road, Lemoyne, PA 17043.

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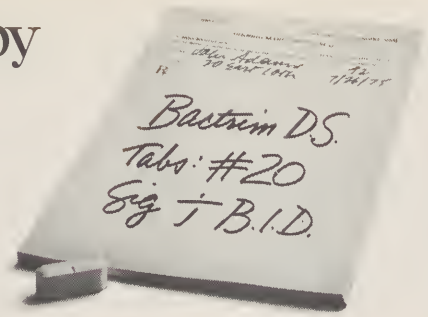
-day Bactrim therapy utperforms 10-day npicillin therapy.



multicenter, double-blind study of patients with nic or frequently recurrent urinary tract infection, rim 10-day therapy outperformed ampicillin day therapy by 27.2%, when comparing patients maintained clear cultures for eight weeks. erion for "clear culture" was 1000 or fewer organ-/ml of urine.

While adverse reactions noted in this study were (*e.g.*, vomiting, nausea, rash), more serious reac- can occur with these drugs. See manufacturer's uct information for complete listing. Maintain quate fluid intake; perform frequent CBC's and alyses with microscopic examination.

Bactrim tablets were used in these clinical trials. Bioequiv- y studies show one Bactrim DS double strength tablet is alent to two Bactrim tablets.

Bactrim™ DS
(160 mg trimethoprim and 800 mg sulfamethoxazole)
Double Strength tablets
Just 1 tablet B.I.D.

Bactrim™
(80 mg trimethoprim and 400 mg sulfamethoxazole)
2 tablets B.I.D.

r chronic or frequently recurrent cystitis id pyelonephritis due to susceptible organisms.

e prescribing, please consult complete product information, a ary of which follows:

ations: Chronic urinary tract infections evidenced by persistent riuria (symptomatic or asymptomatic), frequently recurrent infec- (relapse or reinfection), or infections associated with urinary complications, such as obstruction. Primarily for cystitis, pyelo- itis or pyelitis due to susceptible strains of *E. coli, Klebsiella- obacter, Proteus mirabilis, Proteus vulgaris* and *Proteus anii.*

: The increasing frequency of resistant organisms limits the use- s of antibacterials, especially in these urinary tract infections. ecommended quantitative disc susceptibility method (*Federal ter,* 37:20527-20529, 1972) may be used to estimate bacterial ptibility to Bactrim. A laboratory report of "Susceptible to tri- oprim-sulfamethoxazole" indicates an infection likely to respond ctrim therapy. If infection is confined to the urine, "Intermedi- usceptibility" also indicates a likely response. "Resistant" indi- that response is unlikely.

aindications: Hypersensitivity to trimethoprim or sulfonamides; ancy; nursing mothers.

ngs: Deaths from hypersensitivity reactions, agranulocytosis, tic anemia and other blood dyscrasias have been associated sulfonamides. Experience with trimethoprim is much more d but occasional interference with hematopoiesis has been re- d as well as an increased incidence of thrombopenia with pur- in elderly patients on certain diuretics, primarily thiazides. throat, fever, pallor, purpura or jaundice may be early signs of s blood disorders. Frequent CBC's are recommended; therapy d be discontinued if a significantly reduced count of any formed element is noted. **Data are insufficient to recommend use in in- and children under 12.**

utions: Use cautiously in patients with impaired renal or hepatic ion, possible folate deficiency, severe allergy or bronchial a. In patients with glucose-6-phosphate dehydrogenase defi- y, hemolysis, frequently dose-related, may occur. During ther- aintain adequate fluid intake and perform frequent urinalyses, areful microscopic examination, and renal function tests, par- rly where there is impaired renal function.

se Reactions: All major reactions to sulfonamides and trimeth- are included, even if not reported with Bactrim. *Blood dys- s:* Agranulocytosis, aplastic anemia, megaloblastic anemia, bopenia, leukopenia, hemolytic anemia, purpura, hypopro- binemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for children under 12. Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) every 24 hours
Below 15	Use not recommended

Supplied: Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole — bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10.

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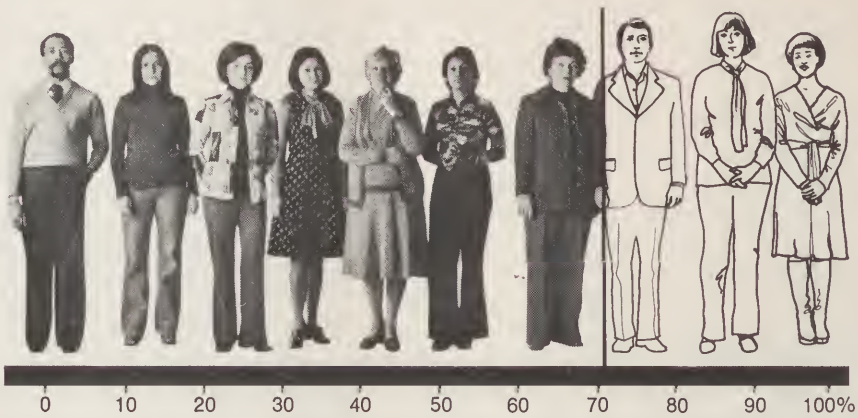
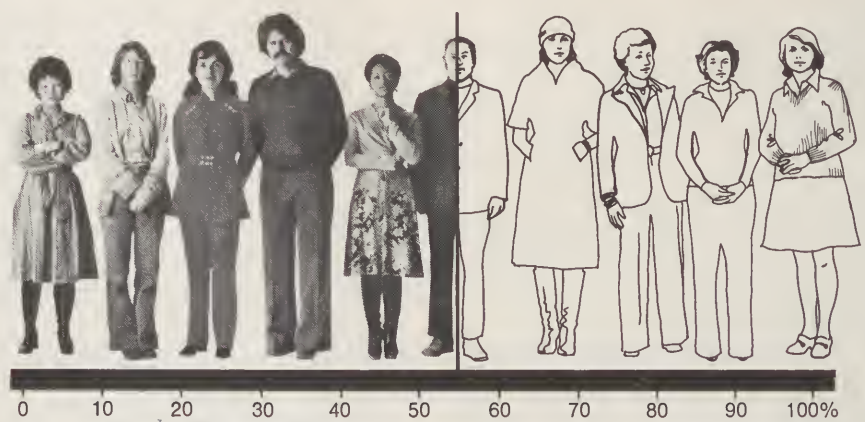
Bactrim was 27.2%* more effective than ampicillin in keeping patients infection-free for 8 weeks.†



Bactrim–70.5% of 78 patients infection-free at 8 weeks.



ampicillin–55.4% of 74 patients infection-free at 8 weeks.

*This percentage is arrived at by the statistical method of dividing the difference between Bactrim and ampicillin results (15.1%) by the percent of ampicillin results (55.4%).

†Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110

Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

Double Strength tablets Just 1 tablet B.I.D.

Note: Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

Please see summary of product information on preceding page.

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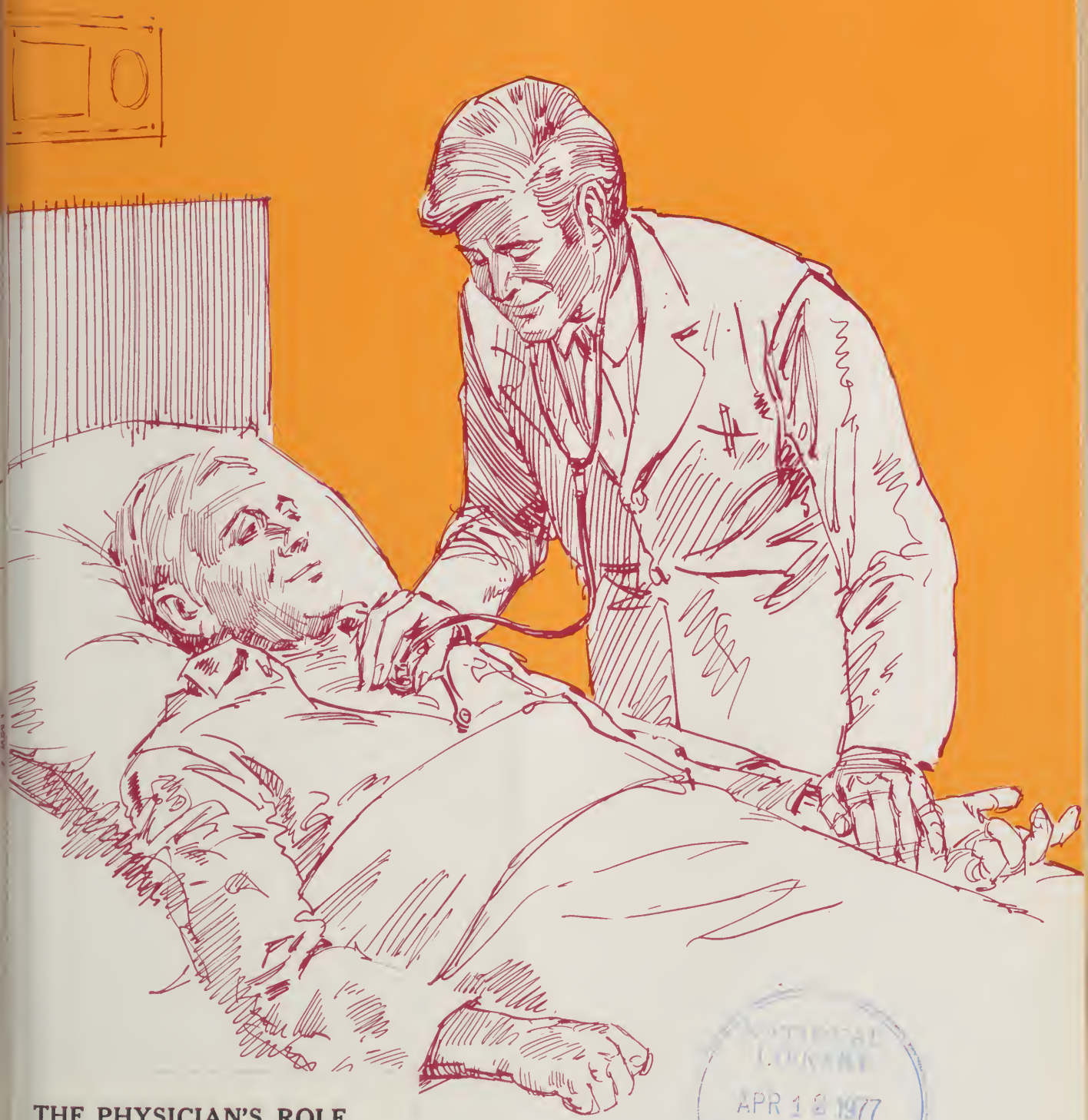
Pennsylvania Medicine

MARCH 1977



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IN MALPRACTICE
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But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

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Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

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Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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medigram

MALPRACTICE PREMIUM HIKE HEARINGS SET

Insurance Commissioner William J. Sheppard has announced April 4 and 5 as the dates for a formal hearing on the Argonaut Insurance Company's request for a 70 percent premium increase for professional liability insurance. Among the components of the rate filing is a proposal to increase from two to four the number of territories used in the ratemaking process. The State Society has been granted intervenor status and will testify at the hearing. Commissioner Sheppard set April 11 and 12 as dates for a formal hearing on the Joint Underwriting Association's first request for a premium increase since it was established under Act 111 in January 1976. The 48.6 percent increase would affect some 2,000 physicians insured by the JUA. The JUA proposal is to adopt any new rating territories approved for Argonaut. The proposed territories are as follows: New Territory One--Philadelphia, Delaware, and Montgomery Counties; New Territory Three--Allegheny County; New Territory Four--Bucks and Chester Counties; and New Territory Two--the remainder of the state.

COMMISSION TO RECOMMEND NONSUPPORT OF FILING

The Society's Commission on Professional Liability Insurance met in Harrisburg February 27 and voted to recommend to the Board of Trustees that the Society not support the Argonaut premium increase filing. The Society's actuaries found technical flaws in Argonaut's filing which make the 70 percent request unjustifiable. The Board of Trustees will consider the recommendation on March 16. The commission will recommend that the Society support the new territories and an Argonaut plan to narrow the premium differential among the five risk categories.

HEALTH SECRETARY TO APPOINT NEW COMMITTEE

Leonard Bachman, M.D., Secretary of Health, has said he will appoint a technical advisory committee on generic drugs to assist the Drug, Device, and Cosmetic Board compile a formulary of interchangeable drugs as called for under the state's new generic prescribing law. He said at a meeting with Arthur H. Hayes, M.D., chairman of the Society's Commission on Therapeutics, that members of that commission would be included on the advisory committee. A full explanation of Act 259 of 1976 appears on page 28 of this issue.

ACT 111 BYPASS ATTEMPT OPPOSED

The Pennsylvania Medical Society has entered two law suits as friend of the court to assist the state in enforcing the Medical Malpractice Act. Under Act 111, all medical malpractice cases must be heard first by arbitration panels. In Philadelphia, plaintiffs' attorneys have taken two cases directly to the Philadelphia Court of Common Pleas to test the constitutionality of the Act.

STATE BOARD APPOINTMENTS MADE

Governor Milton J. Shapp has nominated Audrey A. Zelhovic, M.D., of Pittsburgh, and George E. Hudok, M.D., of Luzerne County, to the

State Board of Medical Education and Licensure. They replace William J. Kelly, M.D., president of the State Society, and Raymond C. Grandon, M.D., member of the Society's Board of Trustees. Richard C. Lyons, M.D., of Erie, state board chairman, was renominated. All three await Senate confirmation. Already confirmed by the Senate are the renominations of Drs. John W. Robertson and Philip E. Ingaglio, both of Philadelphia.

INFLUENZA VACCINATION PROGRAM RESTARTED The Pennsylvania Department of Health restarted the influenza vaccination program February 25. Robert D. Gens, M.D., director of the Bureau of Adult Health Services, said, "We are making bivalent vaccine available for high risk individuals--those over 65 or with chronic illness--at state health centers." Physicians may use the previous order form, but a new consent form has been developed by the federal government. State health centers will provide two consent forms with each dose of vaccine--one for the doctor's file, and one to be returned to the health center.

COMMITTEE SEEKS NOMINEES The Committee to Nominate Delegates and Alternates to the AMA will accept suggestions for alternate delegates until April 1. Committee chairman Charles K. Zug, III, M.D., said in a letter to county medical societies that nominations can be made from the floor of the House of Delegates, but this method does not allow much time for delegates to study nominees. A curriculum vitae including activities in county, state and national medical associations should accompany the letter of suggestion.

HSA APPOINTED FOR 5-COUNTY PHILADELPHIA AREA The Department of Health, Education, and Welfare has signed an agreement designating a Health Systems Agency (HSA) for HSA Area I, the five-county Philadelphia area. Named is the Health Systems Agency Steering Committee for Southeastern Pennsylvania. Its interim board has 90 days to establish a permanent board. President of the interim board is Richard Brechbiel. Although professional, public, and government groups favored splitting the five-county area into three Health Service Areas, U.S. District Court Judge Clifford Scott Green ruled in December in favor of one area. An appeal of that decision is pending, but health planning by the agency will continue as in other HSAs in the state.

SOCIETY PRESENTS TESTIMONY ON HEALTH ISSUES Henry H. Fetterman, M.D. chairman of the Council on Medical Service, appeared before the Senate Health and Welfare Committee February 25 at a hearing focusing on health cost containment, utilization review, and copayment requirements. No specific legislation was considered.

SURVEY QUESTIONNAIRES OUT The State Society has mailed questionnaires to 6,000 Pennsylvania physicians in an effort to determine the Society's priorities as seen by members and nonmember physicians. William J. Kelly, M.D., Society president, called for the survey at his installation in September 1976 and has urged those who received the questionnaires to respond as soon as possible.

Pennsylvania Medicine

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MARCH 1977 Volume 80, Number 3

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Officers' Conference centers on state government role

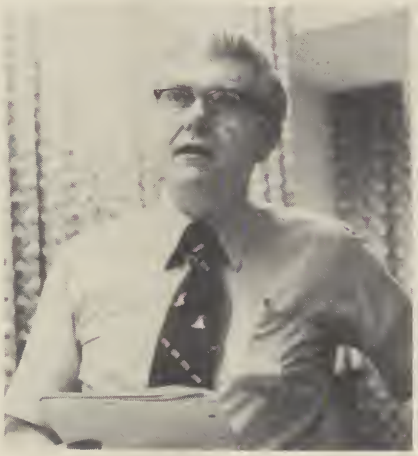
State government as it relates to medicine will receive special emphasis during the 1977 Officers' Conference, to be held Wednesday and Thursday, April 13-14, at the Hershey Motor Lodge, Hershey.

Highlighting the first day's activities will be interviews with various governmental health officials including: State Secretary of Health Leonard Bachman, M.D.; Richard C. Lyons, M.D., chairman of the State Board of Medical Education and Licensure; and Thomas L. Hooker, deputy secretary of the Department of Public Welfare.

David S. Masland, M.D., immediate past president of the Society, will present a malpractice update during Thursday morning's breakfast session. Following will be a discussion, "Living with Arbitration," by Ralph S. Emerson, M.D., immediate past president of the Medical Society of the State of New York, and Richard Lerner, associate general counsel of the American Arbitration Association.

Another Thursday morning feature will be a panel discussion entitled "A Funny Thing Happened on the Way to the Nursing Home," moderated by George R. Fisher, III, M.D., Philadelphia internist and member of the Board of Directors of the Pennsylvania Medical Care Foundation. Scheduled panel members are: Roger A. Cutt, commissioner, Office of Medical Programs, Department of Public Welfare; Richard A. McClatchy, Jr., of Rosemont, owner-operator of a nursing home and Representative from the 149th Legislative District; Morton Ward, M.D., medical director of the Philadelphia Geriatric Center; and Richard S. Zarin, director of the Bureau of Licensure and Certification, Pennsylvania Department of Health.

Irvine H. Page, M.D., editor of *Modern Medicine* and director emeritus of the Cleveland Clinic Foundation, will deliver the Walter Foster Donaldson Memorial Lecture Thursday morning.



Dr. Alexander is chairman of the Officers' Conference Committee

Society President William J. Kelly, M.D., will preside at a dinner session beginning Wednesday evening at 7. Dr. Murray Banks, the "psychologist with a sense of humor," will provide the dinner entertainment.

Other segments to be included in the two day meeting are: "Washington Perspective," by John S. Zapp, D.D.S., director of the Department of Congressional Relations, AMA Washington Office; "The Chicago Connection," by William Y. Rial, M.D., vice speaker and member of the board of the American Medical Association; "Under the HSA Shadow," by John L. Steigerwalt, M.D., chairman of the Commission on Health Planning; "Playing the Numbers Game," a report on PSRO, by Sidney O. Krasnoff, M.D., president of the Pennsylvania Medical Care Foundation; "PMS—The '77 Model," a multimedia show for use by county medical societies; and a report by PMS legal counsel.

Toxilogic team appointed for Legion disease probe

Frederic Rieders, Ph.D., of National Medical Services, Inc., Willow Grove, has been appointed by Secretary of Health Leonard Bachman, M.D., to direct a special toxicologic team to probe some environmental aspects of the Legionnaire's Disease and examine clinical toxicologic aspects of the ongoing investigation.

Dr. Reiders is president and laboratory director for the National Medical Services, Inc., and professor of pharmacology-toxicology at Jefferson Medical College, Thomas Jefferson University.

Dr. Reiders received his M.S. in chemistry from New York University and his Ph.D. from Jefferson's division of graduate studies. In 1951 he joined the pharmacology faculty, rising from instructor to assistant professor in 1952, associate professor in 1956, and finally professor in 1969.

In the past he has been chief toxicologist in the office of the medical examiner of Philadelphia's Department of Public Health.

In December Dr. Bachman named Leonard Sideman, Philadelphia, to assume responsibility for all administrative aspects of the continuing investigation. He is director of the division of clinical chemistry and hematology at the state Bureau of Laboratories.

Confidentiality pledged

Board approves Foundation's medical data control plan

The Pennsylvania Medical Society is committed to the principle of confidentiality of medical records.

At its January 12 meeting, the Society Board of Trustees and Councilors unanimously approved a recommendation, made by the Pennsylvania Medical Care Foundation (PMCF) Board of Directors, that the Society "... increase the awareness of physicians of their responsibility to assure adequate control of the release and use of medical data." The policy states specifically that: *"... it is the position of the Pennsylvania Medical Society that any and all physicians, particularly those involved in review activities, and all medical review organizations should take strict precautions so that reports (written or otherwise) concerning medical data are not made available to any other party except authorized review organization(s), the medical staff of the institution(s) involved, or the individuals (patient and physician) involved; furthermore, such release of the data should occur only with the specific written permission or understanding of all the concerned parties. Finally, no contract with any data processing vendor should be negotiated without provisions establishing proper control for the release and confidentiality of this data, with the understanding that any breach of such provisions shall be cause for termination of the contract(s)."*

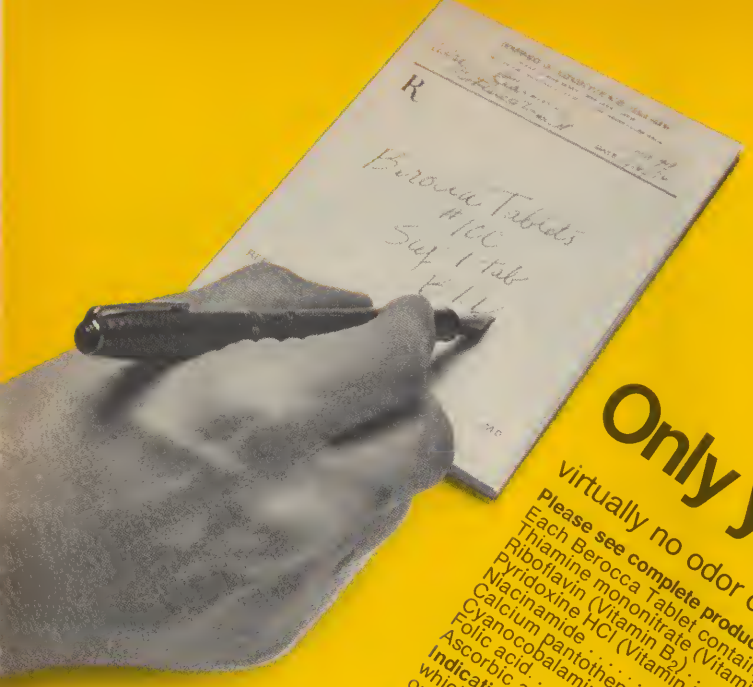
In September 1976 Sidney O. Krasnoff, M.D., president of PMCF, in his address to the State Society House of Delegates said, "... the data we generate in our medical practices become lucrative lures to hundreds of organizations throughout the country which have developed electronic data processing capabilities. Nowhere has this critical situation been more explosive than in the competition for the electronic data processing contracts for the PSROs around the nation.

"Since time immemorial and by the Oath of Hippocrates, we have coveted the control and confidentiality of the data generated by our professional activity. Whether processed by mallet, chisel and stone, quill, ballpoint pen and pad, or diodes, cathodes, switches and tapes, there is no need to relinquish this control now.

"... the Foundation's activity over the past ten months has led me to the firm conclusion that if Pennsylvania physicians are to maintain control of their own data, I believe the Pennsylvania Medical Society must immediately face the critical issue raised here."

Foundation Board of Directors

State Society Board of Trustees



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☐ A119: A SIMPLE METHOD OF TREATING FUNCTIONAL ILLNESSES—A. Victor Hansen, M.D., Psychiatrist and Clinical Director of the Haverford State Hospital. *A review of a method you can use in your office to treat the functional illness of the difficult patient.* 25 minutes.

☐ A120: WHAT THE VITAMIN CRAZE IS DOING TO YOUR PATIENTS AND THE PRACTICE OF MEDICINE—Victor Herbert, M.D., J.D., Chief of Hematology and Nutrition of the Bronx Veterans Administration Hospital, and Professor at Columbia University College of Physicians and Surgeons. *Discussion of what TV drugs, diets, and vitamin fads are doing to patients.* 60 minutes.

☐ A121: WHY ARE DOCTORS SO MISUNDERSTOOD?—Ralpha Senderowitz, President, Ralpha Senderowitz Associates of Allentown, Pa. *An examination of the level of doctor-patient communications demonstrating how easy and how often a doctor is misunderstood and how the patient's emotional reaction may lead to malpractice suits and to dependence on non-professionals for medical care.* 60 minutes.

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For 'The Art and the Science'

State Society, Dr. Fox receive film festival award

The Art and the Science, a film produced by Donald Fox, M.D., of Philadelphia, and funded in part by the State Society, has won third place in its class at the International Film and TV Festival of New York.

As producer and on behalf of the Society, Dr. Fox received the bronze award for a non-teaching film at the festival's awards dinner November 12 at the Americana Hotel, New York City.

Due to the $6,500 it donated toward the film's production, the Pennsylvania Medical Society's name appears on the plaque as the award recipient. But it was Dr. Fox who wrote, directed, and produced the film about medicine's beginnings in America and who provided the extra $10,000 needed to complete it. It was Dr. Fox who tended to the detail work needed to create a successful film—Benjamin Rush's own gold-handled cane, his original medical box, a custom made plain pine coffin, and "Lenny the Leech," who flew in from Rochester, New York, to appear in the film.

Dr. Fox in a scene from the film

Dr. Rush in a scene from the film

As Dr. Fox himself writes in the July 1976 issue of PENNSYLVANIA MEDICINE, "To produce a film in modern Philadelphia which would capture the mood and feeling of the late 18th century was not without trial and tribulation." Problems included ". . . jet-liners flying over the film site every five minutes and a leaf-mulcher, somewhere in the distance, that seemed to turn on in synchrony with our camera . . ." and a breakdown in the electrical system in Christ Church which caused the cast and crew to spend six hours to film twenty seconds of completed film.

Early in August the Society's communications division began promotion mailings for *The Art and the Science* to county medical societies, hospitals, schools, and other special organizations. The Society has received about 250 requests for the film. By January it had been sent to 97 schools, 3 county medical societies, 3 hospitals, the American Heart Association, the Kentucky Medical Association, the Pennsylvania Health Council, Inc., and the General Electric Corporation.

By winning the bronze award, Dr. Fox has proved his ability as an independent film maker; but it is not the first time. He also won the New York Film and TV Festival's silver award for "Drive to the Hoop," a documentary of contemporary professional basketball. Other film credits are "Ali-Frazier Super Fights I and II" and "Code 9," a spoof of modern medicine at a major urban medical center.

Winning the bronze award is perhaps a greater feat than it first appears to be. As Dr. Fox writes "Considering that *Independence* was budgeted at $800,000; *We Hold These Truths* at $300,000 and the *Adams Chronicles* a $5,000,000; it is indeed a modern miracle that *The Art and the Science* was initiated by a $5,000 grant from the Pennsylvania Medical Society . . ." and completed for only $16,500.

Awards presented

Allegheny county society installs Dr. Weigel

A. Linn Weigel, M.D., assumed the 112th presidency of the Allegheny County Medical Society during the society's annual dinner meeting and awards ceremony, held January 15 at the Pittsburgh Hilton.

Dr. Weigel is a graduate of the University of Pittsburgh School of Medicine, where he is a clinical instructor in the department of surgery. He has been a member of the county society's board of directors since 1970 and is a delegate to the State Society's House of Delegates. A fellow of the American College of Surgeons, he is on the medical staff of North Hills Passavant Hospital.

Other officers who were installed during the meeting were: Joseph V. Caliguiri, M.D., Coraopolis, president elect; Howard A. Mermelstein, M.D., Pittsburgh, first vice president; Harold E. Swensen, M.D., Pittsburgh, secretary; and Robert M. Laughlin, M.D., Pittsburgh, treasurer.

The annual Frederick M. Jacob Award was presented to Frederick C. Duffy, M.D., in recognition of his service to county medicine. He is a member of the society's board of directors, a delegate to the State Society, and in the past has served on the public relations, finance, and emergency medicine committees.

John S. Witherspoon, M.D., received the county society's Nathaniel Bedford Award in honor of his long term dedication to patients' needs. A graduate of Pitt's medical school, he has practiced in Pittsburgh for over 40 years.

DR. WEIGEL

George "Doc" Medich, of the Pittsburgh Pirates, and a student at the University of Pittsburgh School of Medicine, won the society's Medical Student Award, which is given to a student who has combined constructive outside activity with work in medical school. The award is not an annual award but is given only when an exceptional candidate is brought to the attention of the county society. Medich completed his final term at Pitt in January.

Seventeen Allegheny County M.D.s received State Society 50 year awards during the ceremony. They are the following: Everett M. Baker, William A. Barrett, William F. Bozic, Emilia M. Caprini, Israel Felman, Robert C. Hamilton, William B. Huber, J. Murl Johnston, William B. McLaughlin, Kenneth F. Miller, and Donald J. Stewart, all of Pittsburgh; Allison J. Berlin, Naples, Florida; Eugene A. Conti, Annapolis, Maryland; Leigh L. Darsie, Rockwood; Lewis E. Etter, Warrendale; Paul Gross, Naples, Florida; and Louis H. Sweterlitsch, Coraopolis.

Dr. Watson in Connecticut mental health post

Ulysses E. Watson, M.D., has accepted the position of director of the Greater Bridgeport Community Mental Health Center, Bridgeport, Connecticut, after having withdrawn as a candidate for director of St. Elizabeth's Hospital in Washington.

Dr. Watson is former director of the Eastern State Psychiatric Institute, Philadelphia.

Long active in state and county medical society affairs, Dr. Watson had been secretary of the Montgomery County Medical Society since 1968, secretary of the county society's Board of Trustees since 1972, and has served as chairman of the Montgomery County Delegation to the State Society House of Delegates, and a member of the Pennsylvania Medical Cooperative Board of Directors.

USP publishes supplement

The United States Pharmacopeial Convention, Inc., (USPC) has published a cumulative Third Supplement to the United States Pharmacopeia (USP) XIX and the National Formulary (NF) XIV.

The Third Supplement supersedes the first two supplements and the first two Interim Revision Announcements. All the revisions in the supplement become official May 1 except as otherwise noted. Holders of the main volume of USP XIX and NF XIV will need only one copy of the supplement to bring both books up to date. Included in the supplement are the current rosters of the USPC officers and board, the USP Committee of Revision and its subcommittees, and the USPC Constitution and Bylaws.

The Third Supplement is available at $3 per copy from the USP Convention, Inc., 12601 Twinbrook Parkway, Rockville, Maryland 20852.

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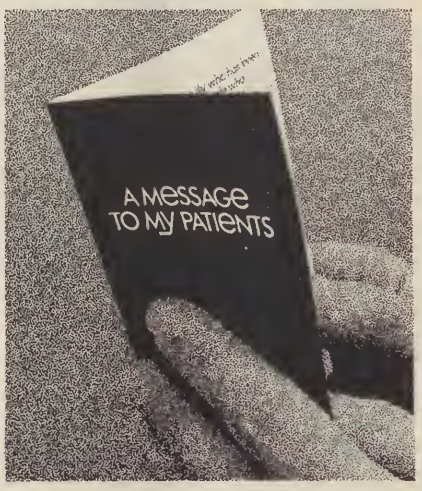

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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Physician's role in malpractice risk management

DAVID S. MASLAND, M.D.

Carlisle

This is the first of a series of articles on medical malpractice loss control which will appear in future issues of PENNSYLVANIA MEDICINE. As your president, last year I found myself devoting substantial energy and time to legislative reform, formation of a captive insurance company, and a plethora of issues related to the medical malpractice crisis, including the filing of our first countersuit against lawyers for improper use of the civil process.

It is my belief that we have made substantial progress in all of these areas. At the same time, I think it would be irresponsible if medicine did not turn inward and examine its own course of conduct. In this regard we have made a creditable start. We rewrote the medical practice act with tough disciplinary language. We wrote the peer review protection act which allows hospital review committees to meet and discuss candidly the quality of work in institutions without fear of being sued for acting in good faith. We have cooperated with the PSRO legislation. And most recently we wrote the language in Act 111 which gives the State Board of Licensure the money and manpower it needs to enforce the law.

All of this is an impressive foundation but falls short of accomplishing our objective—the creation of an effective loss control system in every hospital.

There is growing evidence that if we physicians do not tackle malpractice loss prevention and medical risk management on a voluntary basis, it will be done for us. It will be done by the federal and/or state government, by hospitals, by plaintiffs, and perhaps even by the courts.

Florida law now mandates a hospital risk management program which includes advance payment for compensable injuries sustained in the hospital, as determined by a risk management committee. The immediate payments are made when the risk management committee decides that the hospital or the physician has been negligent.

Even in Pennsylvania we have seen our Legislature misunderstand the purpose of the PSRO law and include PSRO norms, standards, and criteria in the malpractice law, Act 111, as a malpractice arbitration tool, a totally inappropriate use of the PSRO law. There is no question in my mind that if loss prevention is not accomplished by us voluntarily, an inept, cumbersome government program will be shoved down our throats. But I prefer not to act out of fear or defensiveness. I view an effective loss prevention program as being in our own best interest because I see it reducing the number of claims and ultimately lowering the cost of malpractice insurance.

Dr. Masland is the immediate past president of the Pennsylvania Medical Society and chairman of the Society's ad hoc committee on medical malpractice. He is in the practice of internal medicine in Carlisle.

In the early 1970s everyone involved in the malpractice crisis threw up their hands because there was inadequate evidence to show that there really was a crisis, inadequate evidence on which to base insurance premiums, and, finally, there was inadequate evidence of where the money was being spent. In response, the National Association of Insurance Commissioners (NAIC) adopted a uniform statistical reporting plan and began to collect data. In September 1976, the NAIC published its third summary of data collected on over 12,000 medical malpractice insurance claims closed during the twelve months between July 1, 1975, and July 1, 1976.

At the same time, the insurance companies established an All-Industry Committee to study medical malpractice. More than 10,000 claims closed during 1974 were analyzed by the Insurance Services Offices (ISO). Although you may react adversely to insurance industry studies and reports, if compiled from a credible statistical base, they can be very revealing. *The following information is offered only to suggest in which direction our first steps might be taken in our quest of malpractice loss control and risk management.*

We know that generally within four years of the date of any medical incident the percentage of total cases probably reported and paid will be as follows:

Minors:

Number of incidents reported: 91.9%

Number of incidents paid: 90.4%

Percent of total ultimate payout disbursed 82.5%

Adults:

Number of incidents reported: 97.6%

Number of incidents paid: 97.6%

Percent of total ultimate payout disbursed: 97.6%

'... if we physicians do not tackle malpractice loss prevention and risk management on a voluntary basis, it will be done for us.'

Now we have tangible evidence which appears to indicate that physicians in certain specialties do in fact generate a volume of claims alleging malpractice out of proportion to their relative numbers within the total physician population. These "high frequency" specialists are in the fields of anesthesiology, cardiovascular surgery, colon and rectal surgery, general surgery, neurosurgery, obstetrics and gynecology, otolaryngology, orthopedic surgery, plastic surgery, thoracic surgery, urological surgery, and general practice when the physician performs or assists at surgery on other than his own patients.

We now know that hospitals and emergency rooms account for 79 percent of incidents by count, and 84 percent by payments made, while physicians' offices and home visits account for 16 percent of incidents and 13 percent of payments made.

Also, for the first time we can compare percentage of incidents and percentage of dollars paid by types of injury. According to the NAIC, temporary or emotional injuries represent 55 percent of the incidents and 15 percent of the payouts. Permanent injuries account for 28 percent of the incidents and 58 percent of the payouts. Incidents resulting in death constitute 16 percent by count and 28 percent of the payouts.

Procedural errors of all kinds were alleged in 83 percent of all paid incidents by count, 88 percent by payout. Diagnostic errors were alleged in 31 percent by count and 40 percent by payout. Misdiagnosis when abnormal conditions exist involved 15 percent of paid incidents and 20 percent of the payout. Delays in diagnosis occurred in 13 percent of the paid incidents and 18 percent by payout. More than half of the total dollars paid went to claims between $10,000 and $20,000.

Analysis of the principal methods of claim disposition indicates that 91 percent of all claims were settled by mutual agreement or abandoned; 6 percent were disposed of by trial; and 2 percent by settlement during trial. While malpractice arbitration to date has been used only rarely, the NAIC study indicates that the average payment and expense paid under arbitration is substantially less than for incidents disposed of by trial. This seems to bode well for Pennsylvania's new mandatory arbitration system.

In a similar vein, the All-Industry Committee analysis reveals that three-quarters of the claims studied were against physicians. Of these, 81 percent actually arose from treatment of patients in hospitals and only 16 percent from incidents in doctors' offices. Of the claims against doctors:

- About one-third (34 percent) were against surgeons (or surgery-related specialists) classified as "high risk" by insurers for rating purposes, although this class comprises only 17 percent of all insured doctors (including anesthesiologists, neurosurgeons, obstetricians/gynecologists, orthopedists, otolaryngologists doing plastic surgery, and plastic surgeons).
- 21 percent were against "moderate risk" surgeons (such as cardiac surgeons, otolaryngologists, general surgeon specialists, thoracic surgeons, urologists, and vascular surgeons). They comprised 12 percent of insured doctors.
- 10 percent were against low risk surgeons (including general practitioners who perform or assist in major surgery on other than their own general practice patients, ophthalmologists and proctologists). They comprised 12 percent of insured doctors.
- 8 percent were against doctors performing minor surgery or assisting in major surgery on their own patients. They comprised 17 percent of all insured doctors.
- 27 percent were against doctors not involved in surgery. These non-surgeons comprised the largest single class of doctors, representing 43 percent of all insured doctors.

Of the claims for which indemnity payments were made, 74 percent were paid on behalf of doctors, 19 percent on behalf of hospitals, and 7 percent on behalf of dentists and others.

The all-industry study shows that claimants were successful in securing indemnity in 48 percent of claims brought against doctors and in about 40 percent of claims against hospitals. The average

claim payment was $24,907.

Only 7 percent of all claims were tried to jury verdicts and plaintiffs won only one in five of those claims. In cases tried to verdict for the plaintiff, the average award was more than $83,000.

The study of claims closed in 1974 discloses an average 34-month lapse between the occurrence of a medical incident and the payment of the resulting claim. About 46 percent of claims in which payments were made took from 30 months to seven years to settle.

The time it takes to close a claim is often beyond the control of the insurance company. The insurer may not even become aware of the claim until quite some time after the medical incident took place. In fact, on the average, there is a time lag of 21 months between the time incidents occur and the date claims are reported to insurance companies.

The all-industry report gives an insight into some of the non-indemnity (funds which do not go to the plaintiff or his attorney) costs inherent in our present liability system. The greater part of these costs, called "allocated claim expenses," includes defense attorney's fees, investigator and expert witness fees, travel expenses, and other items directly related to the defense of an insured in a malpractice action. Apparently, for each dollar of payouts, an additional 30 cents is expended in costs directly related to claims handling. This compares with 11.3 cents in administrative costs at Blue Shield for each claim dollar paid.

The review reveals that cases involving large amounts of economic loss appeared to be generally under-compensated and those involving relatively low economic loss tend to be over-compensated. However, whenever large awards are made they tend to over-compensate, whereas the smaller awards involve under-compensation. The report hastens to point out that the previous conclusions are not contradictory inasmuch as there are two ways of reviewing the claimant population. When compared by *award size,* the largest cases involved over-compensation, whereas when compared by size of *economic loss,* the most serious cases appeared to involve under-compensation. However, even in those cases where there seems to be over-compensation of a claim, the contingency fee may still reduce that payment to less than adequate.

The all-industry report concludes that although economic loss figures are imprecise, the results of the study indicate that a system of compensating total economic loss arising from iatrogenic injury without regard to medical negligence (the workmen's compensation approach) would be very costly.

In January 1973, the report of the Secretary's Commission on Medical Malpractice was made public by the U.S. Department of Health, Education, and Welfare, with considerable fanfare and national publicity. While many of the commission's findings suffer from a dearth of credible supporting statistical data, the report does constitute the first really comprehensive effort to compile, review, and evaluate national information and statistics relating to the malpractice phenomenon. One major conclusion reached by the commission is that "patient injuries, real or imagined, are prime factors in the malpractice problem."

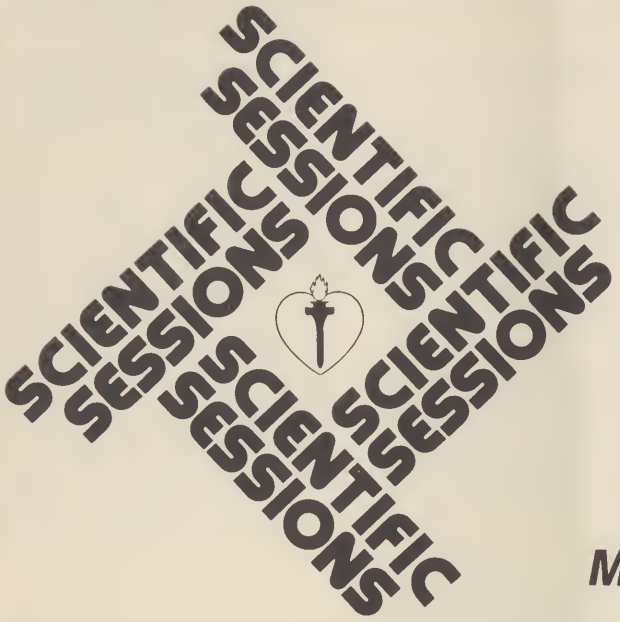
Now, four years later, a wealth of additional data has been compiled and analyzed and while I submit that it would be premature to announce that the final verdict is in, this latest evidence cannot and must not be ignored by our profession. The factual indications are that the vast majority of claims arise in the hospital setting, but the preponderance of dollars paid to patients appear to stem from doctors' liability rather than hospitals'.

Can there be any doubt that hospital administrators, having possession of this information, will not pursue physicians with the vigor of a blitz on a quarterback about to throw the ball, particularly where hospitals are paying the physician's premium. I believe that risk management is an idea whose time has come and that it should be under the control of physicians.

'. . . I prefer not to act out of fear or defensiveness. I view an effective loss prevention program as being in our own best interest because I see it reducing the number of claims and ultimately lowering the cost of malpractice insurance.'

Accordingly, I believe we should establish a special committee in every hospital in our state, comprised primarily of physicians with active staff privileges, whose task it will be to set the guidelines and standards for a physicians' malpractice loss prevention and risk management program and provide the necessary and continuous peer review to assure its full implementation.

Ideas in this regard will be forthcoming in future issues of this publication; but in the meantime, let me hear from you on this vital and complex issue.



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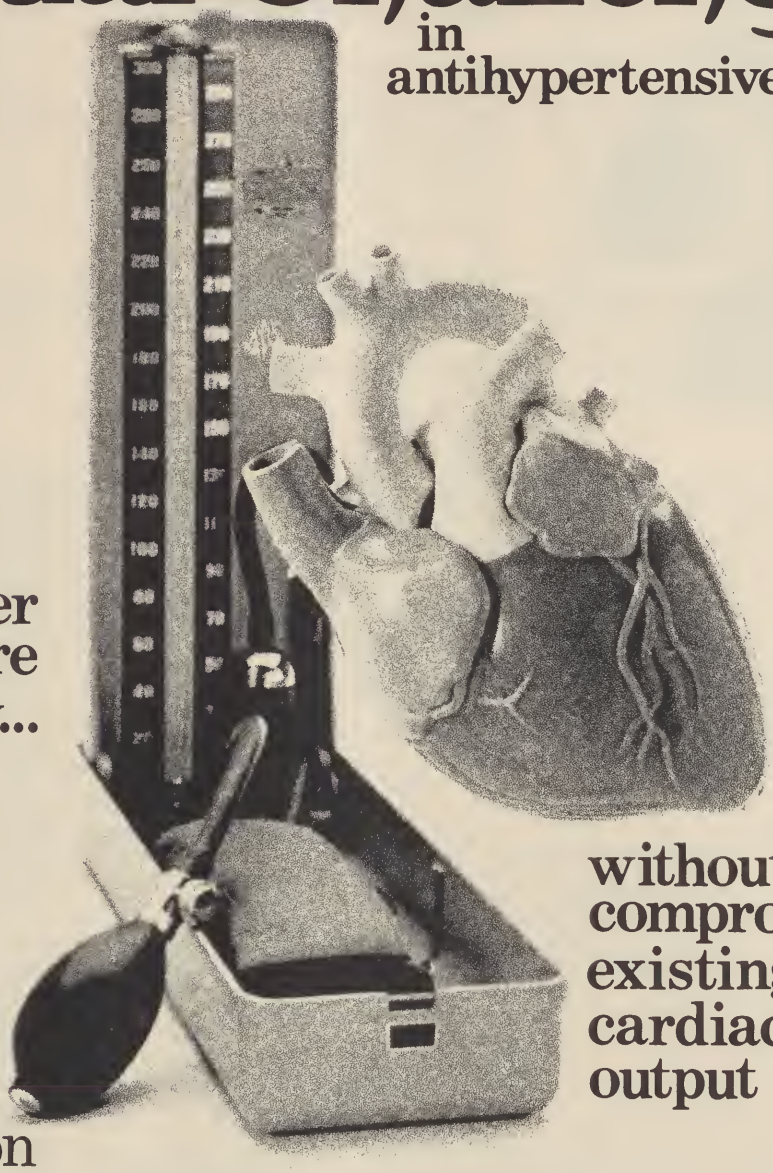

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Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

Adverse Reactions: *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

Gastrointestinal: Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundice, liver disorders.

Hematologic: Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

Note: Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000. Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

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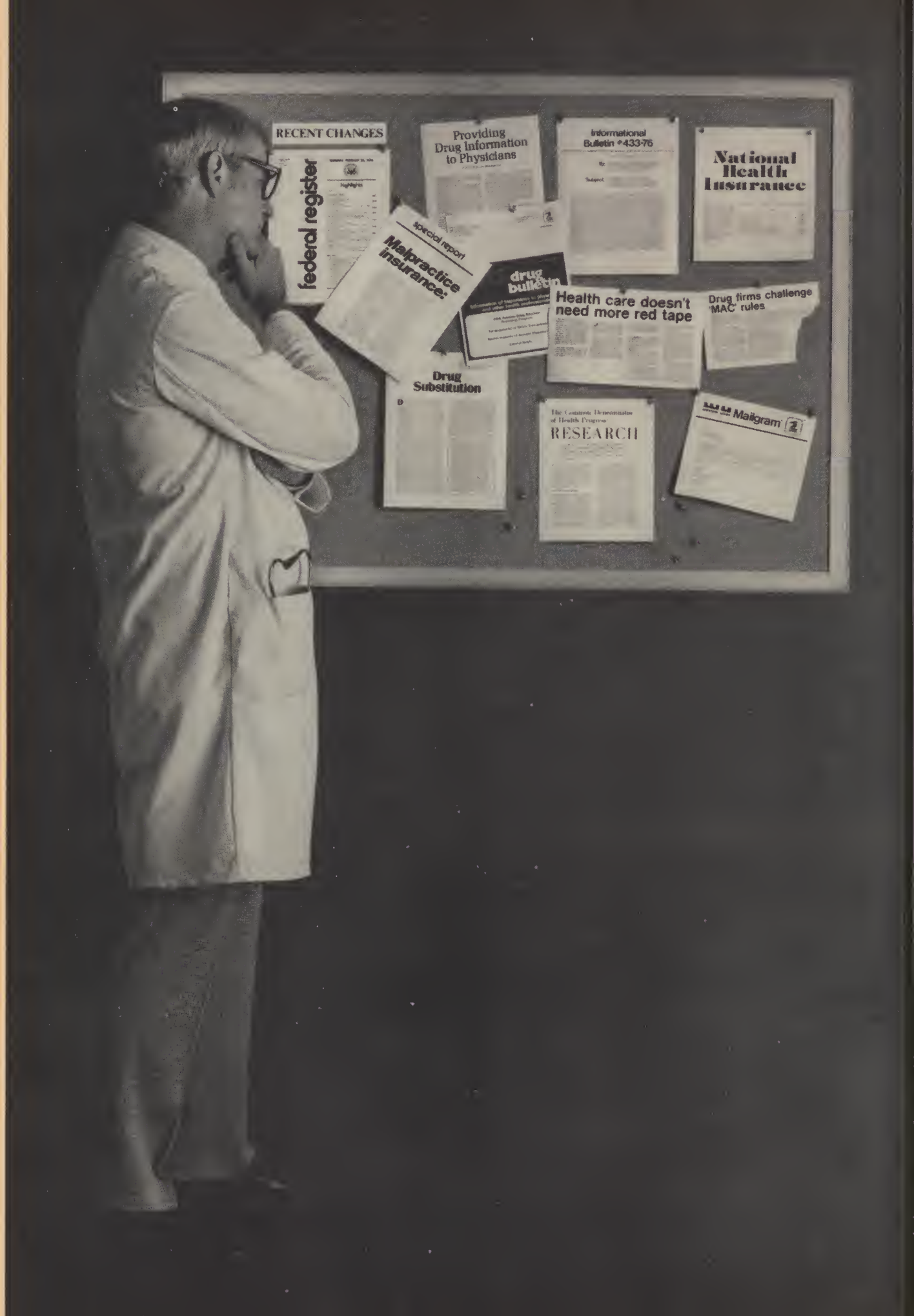
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THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

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editorials

Rationing—answer to high medical care costs?

A young woman was admitted to a large urban hospital for minor diagnostic surgery. She entered the hospital at noon on the day she was to have surgery and was released the following morning—less than 24 hours total length of stay. There were no complications. The bill, $1,450, included only hospital charges.

A paper by Cullen, *et al.,* which appeared in the April 29, 1976, issue of the *New England Journal of Medicine,* concerned a study of 226 critically ill patients with regard to survival, followup, and hospitalization charges. Although the survival rate at twelve months was only 27 percent, the total hospital charge for all patients was $3,232,647, with a $617,710 charge for blood.

The rising cost of health care is a very real problem and one of the most important facing medicine today. The public is demanding expanded accountability through governmental regulation. Political opportunists, having found a fertile election issue, advance one simplistic scheme after another. The problem is a complex one and as such does not lend itself easily either to definition or solution.

Contributing to the problem is the public's two-edged conception of health and health care costs. When well, we would economize on health costs but when ill, we want the benefit of all medical treatment available for ourselves and loved ones, regardless of cost.

Medical technology, unlike industrial technology, seems to increase rather than decrease costs to the consumer. Fiberoptic endoscopy, CAT scanning, and ultrasonography are a few examples. As these new investigative procedures are utilized, equipment cost, specialized physician training, and more allied medical personnel are factors which must be considered in the charges made for each test.

Additionally, there is the practice of defensive medicine. Fear of law suit has promulgated the overutilization of diagnostic procedures, thereby contributing heavily to increased medical costs.

The predicament in which we find ourselves is how to deliver these advanced expensive medical services and at the same time contain the cost. Does evidence of beneficial result of new diagnostic and therapeutic methods justify its use regardless of cost? Is it our decision as health care providers to deny access to advanced techniques because of cost and if so, will these decisions conflict with our ethical commitment as physicians? The burden should not be borne by medicine alone. The answers to these questions involve moral, economic, and social issues and, therefore, demand public inquiry.

This does not mean that physicians should completely divorce themselves from consideration of medical costs. Application of some industrial techniques such as commercial laboratories and community equipment sharing are indicated when they clearly have been shown to benefit the patient. Physicians should also familiarize themselves with the cost of various procedures utilized in day-to-day practice and apply these services when absolutely necessary.

The only concrete way to decrease costs is to decrease services. If this is inconsistent with our values and goals in health care, then we must begin to search for and employ other methods of cost control. Not all of the proposed solutions will have universal support. Hopefully, whatever course is decided upon, governmental regulation will be minimal and a proper balance will be achieved for the funding of medical services, medical research, and medical education.

David A. Smith, M.D.
Medical Editor

Surgical infection—whose responsibility?

The infection of surgical patients in the hospital is accepted as an omnipresent hazard. As surgical procedures become increasingly complicated, as they are performed upon a population encompassing the extremes of age and the borderlines of risk, postoperative infection always threatens. In some cases, such as the implantation of prosthetic appliances, infection may spoil the result of the operation. In others, infection may threaten life or increase suffering in convalesence. In both, it greatly inflates the cost.

Infection control in the hospital has been delegated to the Infections Committee. Its monitor is the nurse epidemiologist, and we now have another statistic gathering group in the hospital. The committees meet and discuss clusters of infection, con-

trol of sterilization, methods of sanitation, and many of the potential sources of hospital acquired infection.

The Association of Operating Room Nurses has published guidelines of good practice in "Standards on Attire in the Operating Room." They have likewise published standards for gowns and surgical drapes. Yet if one looks into many surgical operating rooms one still sees these precepts broken. One sees drapes saturated with blood or water. One sees long hair protruding from a cap, handsome sideburns uncontained, and, in the hallway, masks dangling on the chest.

Who is responsible? The nurse epidemiologist who maintains the records? Or the chairman of the Infections Committee who scrutinizes the records? Or the surgeon who puts his hand in the wound with a hole in his glove? Incidentally, we are being solc gloves of which one to two percent have holes ir them before we put them on. We are being solc drapes that are not barriers. And we accept them without complaint!

Not all infections are the responsibility of the surgeon, the assistant, the nurse, or even the team. Bu until each of us accepts the responsibility for ou own actions, i.e., by washing our hands as we gc from patient to patient, until we encourage everyone, regardless of station, to call our attentior to breaks in technique, until we are willing to reac and adopt guidelines for our aseptic performance surgical infection will continue. It will continue tc increase the cost in both life, suffering, and dollars to over a million postoperative patients each year.

William C. Beck, M.D., F.A.C.S
Sayre

correspondence

To the editor:

For a statistical research purpose, we are attempting to accumulate data regarding the number of physicians, and other professionals in this country, who have had, or still have, members of their families involved with the so-called religious cults such as:

1) Occult—Witchcraft and Satan Cults (Druids, etc.)
2) Vedic Hindu such as Hare Krishna, Divine Light Mission, etc.
3) Christian based—Unification Church ("Moons"), Church of the Bible Understanding (Forever Family), The Way, etc.
4) Political—The Weathermen, National Social Labor Coalition, etc.
5) Pseudo Scientific—Scientology, UFO, The Foundation (The Process) etc.
6) Other

There is a question of hypnosis being used by the cults, and also some questions regarding the health and well-being of members involved in cults.

We are also interested in hearing from, or hearing about, any physician who is, or has been, a member of such a cult.

Interested persons should reply to:

John G. McConahy, M.D.
Individual Freedom Foundation
143 Valhalla Drive
New Castle, PA 16105

I've asked for a second opinion on your bill!

To the editor:

We have been faced recently with the comments to the editor from an otolaryngologist as well as a plastic surgeon relative to the position of plastic surgery in specialties.

I believe that we have now had a sufficient amount of this conflict and dialogue on both sides. Neither approach has aided our understanding of the goals of either side, nor has it instructed our fellow colleagues in the general practice of medicine.

I, therefore, suggest that all further correspondence of this sort be deleted in good taste and for professional advantage from the publication.

Perhaps a better term overall would be to list what would be categorized either as cosmetic surgery or plastic surgery. Cosmetics clearly has the connotation of facial appearance as well as skin repair throughout the body in contrast to the concept of plastic surgery which implies a more comprehensive term including any area from the toe nail to the top of the scalp.

Let us hope that this is the last article of this sort in PENNSYLVANIA MEDICINE.

Louis W. Welsh, M.D.
Jenkintown

MDs in the news

Sylvia S. Yedinsky, M.D., Haverford, was appointed recently as associate director of continuing education at the Medical College of Pennsylvania. Dr. Yedinsky is clinical assistant professor of psychiatry at child guidance and mental health clinics of Delaware County.

John D. Durrant, M.D., director of the audiology research laboratory at Temple University School of Medicine, was recently awarded a $9,470 grant from the Deafness Research Foundation to study the properties of the after-potential response of the inner ear. Dr. Durrant is assistant professor of otorhinology and physiology in Temple's medical school and an instructor in speech at Temple.

Edward Russek, M.D., was appointed recently as assistant professor of psychiatry at the Milton S. Hershey Medical Center, the Pennsylvania State University. Formerly an instructor in psychiatry, he is presently on the staff of the Sleep Research and Treatment Center and the Sleep Disorders Clinic at Hershey.

Oscar C. Villacrusis, M.D., was appointed recently as director of outpatient services for the Luzerne-Wyoming County Mental Health/Mental Retardation Center. His responsibilities include overseeing the outpatient service sites in Forty-Fort, Pittston, Tunkhannock, and Wilkes-Barre.

John J. McKeown, Jr., M.D., was recently named chairman of the department of surgery at the Mercy Catholic Medical Center, Darby. Currently associate professor of surgery, Dr. McKeown has held teaching posts at Jefferson Medical College for the past 21 years.

Nathaniel Silon, M.D., Allentown, was certified recently in nuclear medicine. He is director of Allentown Hospital's radiation oncology division and supervises the cobalt radiation facility.

Betty L. Cottle, M.D., secretary of the Blair County Medical Society, was recently named physician of the year by the board of trustees and medical staff of the Mercy Hospital, Altoona. She was chosen as the active staff member who contributed most toward the medical development of the hospital. She is senior attending physician in the department of anesthesiology, education director of the school of anesthesia and respiratory therapy, and chairman of the pharmacy committee at the hospital.

Jacob Schut, M.D., has recently given a series of lectures in Central and South America as a special consultant to the United Nations, World Health Organization, and Pan American Sanitary Bureau. He presented lectures in Peru, Panama, and Venezuela and spoke on the subject of pharmacodependency. Dr. Schut is vice chairman of the Society's Commission on Therapeutics.

The Lahey Clinic Alumni Association recently installed **Alexander M. Minno, M.D.,** Pittsburgh, as president for 1977. Dr. Minno is in the private practice of rheumatology and is a clinical instructor in medicine at the University of Pittsburgh School of Medicine. He is on the medical staffs of Presbyterian-University, Allegheny General, and Magee-Womens Hospitals.

A. A. Abbatiello, M.D., was recently honored by the Butler Veterans Administration Hospital for 30 years of federal service. In previous years Dr. Abbatiello has served as personnel physician; admitting physician; chief of the tuberculosis section; acting chief of staff, medical service, rehabilitation medicine service, and laboratory service. He has been honored with the hospital director's commendation for excellence and dedicated performance for his intra-VA training courses.

HONORED RECENTLY FOR OUTSTANDING CONTRIBUTIONS in the war on cancer were: left to right, Robert D. Harwick, M.D., Peter C. Nowell, M.D., and James G. Bassett, M.D., who recently received recognition at the Philadelphia Division, American Cancer Society's (ACS) annual awards assembly. A professor of surgery at Temple University Hospital, Dr. Harwick has served as president of the Philadelphia division, on numerous ACS committees, and on the national ACS board of directors. Dr. Nowell, of the University of Pennsylvania School of Medicine, received the division's scientific award for outstanding contributions to cancer research. Immediate past president of the division, and professor of surgery at the Medical College of Pennsylvania, Dr. Bassett received recognition for distinguished service as a leader and volunteer of the society.

At a recent testimonial dinner, the community of Dayton paid tribute to **Arthur R. Wilson, M.D.,** who had announced his retirement after 40 years in the practice of medicine. After his move to Sun City, Arizona, Dr. Wilson's office/home was purchased by the Dayton Area Medical Center as quarters for a new community physician.

Leo Madow, M.D., Penn Valley, was elected recently to serve on the executive council of the American Association of Chairmen of Departments of Psychiatry. Dr. Madow is professor and chairman of the psychiatry department at the Medical College of Pennsylvania.

DR. MADOW

DR. DUBIN

I. N. Dubin, M.D., Wynnewood, professor of pathology and community and preventive medicine at the Medical College of Pennsylvania, was invited recently to serve as a consultant and expert witness for the Environmental Protection Agency, which has been involved in a case dealing with pesticides suspected of causing liver cancer.

The Warren County Medical Society recently honored **James Valone, M.D.,** and **Edwin R. Anderson, M.D.,** for 50 years of service in medicine. Both physicians are on the medical staff of Warren General Hospital and are past presidents of the Warren County Medical Society.

Daniel W. Beckley, M.D., and **Peter Ringawa, M.D.,** both of Bloomsburg, were recently cited by the Columbia County Medical Society for fifty years of medical service. Presenting Dr. Beckley's award was **George A. Rowland, M.D.,** chairman of the State Society Board of Trustees and Councilors. **Robert Hunter, M.D.,** immediate past president, presented Dr. Ringawa's award.

Monuments Marking the Graves of the Presidents, a unique work in American history, by **Archibald Laird, M.D., F.A.C.S.,** was published recently. The book contains locations, sizes and shapes, and inscriptions at the grave sites of all the former U.S. presidents, as well as photographs of many of the sites by the author's wife, Ruth Washburn Laird. A practicing ophthalmologist in Wellsboro, Dr. Laird is a past president of the Tioga County Medical Society and a fellow of the American Academy of Ophthalmology and Otolaryngology. A life member of the National Guard Association, he retired from the Pennsylvania National Guard in 1962 with the rank of Brigadier General.

DR. LAIRD

DR. MAIER

Willis P. Maier, M.D., Gulph Mills, was recently named chief of the section of general surgery at Temple University Hospital. Dr. Maier is professor of surgery at Temple and director of Temple hospital's breast clinic.

Rodger A. Rockower, M.D., was certified recently in diagnostic radiology by the American Board of Radiology. Dr. Rockower is on the medical staff of Centre Community Hospital, State College.

Donald E. Piper, M.D., Dallastown, and **Vera J. Krisukas, M.D.,** were recently named fellows of the American Academy of Family Physicians.

Robert W. Downie, M.D., recently joined the Good Shepherd Rehabilitation Hospital as medical director and the Allentown and Sacred Heart Hospital Center as director of physical medicine. Previously he was associate director of physical medicine at the national Orthopedic and Rehabilitation Hospital in Arlington, Virginia, and at the Alexandria Hospital, Alexandria.

The American Board of Orthopedic Surgery recently named as diplomates **J. Michael Moses, M.D.,** and **Patrick B. Respet, M.D.,** both of Johnstown.

New County Officers

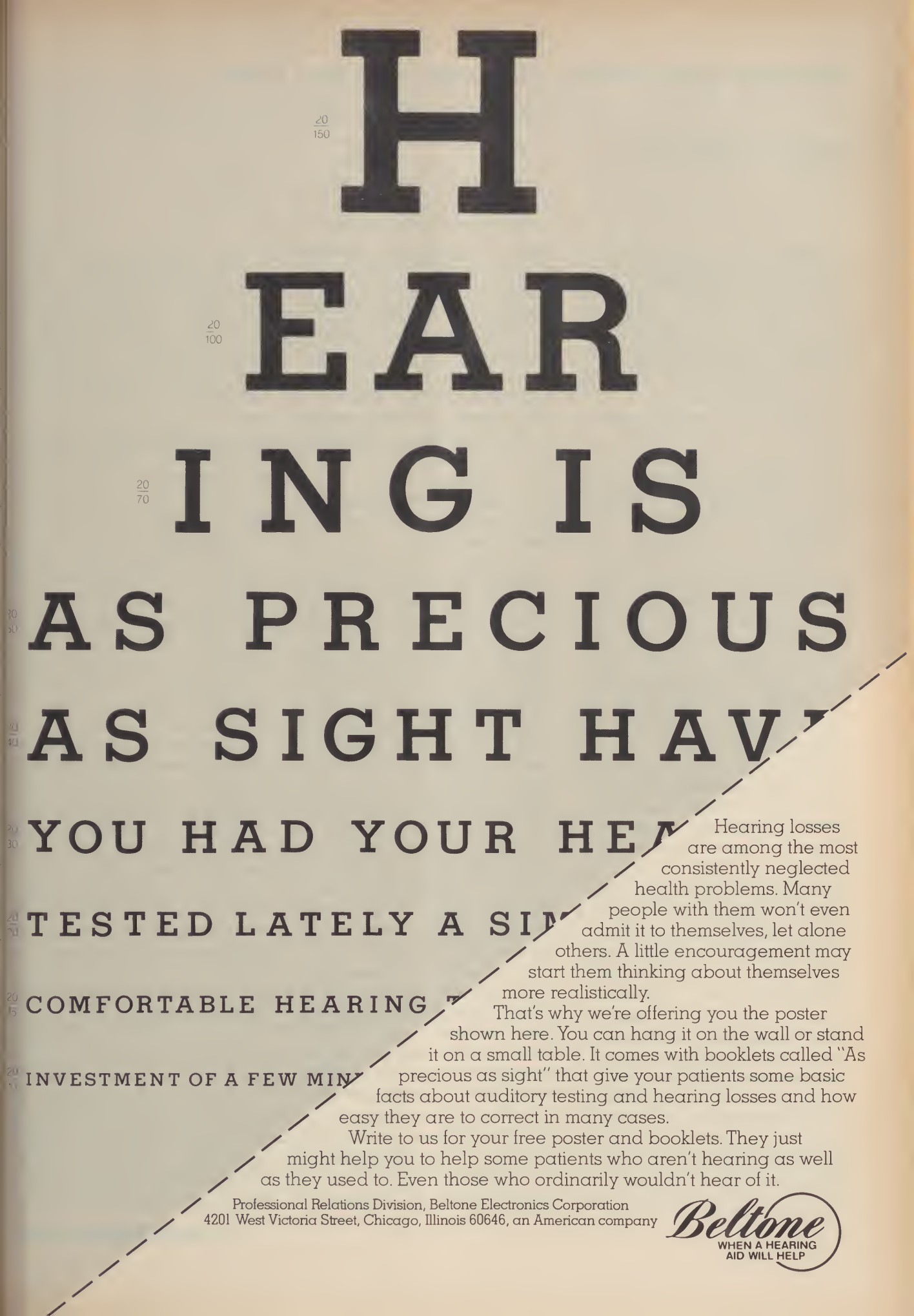
Beaver County Medical Society
Roy Marion, M.D., Beaver, president
Leslie Pallone, M.D., Beaver, president elect
John Notaro, M.D., Aliquippa, first vice president
John Shugert, M.D., Beaver, secretary treasurer

Jefferson County Medical Society
Rodger B. Haglund, M.D., DuBois president
Richard Thames, D.O., Punxsutawney, president elect
C. B. Lull, Jr., M.D., DuBois, secretary treasurer

Luzerne County Medical Society
Joseph W. Ehrhart, M.D., Forty Fort president
James G. Galante, M.D., Forty Fort president elect
Herbert Fellerman, M.D., Wilkes Barre, vice president
George E. Hudock, Jr., M.D. Courtdale, secretary
Stanley C. Ushinski, M.D., Kingston treasurer

Hazleton Branch, Luzerne County Medical Society
H. L. Auerbach, M.D., Hazleton, president
Gerald L. Andriole, M.D., Hazleton vice president
Leo J. Corazza, M.D., Hazleton, secretary treasurer

Northampton County Medical Society
George B. Laubach, M.D., Easton president
Harry G. Light, M.D., Bethlehem, president elect
Donald H. Smith, M.D., Easton, vice president
John H. Hobart, M.D., Easton, secretary
Walter K. Peters, M.D., Bethlehem treasurer



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WHEN A HEARING AID WILL HELP

Generic prescribing concept now law here

ARTHUR H. HAYES, M.D.
Hershey

When House Bill 473 became Act 259 of 1976 on November 24, Pennsylvania joined the growing list of states with a generic prescribing law. The new law is one response by the Legislature to public pressures over the rising cost of medical care.

The Act's sole requirement for physicians is that they make a conscious and written determination whether a substitute drug may be dispensed. The requirements on pharmacists are numerous.

Implementation of Act 259 will occur on or after May 23, 1977, when the Department of Health has compiled a formulary of equivalent generics and names of their manufacturers. A pharmacist may not substitute a generic if the generic is not included in the formulary to be developed by the Department of Health.

When Act 259 becomes operational, physicians will be required to have two signature lines on each prescription blank. Imprinted under one line will be the words "substitution permissible." The other will say "do not substitute." Which line the physician signs will determine whether or not the pharmacist may make a substitution. When a physician permits a substitution, however, the pharmacist *must* offer to the consumer a lower cost substitute, *provided he has an acceptable generic in stock.*

In the case of an oral prescription, unless the physician forbids substitution, the pharmacist will offer a substitute.

Section 6B of the new law exempts physicians from any liability for drug substitution. The specific language of the law says "In no event when a pharmacist substitutes a drug shall the prescriber be liable in any action for loss, damage, injury, or death of any person occasioned by or arising from the use of the substituted drug unless the original drug was incorrectly prescribed."

By May 23, 1977, the Secretary of Health, in cooperation with the Pennsylvania Drug, Device, and Cosmetic Board, is to establish a formulary of generically equivalent drugs and the names of their manufacturers. In this provision lies the power of law.

The May 23, 1977, formulary is not necessarily the final list. Act 259 empowers the secretary to add to or delete from the list. Interested parties may also petition the secretary regarding inclusion or deletion of a drug product. Before any drug is acted upon, the law requires the usual publishing and public hearing procedures. If the secretary determines an emergency to exist, he may remove a drug product from the list without public hearings.

The secretary may use in whole or in part formularies adopted by the United States Department of Health, Education, and Welfare for its Maximum Allowable Cost (MAC) Program under the medicare and medicaid programs. In this event, Pennsylvania hearings will be waived. Finally, the secretary shall conduct a yearly review of the status of all drugs included on the formulary.

Section 6C exempts hospital pharmacies and other pharmacies of licensed health care facilities in Pennsylvania from Act 259. Facilities licensed by the Department of Health may continue to develop their own formularies in accordance with institutional policies as approved by their medical staffs.

The mandate upon pharmacists is broad. Whenever a physician permits a substitution, the pharmacist *must* offer the consumer a substitute of a less expensive generic equivalent drug product listed in the Department of Health formulary. If the customer permits the substitution, the pharmacist must tell the customer of the substitution and the amount of the retail price difference between the brand name and the substituted drug.

The pharmacist must maintain a record of the substitution made and must also indicate the generic name and the name of the manufacturer on the label unless directed otherwise by the doctor. The pharmacist may only use a substitute found in the Department of Health formulary.

Dr. Hayes is chairman of the State Society's Commission on Therapeutics, which is acting in an advisory capacity to the State Department of Health's Drug Device and Cosmetic Board. He is chief of clinical pharmacology at The Pennsylvania State University College of Medicine, The Milton S. Hershey Medical Center. Before coming to Hershey Dr. Hayes was associate dean and clinical pharmacologist at Cornell University Medical College.

Every pharmacy must post a sign near the place where prescriptions are dispensed which says "Pennsylvania law permits pharmacists to substitute a less expensive generically equivalent drug for a brand name drug unless you or your physician direct otherwise." In addition, each pharmacy must post a list of commonly used generically equivalent drugs from the formulary containing the generic names and brand names where applicable. Also, each pharmacy must have available to the public a price listing of brand names and generic equivalent drug products which they have available at the pharmacy for selection by the purchaser.

Responsibility for administration of the new law falls to the Department of Health which must also write the necessary regulations, publicize the Act, and distribute the formulary to all pharmacies in the Commonwealth. Already numerous questions have arisen regarding implementation of the law.

The Society's Commission on Therapeutics is the official body which is reviewing the law and offering the comments to the Department of Health. Negotiations are under way to insure that the cost saving objectives of the law remain secondary to the medical treatment of the patient. The primary comments of the Commission to the Department of Health have been to insure that the system is as convenient as possible to physicians, and that where substitutions are made, physicians feel confident that quality generics are being used.

Society's legislative experts tell history of H.B. 473

What's the real story behind Act 259?

The question of generic drugs has been lurking in the shadows ever since the Kefauver Hearings in Congress 20 years ago. It moved to the front burner in July 1974 with the publication of the Berliner report, formally titled "Drug Bioequivalence." It was a report of the Office of Technology and Assessment by the Drug Bioequivalence Study Panel chaired by Robert W. Berliner, M.D., dean of the School of Medicine at Yale University. At the time the report was made public, Dr. Berliner was quoted as saying that 85 to 90 percent of the drugs did not require stringent bioequivalency screening because they delivered ample amounts to the blood stream and remained well below the potentially toxic level. Impetus for the report came from a proposal by the Department of Health, Education, and Welfare to use the lowest cost equivalent drugs available in the medicaid and medicare programs.

Didn't this bill kind of slip under the door without much input from PMS?

No. We have seen similar proposals in Pennsylvania for nearly ten years. Almost all previous bills, however, were totally unacceptable because they did not give the physician any veto power.

What happened this time?

We met with members of the House and Senate committees which considered the bill. We indicated that whatever was done, the physician must be able to prescribe the drug of his choice and allow a substitution only if he feels a generic would not hurt his patient but might in fact save him some money. That is exactly how the bill was finally written.

Are you aware of the fact that some drug manufacturers think this is a bad bill?

When the bill was moving through the legislature representatives of the drug industry got together and coordinated their lobbying efforts. The chairman of that committee stopped by every week to chat with us. It was our understanding that the pharmaceutical industry was satisfied with the Senate version which is the one that became law. I believe most of their concerns right now focus on the rules and regulations still to be written.

How is a physician to know the products a pharmacist will use?

The law calls for a state formulary to be developed by the Secretary of Health with the advice of the Drug, Device and Cosmetic Board. The PMS Commission on Therapeutics, composed of experts in the field of pharmacology, has agreed to advise the preparation of that formulary. Eventually every pharmacist and, we understand, every physician, will have a copy so that everybody knows the generic equivalents to be used in Pennsylvania. We also insisted that due process be involved in the additions and deletions from that formulary so that we will have an opportunity to change it if we seriously object to parts of it.

Isn't this just another example of the government taking over the practice of medicine?

In the broadest sense, yes. But opposing reduction of the cost of medical care these days is like being against motherhood. Tactically, this was not the bill on which to go to the mat. Medical opinion on the use of generics is divided. A sizeable segment of the membership finds nothing wrong with the use of generic drugs. Because we did not have a united front we could not totally oppose this bill. It is a good illustration of the need for a unified membership and a single party line when entering tough negotiations.

Where do we go from here?

Act 259 of 1976, as laws go, is a very short law. The rules and regulations will be many times longer. Our work has just begun. The Commission on Therapeutics has started a lively dialogue with the Drug, Device, and Cosmetic Board and the Secretary of Health on implementation of the law and the contents of the formulary. It will require a lot of input from this commission to assure that the bureaucrats do not destroy the intent of the law. It is necessary for us to remind the bureaucrats frequently that without the cooperation of physicians this law will bomb.

PMS appeal withdrawn

Changes in Blue Shield eye program ease conflict

ROBERT L. LAMB
Director of Communications

'. . . tests and examinations done by ancillary personnel or limited practitioners are not a substitute for a medical evaluation that is carried out by a physician.'

On November 10, 1976, the Pennsylvania Medical Society withdrew its appeal to Commonwealth Court over Blue Shield's Eye Examination and Refraction Program. The Society had filed suit on behalf of its members who belong to the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO).

The academy and PMS had objected primarily because of Blue Shield's failure to properly distinguish between ophthalmologists and optometrists. In its original form the plan equated optometrists, a group of non-medical practitioners, with ophthalmologists.

According to Paul A. Cox, M.D., PAOO president, "It is important in all fields of medicine to let the public know that tests and examinations done by ancillary personnel or limited practitioners are not a substitute for a medical evaluation that is carried out by a physician."

Optometrists added

Very early, it became apparent that optometrists would be included in the Blue Shield service. When PAOO alerted the PMS Board of Trustees and Councilors and asked their assistance in clarifying the situation, the Board agreed to help to make the situation palatable for everyone.

PMS goes to court

When Academy and PMS efforts to persuade Blue Shield to change its filing failed, the Society filed suit in Commonwealth Court asking the Court to reverse Insurance Department approval of the Blue Shield filing.

After the appeal was filed, negotiations with Blue Shield began. Paramount was the need to specifically define the services to be provided by optometrists and how they differ from the services provided by ophthalmologists.

Through negotiations among the Insurance Department, the Department of Health, the Pennsylvania Optometric Association, Blue Shield, the Academy and PMS, acceptable compromise language was finally hammered out. As a result, an amended plan was filed with the Insurance Department by Blue Shield. After approval by the department, PMS withdrew its appeal to Commonwealth Court.

Dr. Cox, who practices in Carlisle, said "The Academy is grateful to the Pennsylvania Medical Society in their efforts to persuade Blue Shield to make a distinction between examination for glasses as done by an optometrist and a comprehensive medical eye examination as done by an ophthalmologist."

Blue Shield moved into vision care in 1975 because of the increased market demand for those benefits. Eye glasses are a health benefit which labor unions are demanding. Because such programs are already available from other carriers, Blue Shield felt compelled to offer a similar program to maintain its competitive position.

Parts of plan

The Blue Shield vision care program is composed of two distinct elements. The first is eye examination and refraction. Payment is made on the basis of the usual, customary, and reasonable criteria of the prevailing fee concept. It guarantees paid-in-full benefits when covered services are performed by Blue Shield participating doctors "who may be either an ophthalmologist, a physician, or an optometrist."

Some of the procedures in-

cluded in the service are: visual acuity testing; external examination; binocular measure; and second testing for near and far sightedness.

The second element of the program consists of post-refractive services: measuring for lenses and frames; verifying prescriptions; providing the eye glasses; and fitting and subsequent servicing of eye glasses. Payment is made on a maximum allowance basis. Any difference between the doctor's charge and the amount Blue Shield pays is the responsibility of the subscriber.

Initial vision rates

Blue Shield's actuaries developed the following monthly rates for the vision care program for groups enrolled under a Blue Shield medical-surgical and/or dental program: individual, $1.60; two person, $5.25; family, $5.25. The above rates are community rates designed primarily for groups which range in size from 10 to 99 employes. When the number of contracts reaches or exceeds 100, the account is experience rated.

Below are some of the definitions which were finally agreed to after months of negotiations:

1. "Ophthalmological examination" shall mean a comprehensive medical examination and evaluation of the eyes performed by an ophthalmologist or a physician.

2. "Ophthalmologist" shall mean any physician who specializes in the diagnosis, treatment, and prescribing of medication and lenses related to conditions of the eye, and who may perform eye examination and refractive services.

3. "Optometrical examination" shall mean a comprehensive optometrical examination and evaluation of the eyes performed by an optometrist.

4. "Optometrist" shall mean any person licensed to practice optometry.

5. "Physician" shall mean any physician or osteopath who has received formal and recognized training in the art and science of medicine and who has a license to practice medicine and surgery or osteopathy and surgery including the *diagnosis, treatment, and prescribing of medications* and lenses related to conditions of the eye and who may perform eye examination and refractive services, including ophthalmological examinations.

In the case of post-refractive services, if performed and billed by participating doctors, the payment, up to the maximum allowance set forth in Schedule II, will be made directly to the doctor. Post-refractive services provided by non-participating doctors will be sent to the employe-subscriber. Payment for frames, lenses, and/or contact lenses prescribed by a provider but supplied and billed by a dispensing optician will be made up to the maximum of Schedule II to the employe-subscriber.

'Blue Shield's program in essence states: Let the optometrist practice optometry and the ophthalmologist practice ophthalmology.'

Post-refractive services

Payment will be made up to the following maximum allowances:

1. Frames, $12.

2. Lenses (pair)—(a) single vision, $12.; (b) bifocal, $18.; (c) trifocal, $23.; and aphakic, $55.

3. Contact lenses—(a) hard, $100.; and (b) soft, $150.

Limitations

There are a number of limitations in the vision care program. They include:

1. One set of frames in any 24 month period;

2. Contact lenses are a covered benefit only after cataract surgery, corneal transplant surgery, or other conditions such as but not limited to keratoconus or when visual acuity is not correctable to 20/70 in the better eye by use of lenses in a frame;

3. An allowance for an initial pair of lenses will be made only when there is an axis change of 20 degrees or .50 diopter sphere or cylinder change. These lenses must improve visual acuity by at least one line on the standard chart;

4. In the case of elective contact lenses, the program will provide benefits at the single vision lens and frame allowance level;

5. The program will not provide extra funds for elective photogray or light sensitive lenses;

6. Payment will not be made for: (a) replacement of lost, stolen, broken, or damaged lenses, contact lenses, or frames; (b) sunglasses; (c) industrial safety glasses and safety goggles; (d) medical or surgical treatment of the eye; (e) drugs or any other medication; or (f) diagnostic services such as diagnostic x-rays, cardiographic encephalographic examinations, and pathological or laboratory tests.

Summing up, Dr. Cox said, "The Pennsylvania Medical Society was very helpful in negotiating and holding conferences which resulted in Blue Shield's program which in essence states: Let the optometrist practice optometry and let the ophthalmologist practice ophthalmology." □

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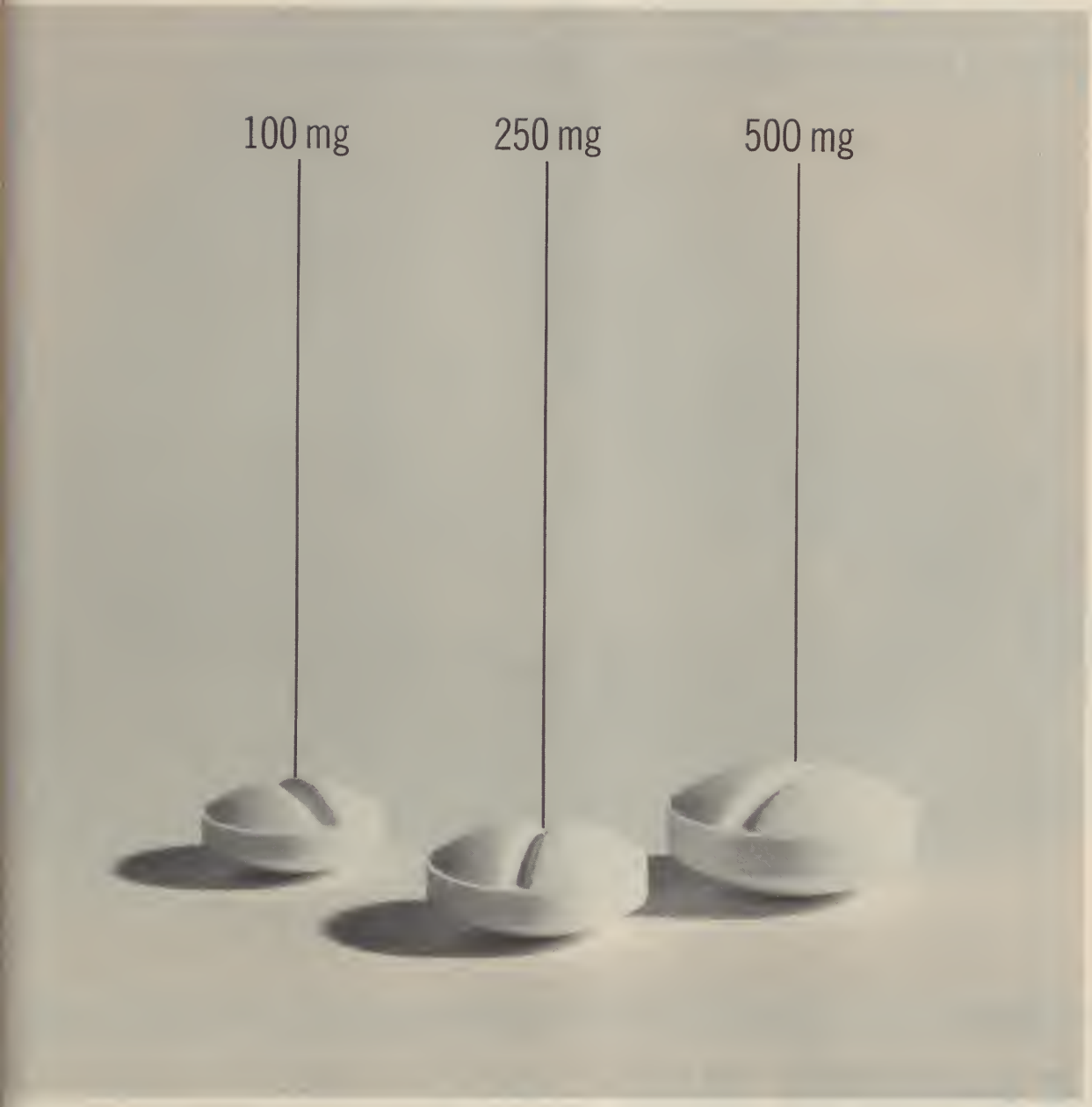

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1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily.
Intramuscular: 5 to 10 mg.(1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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Go to hell, Washington, and take Harrisburg with you

'Triplicate botch job' describes 1966 Mental Health Act

ABRAHAM J. TWERSKI, M.D.
Pittsburgh

This article was written prior to September 1976 when the Mental Health Procedures Act of 1976 was passed into law. While the act does remove some of the items criticized herein, it compensates by adding new nuisances and unrealistic criteria. Predictably, some amendments have been proposed to *restore* some of the objectionable features in the original act.

Q What happens when the legislative, judicial, and executive branches of government are all involved in a particular procedure?

A. It gets botched up in triplicate.

Let us begin with the legislature. There is a bill known as the Mental Health Act of 1966, which begins with a series of definitions, among them a definition of mental illness, since that is what the act is all about. In a long paragraph the definition essentially states that mental illness is the condition of a person who needs care because he is mentally ill. After that Pulitzer-prize-winning masterpiece of composition, there is a provision excluding "senility" from consideration as mental illness. Since neither term is really defined, no one has any clear guidelines for committability for mental illness, and it is a daily occurrence that senile people are committed to mental hospitals.

Voluntary commitment

According to the act, a person can voluntarily "commit" himself to a mental hospital. Now, anyone with an understanding of the English language realizes that the terms "voluntary" and "commitment" are as incompatible as fire and water, since commitment to a mental hospital connotes *in*voluntarism.

This is the seventh in a series of articles, "Go to hell, Washington, and take Harrisburg with you," reprinted from the Pittsburgh Press.
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This is the way it works: If a person voluntarily commits himself to a mental hospital, then regrets his decision and wishes to leave anytime within 30 days he can be held *involuntarily* for up to ten days after giving written notice of his demand for release. So, if under the stress of a situation or pressure of family, he signs himself in voluntarily, he cannot retract his admission after a few days in the hospital. The rationale for this procedure is that it provides the family members with adequate time to obtain a formal commitment.

Suppose the patient has signed himself into a hospital because he had felt depressed, and a few days later he requests to leave. If the doctor allows him to leave as he has requested, and the patient then does something rash to himself or others, the doctor can be held liable because he did not exercise the legal authority granted him by law to detain the patient. Since the doctor does not want to risk a suit, he is apt to detain the patient for the ten days.

'If the doctor allows the patient to leave as he has requested, and the patient then does something rash to himself or others, the doctor can be held liable because he did not exercise the legal authority granted him by law to detain the patient.'

What can he do for the patient in those ten days? Nothing, unless the patient cooperates; but since the patient is protesting his hospitalization, he is not apt to cooperate.

What happens if the patient becomes very agitated and begins to act up, and refuses any tranquilizing medication? The doctor can do nothing, because he does not have any authorization to give the patient an injection to calm him down. The patient has retracted his voluntary consent for treatment, and the law only provides that he can be *confined* involuntarily for ten days. It says nothing about giving him medication against his will.

Involuntary detainment

The Mental Health Act of 1966 has three provisions concerning involuntary commitment. The first applies to a case in which the patient is behaving dangerously toward himself or others, for example, threatening suicide or homicide. Can the doctor hospitalize him on an emergency basis involuntarily? No, because that might lead to a deprivation of the person's civil liberties. To protect the latter, someone must call the delegate of the County Mental Health Administrator and tell him or her why he thinks the person's behavior is dangerous. The delegate may then authorize that the person be detained involuntarily for ten days after examination by a physician.

What are the qualifications of these delegates who can authorize the person's involuntary detention? They must be nice, honest people. But do they have any specialized training in psychiatry or psychology to qualify them for this role? No, they just have to be nice, honest people.

Well, what about a psychiatrist, who is highly skilled and board certified, who has been treating mentally-ill people for 35 years, and who has treated this particular patient several times in the past, knows him like a book, has just now examined the patient in his office and feels it is mandatory that the patient be immediately hospitalized? Surely he can make the legal decision to hospitalize the patient in an emergency, can he not? No, he must call one of these delegates whose sole qualification is that he is a nice, honest person; and the delegate is authorized to make on the phone a decision that the psychiatrist, who is examining the patient in person, cannot make. In this way the patient's rights are protected.

What if one of these nice, honest people wishes to disagree with the highly-trained, experienced psychiatrist, tells him to go jump in the lake, and does not authorize hospitalization? Well, then the patient cannot be hospitalized. What if the patient goes home and in desperation commits suicide? Then the wife sues for damages. Does she sue the nice, honest people who refused to authorize the hospitalization? Of course not. She sues the doctor, who is somehow held liable for something over which he had no control.

Isn't this set-up insane? Of course, or else what would it be doing in a Mental Health Act?

The second provision for involuntary detention is that a person may be committed for treatment if two qualified physicians make independent examinations and cer-

ify that the person is in need of psychiatric hospitalization. That provision, which had been widely used for decades, was struck down by the judiciary as unconstitutional since the person could be deprived of his freedom without having an opportunity to argue his case. In other words, this law was seen as a possible opening for "rail-roading" someone into a mental institution.

'It is clear that the whole court scenario is a meaningless ritual, protecting no one's rights, because the court simply rubber-stamps the doctor's recommendation.'

Physician as enemy

The only other procedure for hospitalizing someone involuntarily is a full-dress court procedure, with a judge, an attorney for the prosecution, an attorney for the defense, and all the trimmings of a criminal procedure. Obviously, the purpose of this was to protect the patient against the physician. Suddenly, the person who was to treat and help the patient is cast in the role of his enemy, against whom he must be defended.

If the courts have ruled commitment by certification unconstitutional, why does the legislature not provide a method for commitment which would prevent possible unjust deprivation of freedom, which would not have the mentally-ill person brought as a criminal into court by sheriff's deputies, to witness his physician testify "against" him? Because that is not the way government operates. After all, it takes time to make good laws, and although it is now four years since the court's ruling, no substitute provision has as yet been adopted.

So, instead of rapidly making the necessary provisions, government makes do with whatever else is available, which is rather typically governmental style. If the government were operating your household, and your washing machine broke down, it would utilize whatever else is around—the furnace, for example. If government takes over general medicine, and you happen to need radiation therapy for cancer, but the machine has broken down, government will substitute whatever else it has on hand—traction perhaps.

'The only other procedure for hospitalizing someone involuntarily is a full-dress court procedure, with a judge, an attorney for the prosecution, an attorney for the defense, and all the trimmings of a criminal procedure.'

Patient as defendant

Now for the court procedure itself. Assume the patient retracts his voluntary admission, and requests his release. As mentioned, he may be held involuntarily for ten days. On the tenth day, his wife presents a petition to the court for his commitment. The court sets a hearing date for two weeks later, orders the patient be detained in the hospital until the hearing, and appoints an attorney to represent him. Simple arithmetic will tell you that this person is now being held involuntarily for three weeks, without having had his day in court—something which the act was supposed to prevent.

The day before the scheduled hearing, the sheriff's office notifies the court that it will not have deputies available on that date to bring the patient to court, and the hearing is then postponed until two weeks later (now five weeks of involuntary detention without representation).

On the night before the hearing the attorney appointed by the court visits the patient, and on the basis of this single encounter, knows enough to "defend" against the doctor's treatment plan. All the judge really wants to hear is a statement from the testifying physician that this patient is mentally ill, and that hospitalization is recommended; then

'Why . . . are the highest qualified people utilized in areas where they can do the least good? . . . the collosus of the system precludes rational, effective functioning.'

he signs the paper.

It is clear that the whole court scenario is a meaningless ritual, protecting no one's rights, because the court simply rubber-stamps the doctor's recommendation. But we are not yet finished.

Medicaid's "medical necessity"

Remember how it was pointed out that medicaid will only pay for hospitalization that is a "medical necessity" according to its standards? **Medicaid has taken the position (by its own interpretation of federal regulations) that if the condition of the patient in a psychiatric ward of a general hospital is such that he could be treated in a state mental hospital, where the cost is significantly lower, there is therefore no longer any "medical necessity" for his remaining in a more costly hospital unit. Medicaid therefore terminates coverage from the date on which the patient's chart indicates that he could be transferred to a state hospital.**

Now it is the practice of the physician in his progress notes to record the condition of the patient. When the patient's condition is such that the physician feels appropriate treatment should be continued at a long term treatment facility rather than in an acute hospital, he makes this note on the chart. In any event, the proceedings regarding the court commitment do become part of the chart, and it is a simple task for the medicaid reviewer to determine when the decision for transfer to a state hospital was reached. As of that date, he terminates hospital reimbursement for the patient.

Since, as was pointed out above, it takes an average of three to four weeks before the court processes the hearing, and the patient is transferred to another hospital, the acute-treatment hospital suffers a loss of several thousand dollars on each such case. An active community psychiatric hospital may easily have 50 or more such cases annually, leaving it with a loss of hundreds of thousands of dollars. Since, as pointed out earlier, the court hearing is generally a charade at which the judge rubber-stamps the doctor's decision, this loss is not only enormous in magnitude, but is also sustained because of a totally useless procedure. Typically governmental, it wastes time, doesn't do anyone any good, and costs a helluva lot of money.

Psychiatrist's role

In the community mental health system, the scarcest commodity is still the psychiatrist; that is simply a fact of life. As mentioned earlier, some mental health centers operate with a minimum of psychiatric time available for direct patient contact or supervision. Patients with severe depressive illnesses, for example, may have as their prime therapist a non-psychiatrist, a non-medical person, and it is perfectly acceptable to the system that these mental health workers treat the patient.

When it comes to testifying in court, however, to participating in the useless charade which is euphemistically referred to as "due process," the person who is considered qualified to treat the patient does not suffice. This exercise in futility can be performed by and *only* by the psychiatrist himself, and the court may even wish to have two psychiatrists appear in court to play this game.

But why, you will ask, are the highest qualified people utilized in areas where they can do the least good? That, my friends, is the question which would be asked only by someone unfamiliar with governmental operations.

The criticisms of government operations are not intended to impart any ill-motivation to governmental officials. Many of them are wonderful people who mean well, but the collosus of the system precludes rational, effective and efficient functioning. **There are things which we have no choice but to have under governmental management, such as national defense, foreign policy inter-state commerce, etc. All we can do with these is express our dissatisfaction at election time with whomever happens to be botching it up at that particular time. But to take a service which is vital to our very lives and surrender it to government chaos is a folly beyond belief.** □

practice management

Hiring a new doctor for your practice

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'However the details are agreed, they should be in writing between the parties to avoid any possible misunderstandings or embarrassments. . . . We do not consider that a fancy legal document is as important as the letter written by doctor to doctor, for they *are the ones who must understand their relationship.'*

We have received numerous inquiries regarding "fair" arrangements between a senior physician or existing group and a young doctor joining with him or them. The inquiries have been from both sides—the hiring side considering what should be offered, and from the doctor just finishing residency and evaluating a prospective practice. Especially since this seems to be the hiring season when such details are often being ironed out, we hope our comments will prove useful.

Our past involvement with such arrangements has led us to develop a sample hiring letter setting forth all the agreed arrangements. However the details are agreed, they should be in writing between the parties to avoid any possible misunderstandings or embarrassments. We do not consider that a fancy legal document is as important as the letter written by doctor to doctor, for *they* are the ones who must understand their relationship. That is why our accompanying "Dr. New Letter" may be useful (see appendix).

Short-term effect on employing doctor

Although the employing doctor or group invariably seeks an additional doctor for long term considerations (to handle the increasing patient load, to share responsibility, review, coverage, etc.) the employer should be aware of the likely short term effect on his own net income. First of all, the cost of hiring another doctor will be considerably more than just the agreed salary. If, for example, a "package" of employe benefits (many of which are discussed in later sections of this article) is offered to the new doctor, the additional cost of those benefits may well amount to upwards of $10,000 plus the possibly huge additional malpractice insurance premium cost.

The hiring may also necessitate moving to larger office space, buying more equipment and employing more supporting personnel (nurses, secretaries, bookkeepers, etc.). To continue the expanded practice without enough examining rooms, equipment, and lay assistance would indeed be a false economy, although a hiring doctor too often tends to ignore or resist these accompanying changes. The changes may add $10,000 to $20,000 more to hiring costs.

While the first-year expenditures due to a new physician could thus add up to $50,000 or more, one should question how much fee income will be received because of his presence. In many cases, it will be considerably less than his cost. Since the new doctor will begin his employment with no patient load at all, it will obviously take a period of time

The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd. *This article contains many of the same elements which appeared in "Plan in advance–don't hire headache" by Mr. Beck in the December 1972 issue of this journal. Ongoing references to the doctor as "he" are for convenience only as the authors experience more and more the development of hiring arrangements with female physicians.*

(perhaps several years) for him to gradually develop a comparable volume. Similarly, even if the existing practice has an overflow of business there may be a considerable time delay in integrating the new doctor into that activity. Finally, the normal time elapsed between performance of a service and collection of the fee will result in very little income from the new doctor's work during the first two or three months regardless of his activity—a factor which may mean only nine or ten months' income during his first full year of work.

These first-year economic factors are not intended to dissuade one from seeking additional help. Rather, they should be recognized and evaluated so the hiring doctor will be able to plan his personal economics according to what may be a year of lower income. This is particularly true of an incorporated physician, for the income and expense

'. . . neither party should commit himself to partnership arrangements when negotiating the initial year's employment. A prime purpose of the first year is to permit both parties to appraise the desirability of working together indefinitely thereafter, and the future relationship is best determined after that appraisal has been made.'

projection may indicate a need to reduce the owner's salary. Such a step is far better taken in advance than at a later date when an actual negative cash flow begins to strike.

Promises of partnership

Hiring a new doctor as an employe for one year, then taking him in as a partner or shareholder (on a basis gradually going towards equality) beginning the succeeding year has become rather common practice. Sometimes the new doctor's employment extends two years before partnership, but rarely longer. When the initial hiring is going on, however, one must consider how specific and how binding to make the future partnership arrangements.

We feel strongly that neither party should commit himself to partnership arrangements when negotiating the initial year's employment. A prime purpose of the first year is to permit both parties to appraise the desirability of working together indefinitely thereafter, and the future relationship is best determined after that appraisal has been made. As a result, we suggest language in any written employment offer along the lines of item #1 in the "Dr. New Letter" appended to this article.

Amount of compensation

We have seen starting salaries ranging from $20,000 to over $50,000, so there is obviously no "correct" figure. The high-income specialties and many of the surgical specialties (orthopedic surgery, Ob-Gyn, urology, for instance) particularly seem to be offering starting pay at $35,000 and higher. Both parties should recognize, however, that a few thousand dollars difference in first-year pay is insignificant over the longer term.

We often encourage our clients to offer an additional "incentive compensation," perhaps 40 to 50 percent of the gross income above that necessary to meet the cost of the new doctor. Such an offer has the effect of showing the new doctor that the existing practice is not trying to profit financially on his work, and is instead delighted for him to benefit by any profit he generates above that basic earning level.

Fringe benefits

As a minimum, we believe the employer should offer the new doctor basic health insurance coverage (Blue Cross/Blue Shield or the equivalent). If the practice is incorporated, the hiring doctor or doctors (the corporation's owner or owners) may well be having their medical expenses, major medical insurance, and accident and health (disability) insurance paid for by the corporation. In that event we strongly recommend that the equivalent advantages be offered the new doctor. It will help show the IRS that the corporation offers its benefits beyond just the owners, and it will also convey to the new doctor an intent to favor him just as the owners favor themselves.

If the practice is incorporated, it will also have to consider the cost of covering the new doctor in its pension and/or profit sharing plans. This can be a very substantial additional cost since the plans may call for contribution up to 25 percent of the employes' salaries. The hiring doctor should be especially mindful of this cost when first discussing compensation, and we advise his speaking in terms combining both current and deferred pay from the beginning. For instance, if a $25,000 salary is contemplated and it would require a $5,000 retirement contribution, we suggest that the discussion clearly be in terms of the $30,000 figure from the start.

(Continued on page 42.)

Appendix
Suggested Form of "Dr. New Letter"
(for the letterhead of Drs. Able and Baker)

Norton S. New, M.D.
(address)

Dear Dr. New:

As we have discussed, this letter is intended to set out our proposal for your employment. We hope it will be useful in making clear the suggested details of our relationship. If it meets with your approval, we would appreciate your signing one copy and returning it to us at your earliest convenience. The details will, of course, be reduced to a more formal employment agreement, if you desire, and they may have to be so drafted by our lawyer to meet our corporate requirements. We are, however, satisfied to let this informal letter set forth our understanding; it will certainly determine the terms of any more formal document.

1. You will be an employe of our medical practice corporation for one year starting approximately July 1, 1976. While only a one-year relationship is contemplated, we have discussed our intentions of the future relationship. No assurance can be made by either of us at this time, but if all circumstances are favorable to each of us the discussed format will become our arrangement starting July 1, 1977. We have agreed to start discussions on this topic after January 1, with a firm offer (if any) and decision to be made by April 1.
2. As an employe, you will be involved full time in our practice of medicine, and you will not take any outside employment during this period.
3. We propose a salary of $26,000 which is $500 per week for your year's employment. In addition, to the extent our practice's gross income exceeds $215,000 during the twelve months of your employment, you will be entitled to extra "incentive compensation" of 30 percent of the excess. We are happy to share with you any such income above what we anticipate to be our "break-even point" on your involvement.
4. Our practice will also pay the cost of your professional liability insurance, including "umbrella" insurance and your professional association or society dues and hospital staff fees. However, such other practice-related expenses as professional education and travel entertainment expenses and automobile costs will have to be paid out of your earnings during this first year. We estimate the cost of these items will be some $4,000 during your year.
5. Because we practice as a professional corporation, you will also be entitled to certain fringe benefits. These include our payment of Blue Cross/Blue Shield and major medical insurance for you and your family, our reimbursement of all your and your family's medical, dental, optical, etc., expenses up to 3 percent of your salary and your inclusion in both our pension and profit sharing retirement plans. The usual contribution to the retirement plans would be about 20 percent of your salary, and we estimate that the entire package of fringe benefits will total about $6,500.
6. You will be entitled to two weeks paid vacation during the first year. In addition, we would be sympathetic to granting additional absence for educational and/or professional society meetings because we consider such experience essential to our long-term relationship. Arrangements for all absences must, of course, be made to assure that our practice is properly covered.
7. In case of absence due to illness or injury, your basic salary will continue for a period not exceeding four weeks plus any unused vacation time. Absence in excess of that would be without compensation. If either of us should become disabled for more than three months, we recognize the additional burdens you would have to bear and we agree to raise your salary for the extended absence, the proper change to be agreed upon between you and whichever of us is not disabled at that time.

We hope this proposal meets with your approval, and we look forward to our working together starting in July. If you agree to these terms, please sign one copy of this letter and return it to us. We will each then have a copy signed by the other, evidencing our agreement.

As mentioned, if you want to discuss any parts of this proposal further, please give either of us a call at your earliest convenience.

Sincerely,

_____
Allen B. Able, M.D.

_____
Bertram D. Baker, M.D.

Agreed and Accepted: _____
Norton S. New, M.D.

_____
Date

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For rather obvious reasons, a young physician will quite often prefer cash compensation to retirement contribution. Hence, if the attorney or other pension advisors find it possible, the hiring medical corporation might give him the opportunity of declining coverage in the retirement plan or plans for the first few years, receiving the difference instead as higher salary. In the preceding example, the new doctor might be offered a $30,000 starting salary if he wishes to elect non-participation in the plan. This would clearly appeal to the new doctor while not really costing the corporation.

'The parties should have a clear advance understanding as to what professional expenses the employer will pay for the new doctor. . . . Whatever expenses and fringe benefits the employer pays . . . should be clearly evaluated in dollar figures, for the doctor should understand that his compensation will far exceed the amount of his straight salary.'

Payment of expenses

The parties should also have a clear advance understanding as to what professional expenses the employer will pay for the new doctor. Malpractice insurance premiums, professional society dues, and hospital staff fees are most often borne by the employer. Some senior doctors are so set back by the malpractice cost that they attempt to have the new employe bear it, but we consider it a cost which the employer should bear, even though it may in turn affect what salary he can offer the young doctor.

Many employers offer to pay the expenses for travel to and attendance at professional education and society meetings, although it may be desirable to place a limit on such expenditures for the year. All of these expenses seem clearly to benefit the employer as well as the employed physician.

The hiring doctor should also consider whether to pay the new doctor's automobile expenses, entertainment expenses, and the like. Especially if a professional corporation is involved and such marginally appropriate items are being provided for the present physician-owners, providing them for a new doctor who is not a shareholder would help improve the argument that the expenses actually deserve the intended tax treatment.

Whatever expenses and fringe benefits the employer pays for its new doctor should be clearly evaluated in dollar figures, for the doctor should understand that his compensation will far exceed the amount of his straight salary. In fact, the employing physician or corporation will often decide to reduce the straight salary offer by the dollar value of several fringe benefits while still providing the desired compensation level. A doctor willing to receive $30,000 of salary should, for example, be delighted to receive instead a $25,000 salary plus benefits which will reduce his out-of-pocket obligations by $5,000.

Vacations and illness

The limits on permissible absence should also be set out in advance of the actual employment. Since one cannot really anticipate a person's health or vacation attitudes until actual work experiences have been shared, such limits protect the employer. They also are valuable to the new employe since he will know his absence rights and thus avoid embarrassments if and when the absences are needed or desired.

We feel that a newly hired doctor need be offered only two weeks' vacation in his first year of employment, but it is not unusual for clients instead to offer three or four weeks. The decision should depend in large part on how well the expanded practice can be maintained during absence.

Professional practices are generally willing to allow four weeks of absence due to illness or injury without loss of pay during the first year. While the allowable sick leave should become still longer as a doctor works his way into partnership, he has not really earned extensive absence right when so newly hired. Especially if the employer carries some accident and health (disability) insurance on each physician or reimburses each physician for his own disability premiums, four weeks of paid absence due to illness should be quite generous at that stage of the employment relation. At any rate, the important point is that, whatever shall be the limits and rights, they should be set out in advance and be respected by both the old and the new doctors.

Conversely, fairness to the young doctor calls for some consideration of his salary if the hiring doctor should become disabled. This may call for a general undertaking to reevaluate matters in such event (as in item #7 of the appended letter) or a specifically agreed change in compensation. The question is raised enough times by young doctors, especially when negotiating to join a solo practice, that we think it should be faced. □

Know your taxes

Saving on income tax preparation costs

DONALD L. DeMUTH, M.B.A., C.P.A.

EDWARD H. ACHORN, M.A., C.P.A.

Harrisburg

Probably the most frequent question physicians ask us is, "What should I do to save income tax?" An equally relevant question is, "What should I do to *save on the cost of income tax return preparation?*"

Physicians set their rates for various procedures according to the complexity of the procedure involved and the length of time expected for its completion. Accountants, professional management consultants, and other tax advisors determine their fees by the same criteria. A great majority base their fees on the assumption that their efforts are worth $25 to $50 per hour. Therefore, anything that can be done to reduce the tax advisor's time spent preparing the income tax return will reduce the cost of tax return preparation.

Efficient accounting system

The first basic step for private practitioners, whether in a solo practice, partnership, or corporation, is to implement a good accounting system. A good accounting system is one that, in an orderly and useful manner at a reasonable cost, maintains records of cash receipts and expenditures, the right to receive cash, and the liability for cash expenditures. A bad accounting system does not facilitate the orderly and timely retrieval of financial data. Such systems are disparagingly known as "shoe box jobs" and "abortions" by tax men.

An accounting system can be customized to the unique needs of your practice and may involve a variation of one of the following types: a "one-write" accounting system; a double-entry bookkeeping system; or a computer system, either through data submitted to a service bureau or processed through owned or leased equipment.

There are several good "one-write" systems commercially available. One-write systems permit the categorization of expenses at the time of check preparation and allow a patient's receivable balance to be reduced by the preparation of a bank deposit slip. One-write systems can be used by office staff with relatively little training.

If a physician has a receptionist or assistant with some background in bookkeeping, a double-entry bookkeeping system may fulfill his needs. The materials needed can be found in most stationery or office supply stores. It is probably the cheapest system to operate in terms of direct out-of-pocket expenditure for many physicians.

If the volume of transactions is quite large, a computer software or hardware firm should be contacted to determine if a computerized accounting system is justified. One may be beneficial for a large partnership or corporation.

Shoe box job

The following dialog is the fictional account of a meeting between Dr. Ivan Billit, a devotee of shoe box accounting, and Roger Tryhard, his new tax advisor, at the physician's office on April 10, 1977.

Billit (pointing at a pile of paper toppling out of a large shoe box): "Roger, I called you yesterday so we could take care of these tax returns. I've gotten all the things you'll need, the checkbooks, deposit slips, Blue Shield statements, dividend and interest forms, suppliers' bills . . . the works."

Tryhard (Looking askance at the shoe box momentarily): "Uh, Dr. Billit, do you recall the conversation we had when you asked me for tax advice earlier this year?"

Billit: "Sure, Rog, I told you that I wanted your help because I felt that my former tax man just wasn't doing the job for me. It cost me $600 for tax return preparation back then and what happened? I was audited and paid another $500 in taxes in addition to the $300 I paid him to handle the audit. I told my colleague, Joe Yaney, and he referred me to you.

This article is the second in a series dealing with federal income tax and the new regulations under the Tax Reform Act of 1976. Mr. DeMuth is assistant professor of accounting and Mr. Achorn is assistant professor of accounting and management at The Pennsylvania State University's Capitol Campus, Middletown.

He said you did a real good job for him and came up with some mighty fine tax saving angles, too."

Seven hours at $40 per hour!?!

Tryhard: "I appreciate Joe's recommendation. You know, he really does a lot to help me. He summarizes his tax information and makes a list of the questions he has. It sure makes it easier to prepare his tax returns."

Billit: "You're the accountant. Why don't you do it? What's he paying you for?"

Tryhard: "Oh, I'd do it, all right. But, it would take me about seven hours. And at $40 an hour, it would cost him almost $300 just to have the data summarized."

'A great majority of tax advisors base their fees on the assumption that their efforts are worth $25 to $50 per hour. Therefore, anything that can be done to reduce his time spent preparing the income tax return will reduce the cost of tax return preparation.'

Billit: "Seven hours at $40 per hour? I could do mine in half that time!"

Tryhard: "I'm sure that you could. After all, it's your tax information. No one is more familiar with it than you are. Anyone else is bound to be more inefficient in summarizing it.

"Also, what do you want to pay me for, listing your dividends or looking for areas of tax savings? This is akin to comparing a patient that takes care of his health to one that doesn't. The patient that exercises, watches his diet, and listens to your advice will almost invariably be healthier than the patient who fails to do so. And no matter how much the bad patient spends on medical costs, he'll never be as healthy as the patient who helps himself.

"Any client who summarizes his information so that I don't have to worry about finding the interest statements for Wabash Railroad bonds facilitates tax planning."

Billit: "I see what you're saying. But what are you looking for? How do you want this laid out?"

Advance preparation

Tryhard: "First of all, **list your practice income for the year.** It's a good idea to list it monthly in case there's a month that seems out of line. Then you can investigate the reason for it.

"Listing your office expenses is next on the agenda. You should categorize them by type of expense (for example, employe wages) and summarize them with the check number and payee. This makes reference to them easy if the information is sought later."

Billit: "An audit, for instance?"

Tryhard: "Right. Also, **list dividends and interest. Be sure to break out the capital gains and qualifying and non-qualifying dividends for your mutual funds.** The information is listed on the 1099 dividend statement.

"Assemble all your real estate tax bills, contribution receipts, mortgage interest statements, and checks and prepare an analysis for your itemized deductions similar to the analysis prepared for your office expenses.

"If you sold any securities in 1976, get the broker's advice for both when you bought and sold the security. List these and compute the gain or loss. Remember that gains on the sale of municipal bonds are taxed; only the interest isn't taxable. Separate long-term gains and losses from short-term gains and losses. A long-term gain or loss occurs when the security was held for more than six months in 1976. The cutoff period between long-term and short-term gains and losses becomes nine months in 1977 and a year in 1978 and thereafter.

"If you have any questions, write them down. You may have some circumstances that qualify for favorable tax treatment. Your questions could bring this to light."

Billit: "Okay, Roger, I'll get everything taken care of this evening."

Tryhard: "Good, let's meet here tomorrow afternoon."

Dr. Billit and Mr. Tryhard meet the next day, April 11.

Billit: "Roger, I'm glad I acted on your advice. A $5,000 certificate of deposit matured this year and I ran it through the office checkbook. I guess you'd probably have picked it up as practice income, if I wouldn't have noticed it. Also, my contributions seemed low and I realized that I hadn't included a checkbook for a checking account my wife just opened this year. She'd made some donations and also paid some real estate tax bills."

Recording Cash

Tryhard: Dr. Billit, remember last year when we talked about using a double-entry bookkeeping system this year, since Marge, your receptionist, had some bookkeeping experience?"

Billit: "Sure do, Rog. But I fig-

ured that since a quarter of the year had passed, I'd let it go until this year. Besides, Marge does a great job recording all the deposits and checks in the checkbook."

Tryhard: "Yeah, but what about the cash that comes in?"

Billit: "She writes that down, too."

Tryhard: "But what happens to it then?"

Billit: "Well, we put some in the checking account and keep some around here to pay for snow shoveling, small repairs, dinners when the staff works late, and I sometimes take some when I'm a little short."

Tryhard: "Do you write down the amounts taken out of the cash on hand?"

Billit: "No, it's probably only $1,000 a year and I take maybe $1,000 myself."

Tryhard: "In your tax bracket $1,000 of deductions you don't take costs you $500 in taxes."

Billit: "Hmmm, couldn't we estimate it?"

Tryhard: "If that were done and you were audited, the IRS could throw out a good part of the deduction or maybe the entire amount, since you can't support it.

"It would be best if you deposited cash and checks received from patients each day. Also, establish an imprest office cash fund. This means set a specific amount as being on hand, say $150. Whenever you pay out some cash or take it yourself, write a note for the amount removed. When cash in the office cash fund runs low, write a check for the difference between $150 and the amount on hand. Then compare the amount of the check with the total of the notes. They should be the same.

"Besides, if you don't keep track of where it goes, there's a possibility of embezzlement. I know Marge is very trustworthy. But, at the same time there was an incident in California. The office girl for a partnership had worked there for twenty years when it was discovered that she'd taken at least $15,000 in the last ten years she was there.

"It was a situation similar to yours. One person was responsible for collecting, disbursing, and recording cash. She wasn't caught until a patient, who always paid in cash, asked for a medical expenses statement from the office while the girl was on vacation. She wasn't even recording that she'd received it. You ought to reconcile the checkbook once or twice a year yourself on a surprise basis to mitigate this possibility."

Billit: "That's frightening!"

Tryhard: "Sure is."

Billit: "Hmmm, there's a lot to what your're saying, Rog. And I'd sure hate to pay $500 more in tax just because we weren't recording what the money was being spent on."

Tryhard: "I see you paid $400 to Dr. Buchanan, $500 to Dr. McCarthy, and $2,250 to Dr. Frey; were they all for assisting you with medical procedures?"

Billit: "The $500 to Jim McCarthy was. Of the $400 for Phil Buchanan, $100 of that was for a bet we made at a party I threw. Who would have guessed that the Phils would drop three in a row? Those Reds sure are tough. But I suppose that's not deductible. And Ralph Frey's a dentist. When three kids all get orthodontic work done in a year, I sure feel it in my wallet. That takes care of your question?"

Tryhard: "A couple of things. The $100 lost on the wager is deductible to the extent of any gambling winnings you had during the year."

Billit: "Well, I wasn't so fortunate. But I'll get him back next year!"

Tryhard: "And your medical costs[1] which include dental bills, eyeglasses, false teeth, and transportation to the extent that they exceed 3 percent of your adjusted gross income are deductible as itemized deductions. You also mentioned a party. What sort of an affair was it?"

'The first step for private practitioners, whether in a solo practice, partnership, or corporation is to implement a good accounting system . . . one that, in an orderly and useful manner at a reasonable cost, maintains records of cash receipts and expenditures, the right to receive cash, and the liability for cash expenditures.'

Business Entertainment

Billit: "Since I haven't been practicing here for two years yet, I decided to have a get together for practitioners in the area who had referred patients to me and to be-

1. *Medicine and drug costs in excess of 1 percent of adjusted gross income are added to other medical costs before subtracting 3 percent of adjusted gross income from the other medical costs. After 3 percent of adjusted gross income is subtracted from this total, add one half of medical insurance payments up to $150 to compute deductible medical costs.*

come better acquainted with those who hadn't referred anyone, but were in a position to do so."

Tryhard: "You know that's a tax deductible entertainment expense?"

Billit: "No, I didn't realize that!"

Tryhard: "How much did it cost? And that includes any special cleaning or rental costs in addition to the cost of food, drink, and entertainment."

Billit: "Gee, we really didn't keep track of that. I'll have to ask my wife. Can we estimate the cost?"

Tryhard: "The IRS is awfully sticky about supporting entertainment expenses, since this is an area that easily lends itself to potential abuse. They prefer receipts and would at least like an itemization of the costs. Also, they require a statement of who attended the party, where it was held, the business purpose, and even the starting and ending times."

Tax shelters-retirement plans

Billit: "I'll have to think about that. Say, Rog, let me ask you a question now. I remember hearing a few of my colleagues talking about tax shelters. How would these be for me?"

Tryhard: "Basically, Congress ended the advantages of the traditional tax shelters, cattle feeding, equipment leasing, movie deals, and oil wells, with the Tax Reform Act of 1976.

"If you're looking for a tax savings device that will benefit you in future years, think about a retirement plan. An unincorporated practitioner, proprietorship, or partnership, can salt away up to the lesser of 15 percent of earned income or $7,500 in a Keogh retirement plan. The money invested in the retirement plan and the earnings on the investment will not be taxed until you retire, at which time you'll probably be in a lower income tax bracket. By contrast, if you tried to save $7,500 on your own, not only would it be taxed now, but the earnings on the investment would also be taxed.

"Compare the value of $7,500 invested for 10 years and 20 years assuming a 50 percent income tax rate during working years and a 25 percent rate upon retirement and that the investment will earn 8 percent before income taxes.

"If you try to save $7,500 on your own, Uncle Sam takes 50 percent off the top. So you have $3,750 to invest. If it earns 8 percent interest in the next year, it will have earned $300 before income taxes. But the culprit, taxation, takes half of the $300, or $150, leaving you with the $150. At the end of one year you have $3,900 ($3,750 plus $150). At the end of 10 years, it is worth $5,550; at the end of 20 years it's worth slightly more than $8,200.

"On the other hand, $7,500 set aside in a Keogh retirement plan and the interest it earns will not be taxed until it's distributed at retirement. Interest earned will be $600 ($7,500 x 8 percent) and is untaxed. At the end of one year you have accumulated $8,100. At the end of 10 years, you have a tidy $16,200. After this is taxed at the lower 25 percent rate, you can spend $12,500 ($16,200 less 25 percent x $16,200). In 20 years you've accumulated almost $35,000. Which is $26,250 after taxes ($35,000 less 25 percent x $35,000)! Compare that to the $8,200 you'd have if you had tried to save it yourself!"

Billit: "I never knew that the difference was so great! Are there many plans in existence?"

Tryhard: "Yes, many banks, savings and loan associations, mutual funds, and insurance companies offer competitive plans. Of course, there is a 10 percent penalty tax for any money distributed before the age of 59½,[2] in addition to the normal income tax."

Billit: "Roger, I'm certainly glad we had this talk!"

Tryhard: "A few more things, Dr. Billit. The credit card payments you made. Are there any finance charges included in the payments?"

Billit: "Yes, there are. I broke those out. They're listed with the interest payments. Also, I wondered why my earnings weren't higher. I could have sworn they should have been about $5,000 more."

Billing procedures

Tryhard: "How are your collections?"

Billit: "Well, I—Marge bills soon after the office visit and then follows up later if they don't pay. Actually, I'm not exactly sure. I suppose a double-entry bookkeeping system could help."

Tryhard: "It could very well expedite the matter and facilitate a more timely flow of data. You should bill at regular intervals and follow through after a prescribed time. And stick to it!"

Billit: "Roger, I really appreciate your help. I'll put in a bookkeeping system and let you know if I have any questions."

Final glance

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1. Russek HI: AM J M Sc 239:478, 1960

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Albert A. Kattus, M.D., Professor of Medicine (Cardiology), School of Medicine, University of California, Los Angeles.

Lenore R. Zohman, M.D., Director, Cardiopulmonary Rehabilitation, Montefiore Hospital; Associate Professor of Medicine (Cardiology), Albert Einstein College of Medicine, New York.

Program Subjects and Faculty:

Early Rehabilitation of the Myocardial Infarction Patient—Nanette K. Wenger, M.D.

Psychological Aspects of the Acute and Chronic Coronary Disease Patient—James J. Strain, M.D.

Answering the Questions Patients Ask After a Coronary—Burton L. Zohman, M.D.

Returning Patients to Work After a Heart Attack—Loring Brock, M.D.

Ten Years of Exercise Programming for Post Myocardial Infarction Patients—Lenore R. Zohman, M.D.

Medication, Exercise or Surgery in Coronary Heart Disease—Albert A. Kattus, M.D.

Risk Factor Modification After a Heart Attack: Is It Worth It?—Peter Herbert, M.D.

The Relaxation Response and Behavior Modification of Heart Patients—Herbert Benson, M.D.

Sexual Activity After a Coronary—Richard Stein, M.D.

Panel Discussion on Community Programming.

Early recognition of scoliosis

C. SCOTT HARRISON, M.D.

DAVID R. WEILER, B.S., L.P.T.

Harrisburg

The recognition of spinal deformities is documented in the writings of Hipprocrates. An awareness of spinal deformities persists throughout medical literature. Since treatment was ineffectual, curves were merely observed and their progression noted. Because of the devastating cardiopulmonary decompensation which can occur by such watchful waiting it is mandatory that early recognition and prompt treatment be the goal of modern medicine. It becomes the responsibility of the pediatrician, family physician, radiologist, and orthopedic surgeon to work together in a coordinated program to discover children with early spinal deformities and effect an ongoing program of intelligent observation, brace treatment, or surgery as indicated. The reward of an effective screening program of adolescent children is that severe scoliosis can be prevented rather than require surgical correction.

Dr. Harrison is clinical associate professor of orthopedic surgery at The Milton S. Hershey Medical Center, The Pennsylvania State University, and a member of the sections of orthopedic surgery at Polyclinic and Harrisburg Hospitals in Harrisburg, and Holy Spirit Hospital, Camp Hill. Additionally, he serves as director of scoliosis service, Myelodysplasia Clinic, Elizabethtown Hospital for Children and Youth, and an orthopedic consultant for the Rehabilitation Hospital for Special Services in Mechanicsburg. Mr. Weiler is district physical therapist, Region III, Pennsylvania Department of Health. In the past he has served as executive director of the United Cerebral Palsy of the Capitol Area, Camp Hill, physical therapy consultant for Cumberland County Schools, and physical therapist for the Easter Seal Society, Harrisburg. He currently serves as chairman of the State Board of Physical Therapy Examiners.

Screening

Effective control of scoliosis requires a two phase program. It has been shown that trained paramedical personnel can effectively discover mild scoliosis curves by school screening programs. Followup of affected children, however, rests with the family doctor, pediatrician, or orthopedic surgeon who next sees the child. An effective attack on scoliosis requires that both phases of the program be organized and that a few specific observations be recorded.

A brief explanation of the pathomechanics of scoliosis helps in the understanding of the clinical findings. Scoliosis is a lateral bending of the alignment of the vertebral body in the coronal plane. The ligamentous and bony architecture of the vertebral column requires that with lateral bending rotation of the vertebral bodies occurs (Figure 1). The rotation occurs in normal as well as pathologic states.

In the thoracic spine the rotation is transmitted to the ribs through the two articulations of the rib to the lateral mass of the thoracic vertebra. In the lumbar region the paraspinous muscles over the transverse processes likewise become more prominent with lateral bending. Forward bending causes the rotational prominence to be more apparent in the convexity and decrease the prominence in the concavity of the curve. This spinal rotation, which is associated with lateral bending, permits easy recognition of minimal scoliotic curves.

Recognition of the rib hump and the prominence adjacent to the lumbar spine is the cornerstone of early recognition of scoliosis. As demonstrated (Figure 2), forward bending with the patient holding the extended arms relaxed, with palms approximated, maximally exaggerates the rib hump. Inexperienced examiners should observe the child from both the caudal and cephalad projection. Once proficiency with the technique has been obtained, it is usually found that the curves are most obvious while examining the child from the caudal direction. It is important that the child slowly bend forward and slowly resume the erect position so that the examiner may see the dynamics of the back from the erect to the forward bend position. The head should also be allowed to hang in a relaxed, dependent position when bending forward. Scoliosis curves of ten degrees can be routinely detected by this method once proficiency in examining children has been obtained. No other tests need concern the personnel involved in screening

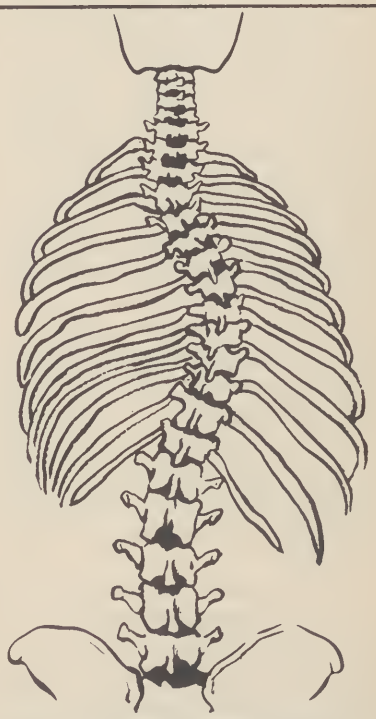

Figure 1. Lateral bending causes vertebral rotation and rib deformity.

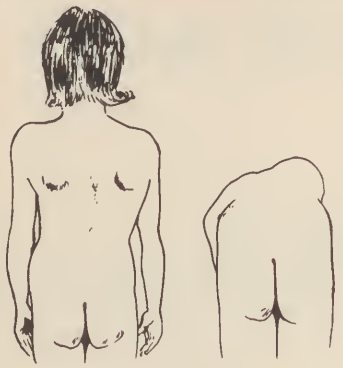

Figure 2. Asymmetry of the arms is difficult to determine. Forward bending makes the rib hump obvious.

large numbers of children. However, other signs are present to both confirm and detect scoliosis.

As illustrated in Figure 2 the position of the arm in relation to the silhouette of the torso is asymmetric in scoliosis. The concavity of the scoliosis causes the arm on that side to be further from the lateral border of the body than the opposite side. Additionally, the arm on the convex side of the curve is closer than with a normal child.

Other confirmatory findings in scoliosis may not be present until the curve has progressed past the point of optimal correctability for Milwaukee brace treatment. Since these findings are sometimes noted by the patient or her family the examiner should be aware of them. Asymmetry of the shoulder silhouette with an "elevated shoulder" can be present with any thoracic scoliosis but is often prominent early in high thoracic curves.

A "list" to one side is associated with an uncompensated scoliosis. This is diagnosed by a perpendicular drop from the base of the seventh cervical vertebra which then falls away from the midline as determined by the gluteal cleft. This can become severe before it is obvious clinically.

Prominence of the scapula on the side of the convexity is a reflection of the rotation of the underlying ribs. Often this is first noted in a child while wearing a bathing suit.

An apparent prominence of the iliac crest can also occur as a reflection of this rotation. An apparent difference in the size of the breasts may be present in girls. Also a fullness in the abdomen on the side of the convexity occurs. These are both further reflections of the rotation. A flare of the distal rib margin on the side of the concavity can present an apparent mass which may be the first thing noted by the patient since it is readily within view.

Awareness of these signs is important because often they will be what causes the patient to seek medical evaluation. None are as accurate or appear as early as the changes seen in the rib hump and lumbar prominence noted in forward bending.

School screening program

School screening programs represent an effective method of early scoliosis detection. The responsibility of developing such screening programs rests with orthopedic surgeons and pediatricians interested in early detection and prevention of severe scoliosis. One of the authors, David R. Weiler, has screened over 40,000 children for deformities of the spine. This has resulted in the detection of many very early scoliotic deformities. Incidence of scoliosis from .6 to 11 percent have been reported.[2]

The most workable unit for scoliosis screening is a school district. The ideal personnel to do the actual screening is a school nurse or, if available, a physical therapist interested in this problem. Secondary choices for school screening include physical education instructors and voluntary paramedics. The school administrator should initially be contacted and an explanation of the goals and importance of the screening program be explained. After obtaining the permission of the school administration a meeting with the personnel who will do the screening should be held. At this time a basic explanation of scoliosis, its natural history and the physical findings can be explained. A demonstration of the technique to be used in school screening is shown and questions answered concerning details of the program.

Because of the large number of children who need to be screened and the limited personnel available to screen them, arbitrary selection of grades must be made to make the screening program feasible. Grades six and eight represent the best compromise concerning age and the appearance of the scoliosis. The aim is to detect the scoliosis in children as young as possible and with the curve as mild as possible, but not so early so as to miss those children who develop it at a later age.

It is most efficacious to assemble the children in as large an area as is available to expedite the screening. To do this requires the cooperation of the school administration. Children will often have to be excused from their classes for a short period of time, but once the mechanisms have been established the procedure will run smoothly. A skilled observer can screen between 100 and 140 students per hour if adequate facilities are provided.

It is usually necessary to obtain participation of one or more teachers to maintain discipline during the screening. An uninterrupted continuous line of students permits maximum utilization of the personnel doing the screening. It has proved too slow and cumbersome to have the physical therapist or school nurse screen patients during specific periods such as gym or study halls.

It is best to screen girls and boys separately. This permits a more adequate exposure of the back and fewer discipline problems. It is imperative that the entire back be exposed for observation. For boys this means removal of the shirt and undershirt prior to their forward bending in front of the examiner. Girls should wear a pullover top that can be brought forward to the neck as they bend forward to allow complete exposure of the thoracic spine with forward bending. For an inexperienced examiner it is best, but not mandatory, that no undergarments be worn.

A child can be examined in one position, or, if time permits, examination in a second position can be utilized. The examiner should be seated at a table and the children brought to the examiner in a long line. As they then bend forward with their backs completely exposed an adequate examination can be obtained. It is important that the patients' arms drop forward

and that their palms be pressed together to avoid false positive examinations. It is also important that the head be allowed to drop forward in a relaxed position. The rib prominence may be noted only in one portion of the forward bending and so it is important that the student be observed during the entire maneuver.

If time of the examination personnel permits, further evaluation of patients with suspected spinal deformities can be carried out during the initial screening. This, however, can be done during the subsequent evaluation by the physician. If additional examination is elected, the patient should be examined at the "attention" position from the rear. This will reveal any asymmetry of the arms in relation to the torso. Prominence of the scapula, asymmetry of the shoulder height, and decompensation can also be observed at this time.

Asymmetry of the pelvis suggesting inequality of leg length can also be determined. Scoliosis secondary to inequality of leg length can be easily detected by having the patient sit, at which time the scoliosis will spontaneously disappear if it is secondary to unequal leg length.

It is necessary to have two different printed forms for the screening process. One form is sent to the parents to announce the screening program and explain how the students should dress. The second form is addressed to the parents and physicians of the students who show a possible scoliosis, explaining what the examiner observed so that the physician may check the findings and determine what treatment is necessary. The second form has a space at the bottom for the physician's comments and should become a part of the student's permanent school health records.

After the screening has been completed a child with a deformity should have the second form sent to his parents and physician explaining the deformity. The school nurse should keep track of the number of letters sent to parents and, more importantly, the number which are returned indicating that the child has seen his family physician, and the results of such a visit. If the child has not been seen by a physician, an effort should be made at subsequent scoliosis examinations to re-evaluate the child to determine if progression of the curve is clinically apparent. This, however, is a poor substitute for adequate physician and roentgenologic examination. It is helpful to have the school nurse convince the student-patient of the importance of further care by educating him about the problems of scoliosis. This may help overcome reluctance by the parents to seek further care.

Physicians' responsibility

An effective school screening program requires the informed cooperation of the physicians to whom such patients are sent. This is frequently the family physician or pediatrician, whose interest and expertise in scoliosis varies widely. Further physical examination of the children by their physician is helpful, but usually adds little additional information, especially if experienced personnel are doing the school screening.

It is the responsibility of the examining physician, if he concurs in the diagnosis of scoliosis, to obtain x-ray verification and quantitation of the curve. It is not possible for even the most experienced practitioner in scoliosis treatment to follow patients without accurate x-ray measurements of their curve. It is imperative that all physicians who care for scoliosis patients insist on accurate x-ray evaluation of the patient.

X-ray evaluation of the scoliosis curve requires that the specific vertebra involved in the curve and the degree of curvature be reported by the radiologist. Terms such as mild and moderate have no generally accepted meaning and are useless. Comparison of sequential films becomes impossible unless accurate measurements have been made from the initial examination.

X-rays should be obtained with the patient erect and reported as such. This is especially important in early flexible curves because the severity of the problem will not be appreciated if the films are obtained in a recumbent position. It cannot be stressed enough that the film for scoliosis evaluation must have a description of the specific vertebra involved and a numbered measurement of the curve.

Once the exact degree of curvature has been determined a treatment program can be formulated. Curves under 15 degrees are the only curves which may justifiably be watched. However, if the child has some associated problem such as neurofibromatosis or bony anomalies of the spine this rule does not apply. In the majority of children with idiopathic scoliosis, a year's interval between examinations is safe when they present with curves under 15 degrees.

Those patients with curves between 15 degrees and 40 degrees usually have structural deformity of vertebral bodies within the curve. Those patients should be treated with a Milwaukee brace. Such treatment is prolonged, and requires the active cooperation of both the patient and his parents, and the supervision of someone skilled in scoliosis treatment. The average full time use of the brace is two years. Night time wearing of the brace may continue for one to two further years.

Curves over 40 degrees may be treated with either a brace or surgical correction. The determination of which mode of treatment is selected depends on many factors and has to be individualized for each patient. Surgery is usually necessary for these children to prevent late significant cardiopulmonary changes.

Reevaluation of our local school screening programs suggests that there are two areas in which improvement is possible. Some children with known deformities have not received further evaluation. Better explanation to the students of the natural history of scoliosis and its consequences will hopefully reduce the size of this group. The second area of weakness in school screening programs is that the patients are not referred by their examining physician for x-ray confirmation and definition of the severity of their scoliosis. □

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En-bloc excision of pelvic chondrosarcoma

RODGER SEARFOSS, M.D.

Latrobe

Chondrosarcoma involving the pelvic bones have traditionally been treated by hemipelvectomy.[1] The purpose of this report is to describe an alternate surgical treatment, wide en-bloc resection, which preserves a functional lower extremity.

There are numerous reports describing local wide excision of benign and low grade malignant tumors of long bones.[2,3,4] Satisfactory wide excision of bony pelvic lesions, however, has generally not been considered technically feasible. The current case illustrates satisfactory tumor control following wide local resection of a chondrosarcoma involving the ilium, sacral ala and lower lumbar transverse processes.

Dr. Searfoss practices orthopedic surgery in Latrobe and is a member of the department of orthopedic surgery at Latrobe Area Hospital. He graduated from Stanford University School of Medicine. His orthopedic residency, at the University of North Carolina, was followed by appointments as special fellow in orthopedic oncology at Memorial-Sloan Kettering Cancer Center in New York City and instructor in the department of surgery at Cornell Medical School.

Case report

A 64 year old white male was admitted to Memorial Hospital complaining of right hip pain. Pain which was present at rest and at night had bothered the patient for two years. He had noted a more recent right pelvic mass. Past medical history was pertinent as the patient had undergone partial laryngectomy for chondrosarcoma of the larynx 7 years prior to this admission. Additionally, he underwent total laryngectomy for local recurrent laryngeal chondrosarcoma 5 years previously.

On physical examination, the patient was noted to have a permanent tracheostomy in place. A large nontender right pelvic mass was present without bruits. Right hip motion was unrestricted.

Laboratory evaluation included: calcium 10; phosphorus 3.8; blood urea nitrogen 19; uric acid 8.3; alkaline phosphatase 113; glucose 97; serum glutamic oxaloacetic transaminase 53; lactic dehydrogenase 196; hematocrit 38.1; white blood count 7,000; platelets 308,000; normal urinalysis and normal electrolytes. Routine pelvic x-ray revealed a large right pelvic soft tissue mass associated with right ilium destruction. The ilium lesion showed irregular lytic destruction with extension into the sacral ala and lower lumbar transverse processes (Figure 1). Arteriography confirmed extension of tumor vasculature to the lumbar transverse processes. Bone scan demonstrated increased uptake in the right ilium.

The patient was treated with radical excision of the right ilium including soft tissue mass on both sides of the ilium, sacral ala, anterior margins of L4, L5 vertebral bodies and right L3, L4 transverse processes (Figure 2). Surgical margins were free of tumor microscopically. Pathologic examination of the surgical specimen revealed well differentiated chondrosarcoma, Grade 1 (Figures 3a, b), as defined by previously established criterion.[5]

Following uneventful wound healing, the patient was ambulated with walker assistance. At this writing, the patient ambulates without limp or restrictions using cane assistance. He is 18 months post resection without evidence of recurrent disease (Figure 4). The patient is well pleased with the preservation of his right lower extremity.

Discussion

Surgical tumor treatment which permits preservation of extremities has obvious functional and cosmetic advantages. Tumors involving long bones frequently can be controlled by local wide excisions. Bingold reports eighteen year followup of a patient with chondrosarcoma treated by

Figure 1. X-ray examination reveals lytic destructive lesion of right ilium.

Figure 2. Gross pathologic specimen demonstrates chondrosarcoma mass and resected right ilium.

en-bloc resection and prosthetic replacement of the proximal femur.[2] He suggests that local resections should be restricted to low grade malignant tumors. Recent technical and chemotherapy advances have permitted extension of en-bloc excisions to more agressive tumors, previously treated by amputation. En-bloc knee resections with prosthetic replacement as well as total femur replacements have given promising early results.[6]

The pelvic bones are a common site of chondrosarcoma involvement (approximately 50 percent). Previous evaluation of these patients demonstrated that tumor location "away from" critical areas of the sacro-iliac joint, pelvic symphysis, and the peritoneum was associated with higher survival rates.[1] Chondrosarcomas involving the pelvic bones have usually been treated by hemipelvectomy. Other tumors such as giant cell tumors and Ewing's sarcoma involving the pelvis are often treated by radiation therapy due to difficulty of surgical excision. However, in addition to possible sarcomatous changes secondary to radiation, the radiation therapy often causes functional impairment due to hip joint soft tissue fibrosis. Growth disturbances following epiphyseal plate irradiation have also been reported in young long term survivors.[7]

Figure 3a. Low power magnification of tumor specimen shows increased cellularity.

Figure 3b. Higher magnification of tumor specimen reveals increased mitosis and some nuclear pleomorphism.

Figure 4. X-ray examination 15 months postoperatively demonstrates margins of resection without evidence of recurrent disease.

These factors have resulted in our interest in en-bloc excision of pelvic bone tumors. The current case demonstrates good tumor control by en-bloc chondrosarcoma resection. The technique has more recently been utilized for treatment of Ewing's sarcoma as well. We believe that en-bloc pelvic resection for appropriately selected bone tumors offers functional and cosmetic benefits without survival compromise. □

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Suicide in Lancaster County, 1974-75

MICHAEL S. RUDMAN, M.D.

Lancaster

Suicide is not a glamorous subject. It lacks the exotic appeal of systemic lupus erythematosis or neurofibromatosis. Suicide is, however, the tenth leading cause of death in the United States today, accounting for 1.3 percent of all deaths. Each year about 25,000 Americans take their own lives. For young adults between the ages of 19 and 24, it is the second most frequent cause of death.

Epidemiology of suicide

The factor which seems to have the most bearing on suicide statistics is age. Suicide is rare in children under 14 (0.3/100,000). From the age of 15, however, the annual rate of suicide rises steadily. Suicide is ranked as the second leading cause of death in the 10 to 24 age bracket because of relative absence of other causes of death. In older age groups suicide risk is relatively lower because of predominance of other factors such as cancer and coronary artery disease. On the other hand the absolute rate of suicide in older people is quite high. For men over 85 years old, the annual rate of suicide is 70/100,000, compared to the national average of 12/100,000.

Sex is another important factor. Males are twice as likely to *commit* suicide. Females, on the other hand, are twice as likely to *attempt* suicide. The reason may be related to societal determinants of the sex role. A suicide gesture is often considered a cry for help. In our culture women may seek help for psychological problems more readily than men, who tend to bury their problems.

Religion also plays a role. Jews and Catholics have a lower incidence of suicide, while Protestants have a much higher rate. Religious sanctions against suicide may play a role in this, but single factors are not likely to be relevant. For example, some Catholic countries such as Austria have a very high rate of suicide.

Socioeconomic class is directly proportionate to suicide rate. Suicide, rarer in lower class Black and Puerto Rican subgroups, becomes more frequent as the levels of income and education rise. There has been, however, an increase in suicide gestures among lower class urban blacks.

Cause of suicide

People have long concerned themselves with the cause of suicide. In the late 1800s, suicides were blamed on "trashy" romantic novels like *Sister Carrie.* In the early 1900s the schools were blamed. During the depression years hereditary factors of constitutional weakness were the cause. Now philosophers indict space-age technology and its concomitant depersonalization. *However, the fact is that the annual suicide rate has not changed appreciably in the last 70 years.*

When the lay press considers the cause of a suicide, it usually focuses upon the apparent precipitating factor. Losing one's fortune in the stock market or being jilted by one's lover might be considered the cause of a suicide. More careful analysis reveals that psychological traumas such as these happen to most people at one time or another, and most people do not respond to these traumas by committing suicide. In reality, there exists a hierarchy of causes—primary and secondary experiences which, layer upon layer, lead the suicidal individual to take his own life.

Unfortunately, analysis of suicide notes has not been productive in delineating psychodynamic factors operating in the decision to commit suicide. Often, near the moment of suicide, the individual has lost all perspective and insight. In the suicide note, the individual usually reveals only a concern with trivialities and a primitive, dichotomous logic. A typical suicide note might read: "Well, nothing seems to be working out. Don't take it personally. The car keys are on the bureau. Give George his lawn mower."

Individual at Higher Risk

If the primary care physician is to make any inroads into the area of suicide prevention, he must begin by identifying the population at risk. Retrospective studies have revealed certain types of individual persons particularly prone to suicide. In addition, there are certain historical factors which indicate a higher risk.

Physical illness—The patient with a painful or debilitating disease may

Dr. Rudman, a family practice resident at Lancaster General Hospital, presented this paper to the department of family medicine and won the Charles Bair Family Medicine Award in 1976. He wishes to acknowledge Herbert L. Tindall, M.D.; Robert J. Kurey, M.D.; Donald L. Rynier, M.D.; Whitlaw Show, D.O., county medical examiner; Kathy Gotshall; and Patricia English, director of medical records, for their assistance in preparing the paper.

seek a release from pain and dependency.

Failing support systems—Loss of friends, family, job, etc.

Depression—Feelings of guilt, worthlessness, hopelessness, excessive agitation or anxiety are classic features of depression. In addition, there may be loss of the four appetites: food, sex, sleep, and work. In adolescents, depression is frequently masked by boredom, aggressiveness, chronic fatigue, or hypochondriasis.

Schizophrenia—Impulsive behavior makes suicidal behavior difficult to predict. The triad of a depressed mood, a thought disorder (with hallucinations and delusions), and suicidal ideation is ominous.

Alcoholics and drug addicts—Acute disturbances in judgment and chronic social disorganization play roles in accidental or purposeful self-destruction. Some experts call acute alcoholic intoxication the most common cause of death by overdose.

Homosexuals—The older, male alcoholic homosexual is at risk, particularly if he has florid sadomasochistic fantasies.

Previous suicide attempts—25 to 50 percent of all suicides had a prior history of suicide attempts. Especially ominous attempts involve: (1) violent painful attempts such as gunshot, jumping, or hanging; (2) a suicide note; (3) no obvious secondary gain; or (4) no prior hint of intention, coming "out of the blue."

Chronic maladjustment—A history of repeated unsatisfactory interpersonal relationships usually is seen.

Family history of suicide—25 percent of all suicides have a positive family history of suicide. Identification is a factor here.

Suicide prevention

Once the potentially suicidal patient is identified, disaster may sometimes be prevented by taking appropriate steps and avoiding common pitfalls. These statements are prefaced by the axiom that *psychotic and/or depressed patients who express a desire to die represent a psychiatric emergency requiring immediate protective custody and expert therapy.*

If the interviewer suspects the patient is depressed or if some of the other risk factors mentioned above are elucidated in the history, there are two questions which should be asked. The patient should be asked directly, "Have you thought of suicide?" There is absolutely no evidence that bringing the subject up is harmful. On the contrary, it is quite therapeutic to clear the air. If the patient responds affirmatively, the interviewer should ask, "How are (were) you planning to do it?" If the patient responds with a specific plan, ideation has progressed dangerously and consultation should be sought.

Once the decision for hospitalization is made, the patient should not be allowed to go home "to get ready." Failure to recognize this point has resulted in too many disasters. Once hospitalized, the patient should not be allowed to leave until the attending physician feels the patient is ready. The suicidal patient should not be allowed to discharge himself. If necessary, involuntary commitment should be obtained until matters have settled and the patient is no longer felt to represent a current suicide risk.

In handling depressed outpatients, the primary physician should avoid prescribing lethal numbers of antidepressants or sleeping medications. While it is true a patient may hoard small numbers of pills over a period of several months until a lethal dose is accumulated, the physician should avoid supplying the impulsive or "gesturing" patient with a lethal weapon. It is, therefore, encumbent upon the physician to know what comprises a lethal dosage of any drug given to a depressed patient.

The primary care physician should avoid suddenly discontinuing antidepressant medications. In some individuals this might precipitate an exacerbation of depression or the withdrawal symptoms of nausea, headaches, diarrhea, malaise, etc. Finally, the attending physician should be wary of any unexplained, sudden improvement in mood of a previously seriously depressed patient. Euphoria may be secondary to either resolution of ambivalence over the question of suicide or the onset of a manic episode in a manic-depressive treated with a tricyclic antidepressant alone.

TABLE I

Suicide in Lancaster County

Method of Suicide	1974	1975	Cumulative 1974 & 1975, (%)
Gunshot	15	24	39 (44)
Hanging	15	6	21 (24)
Carbon Monoxide	5	12	17 (19)
Drowning	4	1	5 (6)
Drugs	3	2	5 (6)
Stabbing	0	1	1 (1)
Paint Solvent	0	1	1 (1)
TOTAL	42	47	89
Annual rate/100,000	**12.35**	**13.82**	

Suicide in Lancaster County

One might theorize that Lancaster County, with its close family ties, deep religious roots, and fundamentally agrarian foundation, would be relatively immune from suicide. Such is not the case. Suicide in Lancaster County closely mirrors the national experience.

The national yearly rate of suicide is 12/100,000. The United States census report for 1970 indicated a population of 340,000 in Lancaster County. In 1974, there were 42 suicides confirmed by Lancaster County's coroners. This yields a rate of 12.35/100,000 in Lancaster County. In 1975, with 47 suicides, this rate rose to 13.82/100,000.

The methods of suicide were typical of a rural community. Gunshot wounds predominated, accounting for 44 percent of all self-inflicted deaths, while death from jumping was rare. Death by overdose was rare here, a fact somewhat in contrast to national experience which ranks drug overdose as a much more preferred method. The county medical

TABLE II

Suicide Attempts Hospitalized at LGH By Age

Age	1974	1975	Combined 1974 & 1975
0-9	0	0	0
10-19*	9	13	22
20-29	14	22	36
30-39	7	18	25
40-49	14	5	19
50-59	1	5	6
60-69	2	1	3
70-79	1	2	3
80-89	1	0	1
TOTAL	50	66	116

*none aged below fourteen

examiner's interpretation of laws safeguarding privacy have prevented a more in-depth analysis of the county's experience. (Table I)

In 1974 and 1975, 116 patients who had attempted suicide were hospitalized at Lancaster General Hospital. This information was made available through coding devices employed by the medical records department. Experts in the field of suicidology claim suicide attempts outnumber actual suicides by a factor of 10 to 1. With 89 suicides in the county in 1974 and 1975, one would extrapolate nearly 900 suicide attempts. Therefore, the 116 cases presented here represent less than 20 percent of all attempts. The other attempters were either not hospitalized, hospitalized elsewhere, or hospitalized under diagnostic codes not revealing suicide intent. Records from emergency rooms, veterans' hospitals, nursing homes, social and health care agencies, jails, private physicians, and schools were not examined.

The age of suicide attempters hospitalized at Lancaster General Hospital ranged from 14 to 83. The average age was 33. (Table II) The decade of peak incidence was the third (age 20-29). Female attempters outnumbered males 79 to 37, or very nearly 2 to 1. Protestants outnumbered Catholics by 77 to 16 with an additional 23 not specifying religion; 6 attempters were Mennonites. None hospitalized at the Lancaster General Hospital were listed as Amish or Jewish. Of the 116 attempts, three involved Puerto Ricans and only two involved blacks.

Drug overdose was by far the most common method of attempted suicide. Almost 100 percent of the patients admitted for drug overdosage used either hypnotic, antidepressant, or anti-anxiety drugs. Laceration of wrists, necks, and thighs ranked next. This was followed by gunshot wounds. Of 116 attempted suicides hospitalized at Lancaster General, only two expired—those involved shotgun wounds to the head by 47 and 50 year old males (Table III).

TABLE III

Suicide Attempts Hospitalized at LGH By Method of Attempt

Method	1974	1975	Cumulative 1974 & 1975, (%)
Drug overdosage	34	45	79 (68)
Laceration	8	7	15 (13)
Gunshot	2	6*	8 (7)
Ingestion Poison**	3	1	4 (3)
Asphyxiation	3	1	4 (3)
Jumping	1	2	3 (2)
Immolation	1	0	1 (1)
Stabbing	0	1	1 (1)
Hanging	0	1	1 (1)
TOTAL	50	66	116

*Two of these died

**Two of paint solvent; one cyanide ingestion; one fingernail polish remover

Summary

The findings presented indicate that Lancaster County's experience with suicide and suicide attempts closely parallels national trends. The annual incidence of suicide coincides with the national rate. Other epidemiological factors such as age, sex, race, and religion also seem to have the same weight in Lancaster County as elsewhere.

Suicide is not a rarity in Lancaster County. *The practitioner having a panel of 2,000 patients may expect two or three suicide attempts per year. He may also expect one successful suicide in his practice every four years.*

There is no absolute way to prevent suicides, even in a mental institution. The institution, so rigid, in which suicides could not occur would not be therapeutic. However, by careful history taking, higher risk patients can be identified. These patients may be helped by appropriate measures such as referral, hospitalization, psychotherapy, and pharmacotherapy. Common pitfalls described earlier should be avoided. Perhaps nothing is so important as the primary care physician's becoming vitally, fundamentally involved, not only by showing genuine concern and compassion but also by broadening his patient's vision of hope. □

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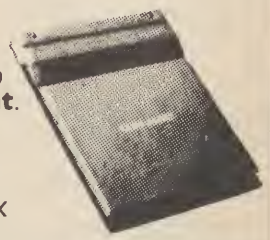

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House Physician Wanted—New 230 bed hospital-division. Pennsylvania license and experience required. Salary negotiable. Must be available May 1, 1977. Contact Medical Director, Frankford Hospital, Philadelphia, PA 19124; (215) 831-2143.

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Orthopedic Surgeon Wanted—Associate for well established Orthopedic Clinic in Eastern Pennsylvania. First year, salary plus percentage. Partnership after one year. Board eligibility required. No investment needed. Write Department 709, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Torrance, Psychiatrists and Physicians—Board Certified or Board Eligible, Pennsylvania license required. Immediate openings. Excellent opportunity to work in state hospital in developing new programs. Salary competitive. Limited housing available. Excellent fringe benefits. Call (412) 459-8000 or write Ray Bullard, M.D., Superintendent, or Peter Bishop, D.O., Assistant Superintendent, Torrance State Hospital, Torrance, PA 15779.

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obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Nicholas A. Alexander,** Pittsburgh; Loyola University, Stritch School of Medicine, Chicago, Illinois, 1931; age 62; died December 26, 1976. His wife and a daughter survive him.

• **Charles E. Angstadt,** Gibsonia; Temple University School of Medicine, 1950; age 49; died January 10, 1977. His wife and two daughters survive him.

• **Saul R. Bergad,** Pittsburgh; University of Pittsburgh School of Medicine, 1939; age 62; died December 26, 1976. He was a clinical professor of dermatology at the University of Pittsburgh School of Medicine, on the medical staffs of Shadyside and Ohio Valley General Hospitals, and a consultant for the Leech Farm Veterans Administration Hospital. His wife, a son, a daughter, a brother, and a sister survive him.

• **John K. Finley,** Haddonfield, New Jersey; Hahnemann Medical College and Hospital, 1938; age 69; died December 11, 1976. He was affiliated with Crozer Hospital in Chester and the Veterans Administration Hospital, Coatesville, and 1953-61 was an associate professor of ophthalmology at Hahnemann Medical College and Hospital. Information regarding survivors is unavailable at this writing.

• **Herbert Freed,** Philadelphia; Temple University School of Medicine, 1933; age 68; died December 25, 1976. He was clinical professor of psychiatry and chief of the child psychiatry clinic at Temple University School of Medicine, and consultant for the Veterans Administration and the Peace Corps. He was founder and chairman 1957-76 of Temple's annual psychotherapy conference. In 1963 he received the DaCosta Award from the Philadelphia County Medical Society. For many years he had served as an examiner on the American Board of Neurology and Psychiatry. Professional associations included the American Psychiatric Association, Pennsylvania Psychiatric Society, American Psychoanalytic Association, American College of Psychiatrists, American College of Neuropsychopharmacology, and the International Psychoanalytic Association. He is survived by his wife and two daughters.

• **Rife Gingrich,** Middletown; Jefferson Medical College, 1931; age 72; died December 20, 1976. He had practiced medicine in Middletown since 1932 and was on the staff of Harrisburg Hospital. Two daughters survive him.

• **Edward J. Gough,** Ardmore; Jefferson Medical College, 1930; age 71; died December 23, 1976. He had been a general practitioner for 45 years and was on the medical staff of Bryn Mawr Hospital. His wife, a son, a daughter, and three sisters survive him.

• **Harold Lefkoe,** Philadelphia; University of Pennsylvania School of Medicine, 1935; age 67; died December 26, 1976. He was an orthopedic surgeon with a special interest in physical rehabilitation for over 35 years. He was an associate professor in physical medicine and rehabilitation at the University of Pennsylvania School of Medicine. He was senior attending physician in the department of physical medicine and rehabilitation at Philadelphia General Hospital, and on the emeritus staff of Albert Einstein Medical Center, Northern Division. Other hospital affiliations were Rolling Hill Hospital in Elkins Park, St. Joseph's Hospital and Center City Hospital in Philadelphia, and Coatesville Hospital in Coatesville. He had served on the Governor's Commission for the Handicapped and the medical advisory board of United Cerebral Palsy of Philadelphia and southern New Jersey. He was a past president of the Philadelphia and Pennsylvania Societies of Physical Medicine and Rehabilitation and was a member of the Philadelphia Orthopedic Society.

• **Max Mann,** Philadelphia; Temple University School of Medicine, 1926; age 76; died November 25, 1976. He practiced medicine in his neighborhood for over 50 years. He was given a testimonial dinner in October 1976 at which time he received a plaque, The Whitman Award "for outstanding service to the community." He is survived by his wife and two sons, one of whom is Stephan C. Mann, M.D.

• **Elmer E. Miller,** York; Temple University School of Medicine, 1937; age 67; died January 5, 1977. He had practiced medicine in York for 39 years. His wife survives him.

• **Peter Miraldo,** Trexlertown; Hahnemann Medical College and Hospital, 1951; age 55; died December 25, 1976. He was founder and director of the Mosser Nursing Home, Trexlertown. He is survived by his wife, his father, three daughters, and three sisters.

• **Maurice R. Nance,** Wynnewood; Medical College of Virginia, 1941; age 61; died December 24, 1976. He was vice president and medical director of Smith Kline & French Laboratories, pharmaceutical division of SmithKline Corporation. He had served on the President's Science Advisory Committee 1964-65, the White House

Conference on Health in 1965, and the U.S. Commission on Drug Safety 1962-64. He served as chairman of the medical section of Pharmaceutical Manufacturers Association 1963-64. He was a member of the New York Academy of Sciences, American Federation for Clinical Research, and the Philadelphia College of Physicians. His wife, a son, a daughter, and his mother survive him.

• **Mildred Rogers,** New Castle; Woman's Medical College (Medical College of Pennsylvania), 1922; age 82; died September 30, 1976. She was president of the Lawrence County Medical Society in 1963 and 1964, chairman of the board of directors in 1963, and on the board of censors 1966-68. Two cousins survive her.

• **Charles A. Rowland,** Ft. Lauderdale, Florida; Hahnemann Medical College and Hospital, 1916; age 82; died December 17, 1976. He was former chief of cardiology of Crozer Hospital in Chester and had practiced in Chester for many years. He was on the board of governors of the Retired Doctors Association of Ft. Lauderdale. His wife and two sons survive him.

• **Alexander W. Seygal,** Camp Hill; Temple University School of Medicine, 1938; age 62; died December 19, 1976. He was on the medical staff of Polyclinic Hospital, Harrisburg. His wife, two daughters, his mother, a sister, and two brothers, John Seygal, M.D., and Joseph Seygal, M.D., survive him.

• **James B. Shaler,** Pittsburgh; University of Pittsburgh School of Medicine, 1943; age 60; died December 15, 1976. He was associated with Presbyterian-University, Shadyside, and Magee-Womens Hospitals, and had at one time been clinical assistant professor of medicine at the University of Pittsburgh School of Medicine. From 1961-63 he had served as an alternate delegate to the State Society House of Delegates. Surviving are his wife, two sons, and two daughters.

• **Thomas J. Shutt,** Jenkintown; University of Pennsylvania School of Medicine, 1933; age 70; died December 29, 1976. He had practiced medicine for 40 years and was in the gastroenterology department of Abington Memorial Hospital. His wife and a sister survive him.

• **H. Armin Stecher,** Havertown; University of Pennsylvania School of Medicine, 1920; age 82; died December 14, 1976. A practicing physician for 55 years, he was a founder of the Delaware County Memorial Hospital and had served as chief of medicine, and was a member of the staff of Mercy Catholic Medical Center, Bryn Mawr Hospital, and Methodist Hospital. He was a member of the Delaware County Tuberculosis and Health Association. He had been named distinguished senior alumnus of 1970 by the University of Pennsylvania School of Medicine. His wife and two sons, one of whom is William N. Stecher, M.D., survive him.

• **Robert E. Steward,** Easton; Jefferson Medical College, 1942; age 59; died December 23, 1976. He had practiced pediatrics for more than 25 years in Easton and was on the medical staffs of the Easton and Warren hospitals. He is survived by his wife.

• **Pauline V. Stocks,** Philadelphia; Kansas University Medical School, 1930; age 70; died October 17, 1976. Information regarding survivors is unavailable at this writing.

• **Charles H. Whalen,** New Castle, University of Pittsburgh School of Medicine, 1931; age 69; died May 10, 1976. He had served on the board of censors 1964 and the board of directors 1964-65 of the Lawrence County Medical Society. His wife and two sons survive him.

• **Charles W. Williams,** Pittsburgh; University of Pittsburgh School of Medicine, 1927; age 76; died December 16, 1976. Two sons, one of whom is John E. Williams, M.D., survive him.

George L. Cole, Jr., Clementon, New Jersey; Hahnemann Medical College and Hospital, 1958; age 44; died November 11, 1976. His wife, two daughters, his mother, and a brother survive him.

Ralph M. Christy, Butler; University of Pennsylvania School of Medicine, 1918; age 84; died August 12, 1976. His wife, a son, and a daughter survive him.

Matthew J. Drogowski, West Palm Beach, Florida; Georgetown University School of Medicine, 1932; age 69; died December 26, 1976. His wife and a daughter survive him.

John V. Miller, Dillsburg; Jefferson Medical College; age 71; died December 16, 1976. His wife, two sons, two daughters, and a sister survive him.

Harry T. Richardson, Hershey; Jefferson Medical College, age 99; died December 17, 1976. A stepdaughter survives him.

Harry B. Updegraff, Harrisburg; Temple University School of Medicine, 1937; age 66; died January 8, 1977. His wife, a son, two sisters, and a brother survive him. .

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ecautions: In the elderly and debilitated, d in children over six, limit to smallest ective dosage (initially 10 mg or less per y) to preclude ataxia or oversedation, creasing gradually as needed and tolered. Not recommended in children under . Though generally not recommended, if mbination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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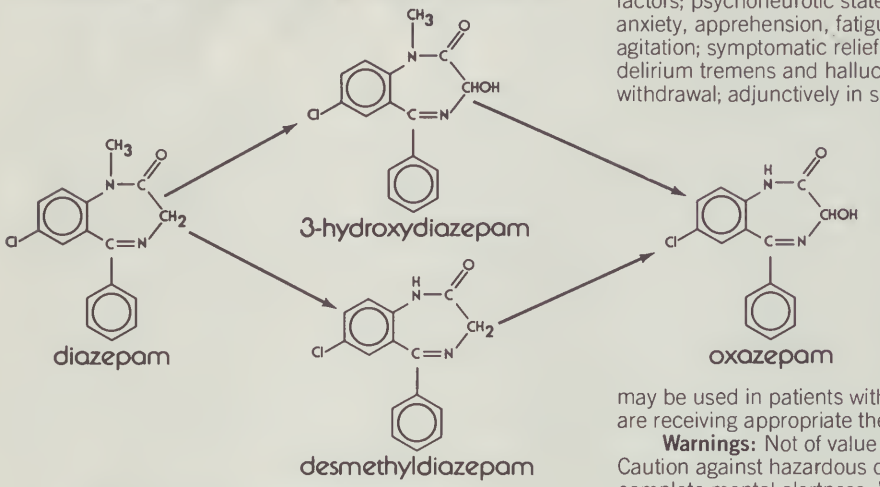

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Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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SPECIAL SESSION RECONVENED The Society's Board of Trustees on March 16 authorized the reconvening of the Special Session of the House of Delegates which was first called in 1975. The sole issue for debate at this April 17 meeting at the Penn Harris Motor Inn, Camp Hill, again will be the malpractice crisis. Specifically, this session will deal with matters contained in the rate filing of Argonaut Insurance Co., which was the subject of a full week of formal hearings April 4 through 8. In the filing Argonaut proposes: to increase from two to four the number of territories now used in rate making; to change the relationship of premium to risk categories; and to increase rates an average of 70 percent. The proposed change in relationship of premium to risk categories (relativity) would mean that low risk physicians would carry a larger share of the proposed premium increase than high risk physicians. Since the term for 1977 delegates to the House does not begin until June 1, 1977, the call was issued to the delegates to the 1976 Annual Session. D. Ernest Witt, M.D., speaker of the House, and Donald E. Harrop, M.D., vice speaker, have appointed the necessary committees. All Society members may be present and speak at the reference committee hearing the morning of April 17. Members of the special reference committee have been appointed by the speaker and vice speaker as follows: R. Robert Tyson, M.D., Philadelphia County, chairman; Robert E. Gregory, M.D., Allegheny County; David P. Morrison, M.D., Bucks County; J. Scott Hommer, Jr., M.D., Blair County; Herbert Fellerman, M.D., Luzerne County; and Robert N. Moyers, M.D., Crawford County, alternate.

INSURANCE DEPARTMENT HEARINGS--ONGOING! Hearings by the Insurance Department on the Argonaut Insurance Company's 70 percent premium increase request will continue the weeks of April 11 and 18. The hearings began April 4 and were held every day of that week. The State Society has intervenor status at the hearings which will continue after the Special Session of the House of Delegates. On April 11 and 12, the Insurance Department conducted hearings on the 44.3 percent premium increase request of the state operated Joint Underwriting Association.

BLUE SHIELD CORPORATION MAKES MAJOR BOARD CHANGES The Corporation of Pennsylvania Blue Shield elected five new directors and three new officers at the annual meeting March 30. Three board members retired, each with more than thirty years of service. New officers are John H. Harris, Jr., M.D., Carlisle, first vice chairman of the board; Robert E. Patterson, Lancaster, treasurer; and Donald L. Fisher, Millerstown, assistant treasurer. New board members are Sidney E. Sinclair, M.D., Williamsport; D. Ernest Witt, M.D., Bloomsburg; Charles K. Zug, M.D., Bethlehem; Jesse E. Daugherty, Bristol; and Warren G. Weber, Erie. Retiring with over 30 years of service each are Lewis T. Buckman, M.D., Wilkes-Barre; George H. Stein, M.D., Harrisburg; and Lester H. Perry, Lemoyne, first executive director of Blue Shield and immediate past executive director of the State Society.

BOARD ACTS TO SUPPLY WITNESSES TO COURTS The Society's Board of Trustees voted in March to cooperate with law enforcement officials by providing expert witnesses in the trials of alleged violators of the Controlled Substances Act. Most physicians arrested are being charged with violation of a section which prohibits dispensing of controlled substances unless "done in accordance with treatment principles accepted by a responsible segment of the medical profession." To secure convictions most cases require an expert medical witness. Most requests will come directly to the State Society. The Board urges county medical societies to cooperate when they receive requests.

STATE SOCIETY HAS TWO ON GENERIC ADVISORY Representing the State Society on the new generic advisory committee established by Act 259 of 1976, the generic prescribing law, are Arthur H. Hayes, Jr., M.D., and John J. Dennehy, M.D. Dr. Hayes, chairman of the PMS Commission on Therapeutics, is from Hershey. Dr. Dennehy, a member of the PMS commission, is from Danville. The advisory committee will assist the Health Department's Drug, Device, and Cosmetic Board to prepare the formulary to be used under Act 259.

SUPREME COURT REARGUMENT SET IN CLINICAL LAB SUIT The Pennsylvania Supreme Court has set April 21 as the date for reargument of the State Society's suit to enjoin the Health Department from imposing regulations for clinical laboratories on physicians' private office laboratories. The suit was originally filed in Commonwealth Court, where a split decision sent the matter to the Supreme Court. The Society's legal counsel presented original arguments in September 1976. Meanwhile the State Society is urging the passage of S.B. 233, Amendments to the Clinical Laboratory Act, which would specifically exempt physicians' office labs from the regulations. The bill is now in the Senate Committee on Health and Welfare.

WORKMEN'S COMPENSATION PAYROLL AUDITS DUE During the next 60 days, field auditors of Casualty Reciprocal Exchange, underwriter for the Society sponsored workmen's compensation program administered by the Dodson Insurance Group, will examine payrolls of their clients. Members taking advantage of this group program can cooperate by having the necessary records available for completion of the audit. As soon as the audit is complete, Dodson can calculate and distribute the earned savings. Nearly $27,000 was refunded in 1976 to members who participate in the program.

CAT FUND PARTICIPATION FOR CORPORATIONS SOUGHT PMS has had introduced a bill, S.B. 679, which would provide optional million dollar malpractice coverage for professional medical corporations. In December 1976, William Myrtetus, director of the state's Catastrophe Loss Fund (CAT Fund) ruled that Act 111 of 1975 does not provide for inclusion of corporations in the fund. Premiums collected by liability insurance companies to be forwarded to the CAT Fund were ordered returned at that time. Because of protests from members who wanted the coverage for corporations, the State Society is seeking early passage of the proposed legislation.

Pennsylvania Medicine

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APRIL 1977 Volume 80, Number 4

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Society develops full-scale management program

In response to the mounting evidence that many physicians lack instruction in various aspects of medical practice management, the State Society Council on Education and Science has focused its attention on the development of management programs for physicians and office aides.

Good office management practices have been shown to increase a practice's income, heighten office productivity, and keep the patients satisfied.

During the months of March and April the council has sponsored fifteen workshops in five separate categories: the Medical Assistant Series, Office Manager Workshop, Physician Half Day Workshops, Financial Control of Your Medical Practice, and Principles of Medical Practice Management.

A one day workshop, Use of the Computer in the Practice of Medicine, will be held May 13 at the Penn Harris Motor Inn, Camp Hill. The new workshop is designed to inform participants of existing uses of computers in private practice; explore future uses of computers in medical diagnoses, patient interviewing, analysis of practice patterns; and assist physicians in making objective decisions regarding use of computers in the practice of medicine.

Although in the past few years much of the council's activity has been in the area of continuing medical education, it has been sponsoring management seminars since 1974.

In his address to the 1973 House of Delegates, outgoing Society president Robert S. Sanford, M.D., pointed out the need for practice management instruction as he said:

"Notoriously, doctors of medicine are poor business people and tend to shy away from economic problems, yet they are an essential part of the practice of medicine or any other profession. Therefore, I suggest that the Board of Trustees have the proper council develop available courses in medical economics and office management to be presented for use by the Society members."

The first seminar, Principles of Medical Practice Management, was held in May 1974 in Hershey and was such a success that another one was held the following November in Pittsburgh. A program for senior residents, Establishing Yourself in Medical Practice, was so successful that many residency programs in the state began to offer the same kind of instruction.

Because of the degree of success, seminars were repeated in 1975 and 1976 with more diversified faculty members and expanded course material.

This year the Council on Education and Science has offered a fully developed schedule of practice management workshops with five new categories of instruction. The Medical Assistant Series, Office Manager Workshop, and Physician Half Day Workshops are conducted by Bill McGrath, president of Practice Productivity, Inc., Atlanta, Georgia, while Financial Control of Your Medical Practice is presented by Conomikes Associates, Inc., based in southern California.

Principles of Medical Practice Management, the council's original management workshop, is conducted by Leif C. Beck and Vasilios J. Kalogredis of Management Consulting for Professionals, Inc., Bala Cynwyd, and McGrath. Beck, who is president of Management Consulting for Professionals, headed the faculty for the original seminar. He and Kalogredis write the monthly Practice Management articles in PENNSYLVANIA MEDICINE.

Plans for the future include continued expansion of existing programs as well as the development of new courses as the management needs of physicians are identified.

For details about practice management workshops, contact LeRoy C. Erickson, Director, Educational Activities, Pennsylvania Medical Society, 20 Erford Rd, Lemoyne, PA 17043.

Chairman James A. Raub, M.D., confers with LeRoy C. Erickson, director of educational activities, during the February meeting of the State Society's Council on Education and Science.

Key importance of hospital records

FRED SPEAKER
Harrisburg

The Pennsylvania Supreme Court in a split decision has recently reemphasized the importance of hospital records in a case[1] against physicians and a hospital. The majority opinion ruled that the evidence of nothing written in the hospital record could overcome the testimony of two witnesses called by the plaintiff.

In the medical malpractice case, the evidence showed that the plaintiff was admitted to the hospital in order to give birth to her fourth child. At the time of admission she was under the care of three partners, including Dr. Brownstein. In order to induce labor, at 2:45 a.m. the drug Pitocin was started to be given intravenously. Her hospital chart is absent of any indication that a check was made on her condition until 5:15 a.m.; there is another entry at 7:05 a.m., and the first chart reference to Dr. Brownstein is 8 a.m. when he is noted as having performed part of the delivery.

After delivery the plaintiff began heavy intrauterine bleeding, and ultimately a total hysterectomy had to be performed. Shortly after her release from the hospital she was readmitted suffering from severe infectious hepatitis, was administered medication and suffered partial hearing loss in both ears. The jury awarded her $40,000.

A key to the case was whether or not a physician monitored the administration of the Pitocin. Dr. Brownstein testified that he had, and his testimony was corroborated by a resident. The evidence that the plaintiff offered to the contrary was the official hospital policy which mandated patient chart entries and stated that attending obstetricians must be present during the entire labor-inducing procedure. The majority opinion stated:

"When this evidence is taken with the evidence that there were no entries on the chart, the jury had ample basis for inferring that there had been no monitoring."

Although three judges dissented, the current law is clear that the absence of material written in the hospital record can speak eloquently to the disadvantage of the physicians who would have been protected by the entry of exculpatory notes. □

Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.

1. Stack *et ux* v. Wapner, *et al., Pa. Super. (Sept. 27, 1976).*

Disability income symposium offered

A symposium, "The Physician's Role in the Federal Social Security Disability Programs," will be presented May 18, 5:30-7:00 p.m. at the Philadelphia County Medical Society building, 2100 Spring Garden St., Philadelphia.

The symposium is designed to help physicians become familiar with the operation of federal disability programs in order to be in a better position to help patients make good use of the programs. Leading the discussion will be Rose M. Lepore, Social Security Administration regional commissioner.

Cosponsored by the center city branch of the Philadelphia County Medical Society and the Philadelphia Region, Pennsylvania Society of Internal Medicine, the symposium is pending approval for Category I credit.

For more information write: Milton Freiwald, M.D., Disability Regional Chief Medical Advisor, P.O. Box 8788, Philadelphia, PA 19101.

Protection for peer review

In the first reported case involving the Peer Review Protection Act, a court in Philadelphia[1] ruled that the Act prohibits discovery of information obtained by Peer Review committees.

The Act provides that:

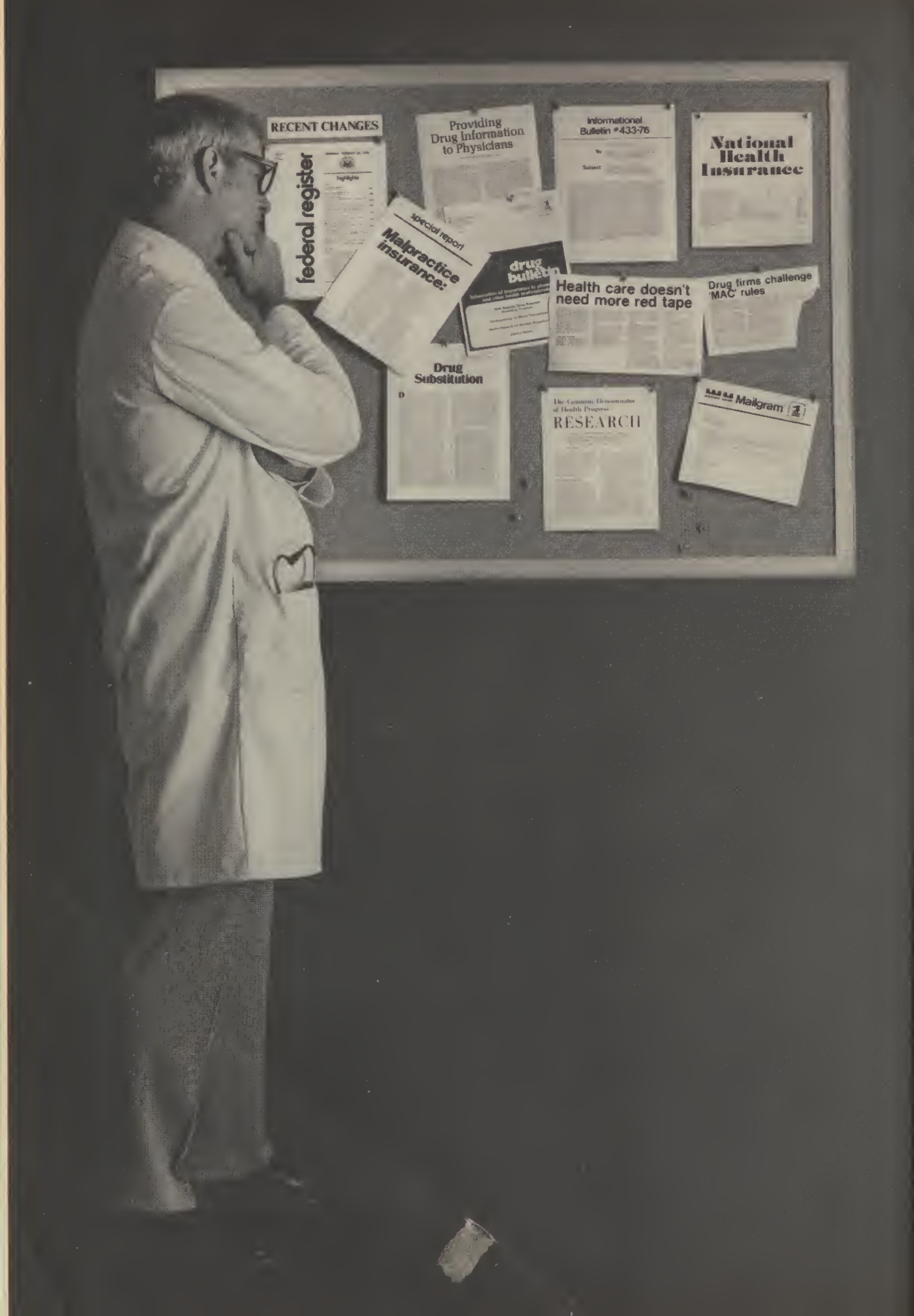
"The proceedings and records of a review committee shall be held in confidence and shall not be subject to discovery or introduction into evidence in any civil action against a health care professional arising out of the matters which are the subject of evaluation and review by such committee."[2]

In an action against several hospitals and physicians the plaintiff's counsel filed a set of interrogatories requesting information concerning appearances before any medical committees, official board of medical associations, or other like review groups concerning treatment of the plaintiff. The doctor refused to give that information and the court upheld his refusal saying:

"The clear intent of the Peer Review Protection Act is to foster the greatest candor and frank discussion at such review meetings. The Act is prospective in its operation, but it is mandatory in its proscription of discovery. Hence, any discovery sought after the act takes effect is barred."[3]

Thus, there are more grounds for optimism about the purview and protection of the Peer Review Protection Act. □

1. Schwartz v. Tri-County Hospital, *74 D&C 2d 52 (Phila. 1975).*
2. *63 P.S. § 425.4.*
3. Id. *at 54.*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Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original FDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

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Health education—southwestern Pennsylvania style

LOIS G. MICHAELS
LAWRENCE D. ELLIS, M.D.
Pittsburgh

"They never tell you anything" is a common lament of patients. "They never listen to anything I tell them" is a frequent complaint of physicians. In reality, physicians give their patients a great deal of information, but the patients either don't remember or don't understand it. Patients often misinterpret or fail to act on their doctors' advice for a variety of social, economic, and psychological reasons. Doing something about this situation is one task of the current health education movement. Health education of the public is moving toward the top of a list of national health priorities that emphasize prevention of disease and disability.

In predicting changes in medical education of the future, 88 deans of the nation's medical schools thought the "most desirable" change would be for the "medical profession to involve itself more with public health and preventive medicine." The next most desirable change was the need for public education, particularly as it relates to use of the health care system.[1] These concerns for letting the public know that "nothing that emerges from a clinic or a test tube will contribute nearly so much to better health generally as a little individual self-care in the form of wiser living,"[2] are receiving increased attention in the scientific as well as lay press.

The Allegheny County Medical Society has been involved for several years in a community health education project aimed at promoting healthy behavior and the most effective use of the health care system when it is needed. This involvement has been of benefit to the community as well as to the society.

Health education needs defined

In 1971, a Citizens Task Force of the Health and Welfare PLANNING Association (HWPA), a United Way affiliated agency with long established credibility in the human service field, identified a need for improved opportunities for health education. Medical

Richard Moriarity, M.D., head of the Poison Control Center at Children's Hospital is greeted by John McCormick, executive director of the Health and Welfare Association at the Health Education Center.

THE AUTHORS ARE SHOWN ABOVE at a meeting at the Allegheny County Medical Society Headquarters in Pittsburgh. Dr. Ellis is immediate past president of the Allegheny County Medical Society. He is a practicing hematologist and clinical professor of medicine at the University of Pittsburgh School of Medicine. Mrs. Michaels is director of the Health Education Center. She is married to Milton M. Michaels, M.D., Pittsburgh hematologist.

Many community organizations provide volunteer operators for Tel-Med, at the Health Education Center in Pittsburgh.

William Cooper, M.D., chairman of the Continuing Education program at the University of Pittsburgh School of Medicine, monitors a tape as Mary Buckholz, administrative secretary at the Health Education Center, serves a caller.

society members on the Task Force—Drs. Robert J. Carroll, Robert O'Conner, and Donald M. Medearis, Jr., then dean of the University of Pittsburgh School of Medicine—concurred with the recommendation that "there must be a community-wide program educating the population on ways and means to promote good health."[3]

Hearings of the President's Committee on Health Education, held in Pittsburgh in January 1972 confirmed the feeling that too little attention was being paid to systematic health education program planning by schools, health services, public and private agencies, the media, business and industry. This committee, under the chairmanship of Pittsburgh industrialist, R. Heath Larry, called attention to the potential of health education to promote well-being, prevent certain diseases and disabilities, and help meet the need to contain the ever rising costs of medical care.[4]

The public's right to health education, and the physician's duty to help provide it, were recurring themes in speeches to the 1974 Association of American Medical Colleges meeting.[5] Economist Victor Fuchs in his book *Who Shall Live?* dramatically called attention to ideas already accepted by alert clinicians, that "the greatest current potential for improving the health of the American people is to be found in what they do or don't do to and for themselves. Individual decisions about diet, exercise and smoking are of critical importance—and collective decisions affecting pollution and other aspects of the environment are also relevant.[6]

Alexander Vijon, M.D., and Frances Cohen, Tel-Med project coordinator, review scripts for tapes.

Community response

In response to these findings, hundreds of local health professionals and other citizens organ-

Vicki Dixon, of the ACMS staff, receives instruction in CPR from Jesse Weigel, M.D.

ized to explore the role of health education. Data was collected on who was doing what to educate the public about health. Meetings and conferences were held to bring together national and local leaders familiar with the problems. A plan for local action was developed that called for a mechanism to foster cooperation among public and private agencies concerned with promoting health.

In January 1976, the Richard King Mellon Foundation granted funds to the Health and Welfare PLANNING Association for a three year demonstration project in community-based health education. The Health Education Center of Southwestern Pennsylvania was born.

Allegheny County Medical Society leadership had been part of the HWPA's program efforts over the years so it was natural for the two organizations to work together. There was strong physician support for a center to bridge the gap between what people know and what people do about their health.

The Center is located in downtown Pittsburgh and is led by a policy-making Citizens Commission. Functional commit-

(Continued on page 13.)

At Allegheny County Medical Society Headquarters, scripts of Tel-Med tapes are reviewed by, left to right, Michael P. Levis, M.D., Lawrence Ellis, M.D., Frances Cohen, Jesse Weigel, M.D., and Ralph Stalter, M.D.

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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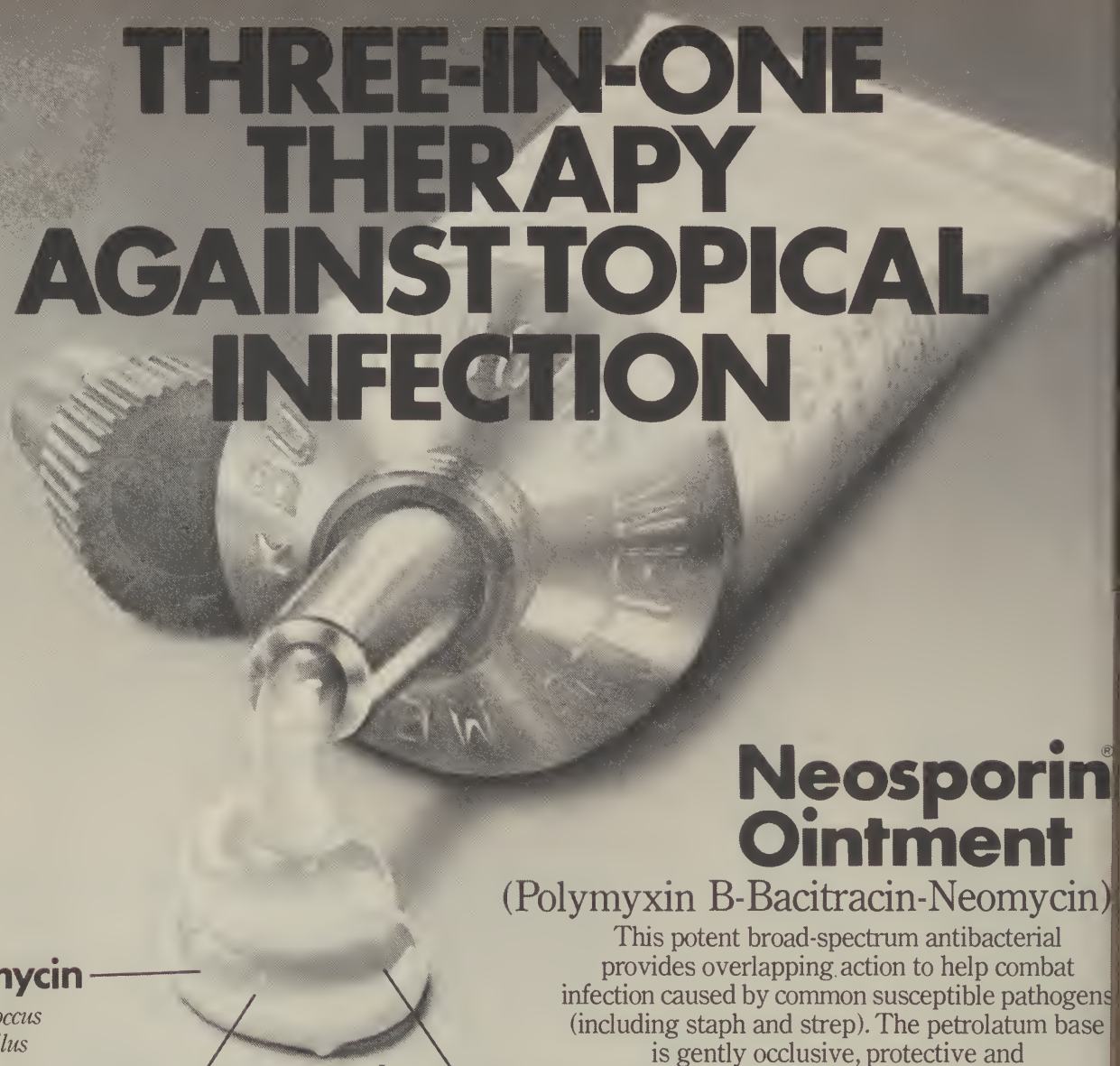

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WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

Health education

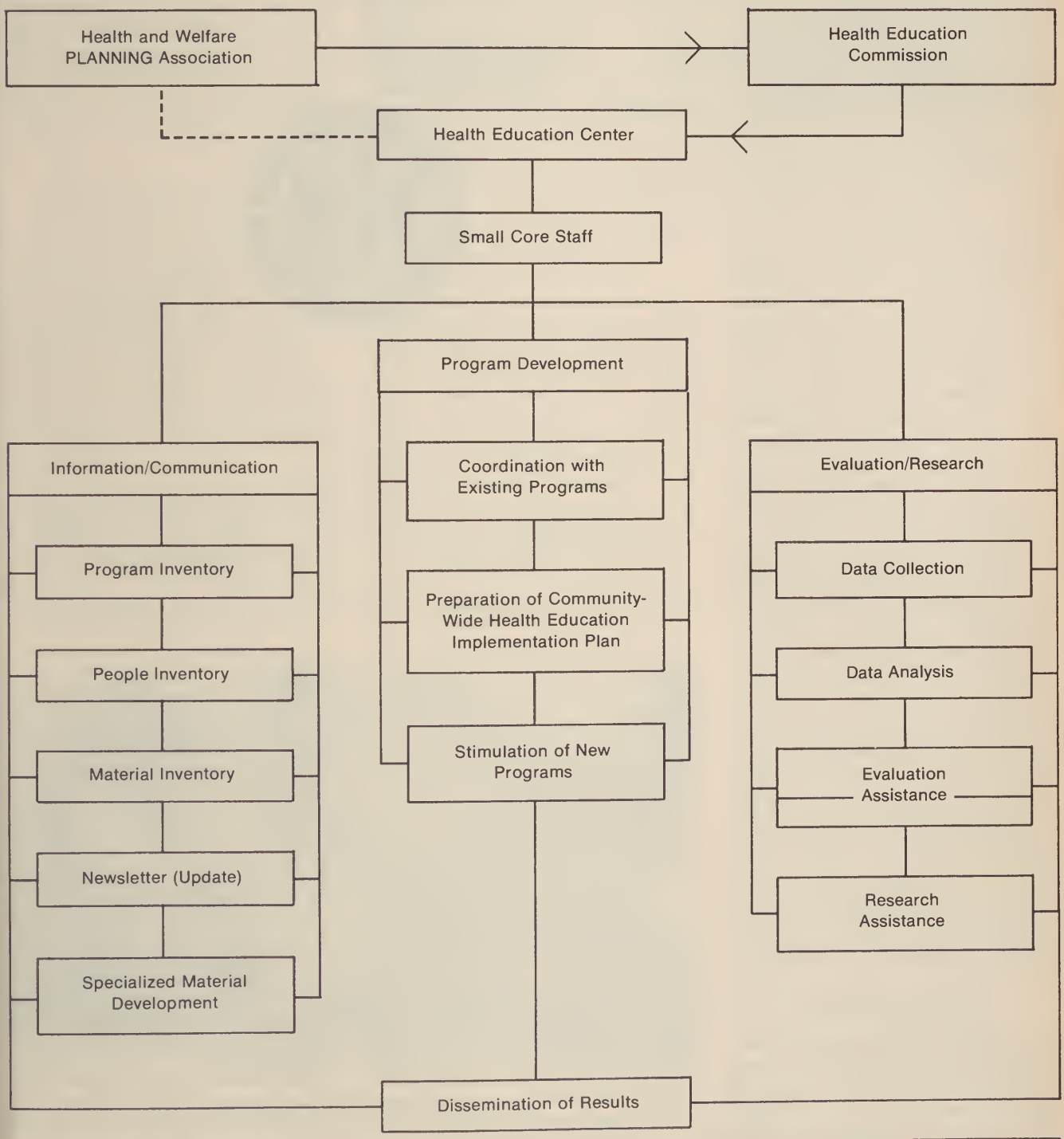
(Continued from page 10.)

tees of the commission oversee staff activities in the areas of program development, evaluation, and communication (See Charts A and B). In its first year of operation, professional and volunteer staff had contact with over 250 agencies and 2,500 individuals in promoting health through the use of planned educational activities.[7]

Medical society response

Physicians sense the American public expressing a desperate need for improved health educa-

CHART A
Health Education Center Functional Chart



tion and information opportunities. The consumer movement has increased people's sophistication about health matters. The popularity of self-care courses, do-it-yourself medical manuals, health food stores, spas, and self-help groups for smokers, dieters, and alcoholics illustrate this point. Daily newspapers print health columns and national publications feature health news on subjects ranging from bio-feedback to the latest in esoteric cancer research.

The Allegheny County Medical Society made a conscious decision to respond to this clamor in a constructive way by recognizing that physicians should take the lead in emphasizing preventive aspects of human disease.[8] This recognition served a two-fold purpose. First it served patients, because as Dr. William Cooper explained it, "the educated patient is a better patient, able to understand the course of his or her disease and take helpful actions." The second purpose serves the medical profession who are often criticized for not doing an effective job of communicating with the health consuming public.

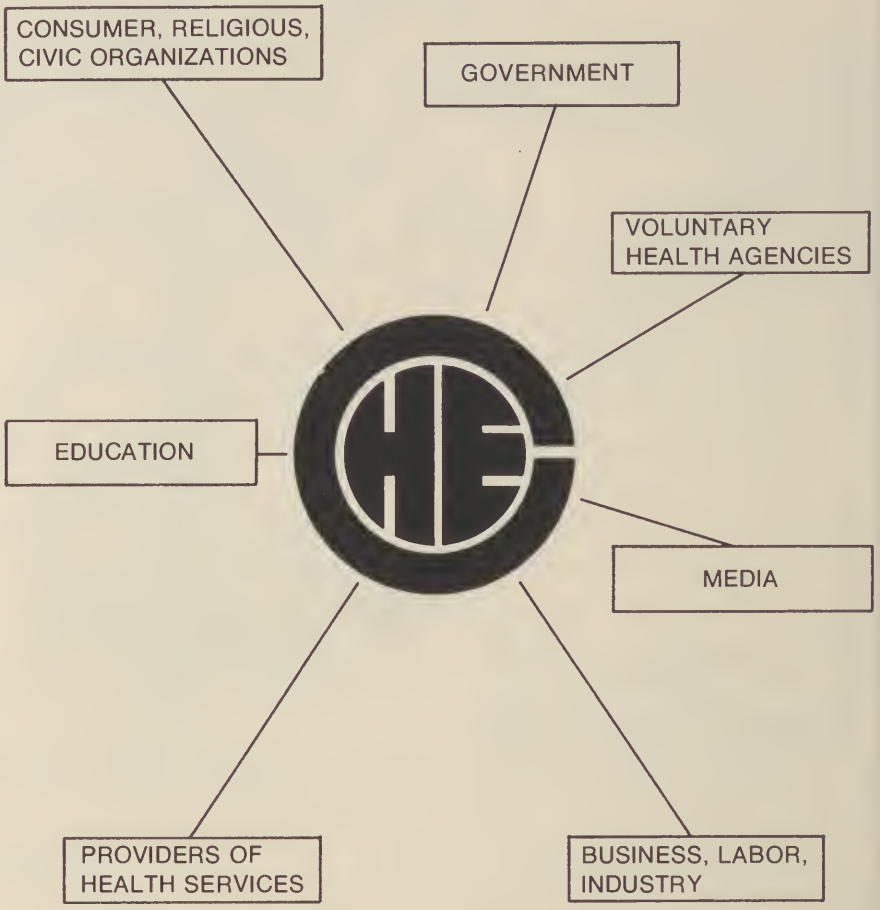
A visible opportunity for medical society action came when developing health and medical informational materials was identified as one of the functions of the new Health Education Center.

Several programs for using a taped telephone information system for health messages were explored. One was Health Line developed at the University of Wisconsin. Another was Tel-Med which originated in 1972 as a project of the San Bernadino, California Medical Society. The decision to select Tel-Med was influenced by its built in requirement for local physician support.

How Tel-Med works

A fifteen-line tape console purchased from Teletronix Company operates twelve hours on weekdays and six hours on Saturday. One volunteer operator can an-

CHART B
Linkages between the Health Education Center and Community Groups



PATIENT EDUCATION—part of the total picture of health education—can begin in the physician's office. Joseph Maroon, M.D., Pittsburgh neurosurgeon, center, and David Bisenette, clinic assistant, meet with a patient in the office.

swer a maximum of 150 calls per hour. Callers are anonymous and request tape subjects by number from a printed brochure distributed free throughout the community. The system is toll free only in the Pittsburgh area. Tape messages are from three to five minutes long and recorded by professional actors and actresses. Most tape messages suggest sensible health behaviors and refer listeners to local services. When further information is asked for, listeners are requested to call the Health Education Center for staff consultation.

PATIENTS also can learn more about staying healthy through the Health Education Center. Daniel Diamond, M.D., chief resident in general surgery, explains this to patients at Surgical Specialties, a surgical group practice at the University Health Center in Pittsburgh.

HEC approach to Tel-Med

Tel-Med systems are in use at 70 different locations throughout the country, but the Pittsburgh operation averages the greatest volume on record—1,300 calls per day. When center staff reviewed the reasons for this success with the Public Relations Committee of the medical society, they came to the following conclusions:

1. Tel-Med is part of a community-based approach to health education. This approach calls attention to the fact that information alone does not change human behavior. Other opportunities are available for Tel-Med listeners to be motivated to make use of the information they receive over the telephone.

2. Health leaders were involved in all phases of investigating and establishing the program. In addition to physicians, dentists and other practitioners, public health officials and voluntary health agency leaders participated in all phases of planning and implementing Tel-Med.

3. An organized script review process was designed and used. Scripts from the California headquarters were rigorously examined by at least two and sometimes as many as ten professionals familiar with the subject. Many of the scripts were rewritten for greater clarity and accuracy. In many instances, new scripts were prepared for desired topics not found in the original Tel-Med library. A special tape explaining Allegheny County's Swine Flu immunization program was heard by 2,275 callers. Another tape describing the thyroid cancer screening program instituted by local hospitals received 651 calls.

4. Volunteers set policy, operate Tel-Med and record utilization data. In keeping with the philosophy that healthy behavior is essentially a voluntary action, the Center and its Tel-Med program encourage volunteering. In addition to volunteer script reviewers and writers, thirty men, women and young people provide an average of eighty hours of service each week.

5. Audio, visual, and print material is continuously available to the public. Over 550,000 brochures describing Tel-Med and listing the tape library were distributed in the first six months of operation and public service announcements are continuously played on radio and television and printed in newspapers.

6. Funding for Tel-Med is shared. The medical society, the Christmas Seal League of Southwestern Pennsylvania, Pennsylvania Blue Shield, Blue Cross of

PATIENTS often hesitate to ask busy physicians questions about their health. John Lloyd, M.D., Pittsburgh general surgeon, is shown above overcoming that situation.

Student nurses use HEC resources to improve patient teaching skills.

Southwestern Pennsylvania, and the United Way of Allegheny County contribute funds. This mix of money, plus purchase of tapes by agencies receiving referrals provided $34,000 of the $44,000 first year operating costs.

7. Evaluation and updating is built into the program. Before Tel-Med began operation, a random sample of the population was surveyed by telephone to determine where people received their health information. It will be repeated in one year. Operators periodically request callers to respond to short questions that show the majority of Tel-Med callers are women, live in the Pittsburgh area and are calling Tel-Med for the first time. Callers include health practitioners, social workers, students, and business men. Meticulous records enable staff and others to recognize health topics of greatest interest to the public (Chart C).

Brochures are being revised to include over sixty additions to the library. New tapes added between brochure printings are announced on a special information tape.

CHART C
Twenty Most Requested Tapes

(Total Tel-Med Calls from June 1, 1976 to February 28, 1977—242,626)

Tape Title	*Times Requested*
1. Masturbation	22,754
2. Homosexuality	4,609
3. Diaphragm, Foam and Condom	4,551
4. Vasectomy	3,692
5. Where Did I Come From, Mama?	3,118
6. The Pill	3,073
7. Syphilis	2,903
8. Natural Methods	2,780
9. Fears of the After 40 Man	2,759
10. Vaginitis	2,707
11. Tension	2,650
12. Gonorrhea	2,574
13. When Do I Need a Psychiatrist?	2,543
14. Acne	2,323
15. Brothers and Sisters Getting Along	2,316
16. The Flu-1976 (Swine Flu)	2,275
17. Menopause	2,249
18. Baldness and Falling Hair	2,245
19. Seeing Spots and Floaters	2,187
20. Warning Signs of Pregnancy	2,142

Conclusion

What is the role of the physician in the effort to educate the public regarding health? The Health Education Center of Southwestern Pennsylvania is proof that physicians are vital to the success of such operations. First, they provide the best source of knowledge in health matters. Second, they are in the very best possible position to encourage people to get educated about their health and to use the right sources of information. Without the Allegheny County Medical Society and its members such a project could be only partially successful at best. Everywhere today is heard the comment that health care costs could be lowered if the public were better educated regarding health. Whether or not this is true remains to be seen, but health education efforts will be receiving more and more emphasis because of this. Only the involvement of physicians can provide quality assurance and maximum utilization by the public.

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Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

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Camera reviews recent Society activities

HENRY H. FETTERMAN, M.D., chairman of the Society's Council on Medical Service, left, appeared before the Senate Health and Welfare Committee February 25, at the invitation of Senator W. Louis Coppersmith, chairman, and the committee, at the right above. On the agenda were health care cost containment, utilization review, copayment requirements, and medicaid reimbursement schedules. Dr. Fetterman said that "future health care economies will probably depend on physician, hospital, and patient controls." He urged the committee to be concerned with reimbursement for care given Pennsylvania's medicaid patients, "one of the lowest reimbursement levels in the entire country."

AT THE HEALTH and Welfare Committee hearing, Robert H. Craig, Jr., director of governmental activities for the Society, in the top photograph facing away from the camera, is shown conferring with Senator Coppersmith. Below, Craig, Senator Coppersmith, and Dr. Fetterman are shown discussing testimony after the hearing.

County society executive secretaries and directors, some of whom are shown above, met in March in Harrisburg for a regular quarterly meeting. They are as follows: H. David Moore, Allegheny County; Luann Croyle, Armstrong County; Nancy P. Moyer, Beaver County; Sherwood C. Young, Berks County; Pauline L. Bowers, Blair County; John S. Detweiler, Bucks County; Michael P. Kohler, Cambria County; William B. Harlan, Dauphin County; John Kotik, Delaware County; Robert B. Stuart, M.D., Erie County; Walter A. Lion, Jr., Fayette County; Wilma Carlson, Jefferson County; Ruth O. Banks, Lackawanna County; Janice C. Dunlevy, Lancaster County; Robert R. Parsons, Lehigh County; Leona O. Franey, Luzerne County; Paul P. John, Lycoming and Union Counties; Arthur Whitehair, Montgomery County; William H. Kilpatrick, Northampton County; Richard M. Nelson, Philadelphia County; Edyth T. Upson, Washington County; Carolyn Gilchrest, Westmoreland County; and Kathryn M. Fourhman, York County.

THE COMMISSION on Professional Liability Insurance has held regular meetings to review the Argonaut Insurance Co. filing for an increase in malpractice insurance premiums. Chairman Robert L. Lasher, M.D., is shown above to the right, presiding over a recent meeting.

SOCIETY PRESIDENT William J. Kelly, M.D., joined his counterpart in the Pennsylvania Bar Association at a joint meeting of the Mercer County Medical Society in Sharon March 10. Shown at the left, left to right, are Theodore L. Yarboro, M.D., president of the Mercer County Medical Society; Dr. Kelly; George H. Rowley, president of the Mercer County Bar Association; and Joseph E. Gallagher, president of the Pennsylvania Bar Association.

THE AD HOC committee to study malpractice insurance, shown at the left, has met several times already in 1977 to study countersuits and to formulate PLAN, a grassroots organization for legislative activity. PLAN, Physicians' Legislative Action Network, has asked each county medical and specialty society to appoint a physician as PLAN representative to coordinate contacting Legislators. David S. Masland, M.D., ad hoc committee chairman, is shown presiding over the last meeting.

THE STATE SOCIETY sponsored a negotiating seminar in February to give interested officers an opportunity to learn how and when to bargain. In the photograph to the right are some of those who attended. In the foreground are George A. Rowland, M.D., chairman of the Board of Trustees and Joseph C. Donnelly, Jr., M.D., chairman of the Interspecialty Committee. In the second row are Raymond C. Grandon, M.D., Fifth District trustee; Richard L. Huber, M.D., Third District trustee; and G. Winfield Yarnall, M.D., Society secretary.

MDs in the news

H. Craig Bell, M.D., Abington, was installed recently as president of the Medical Club of Philadelphia. Dr. Bell teaches psychiatry and neurology at the University of Pennsylvania School of Medicine and is in the psychiatry department at the Abington Memorial Hospital.

DR. BELL

DR. HARTFORD

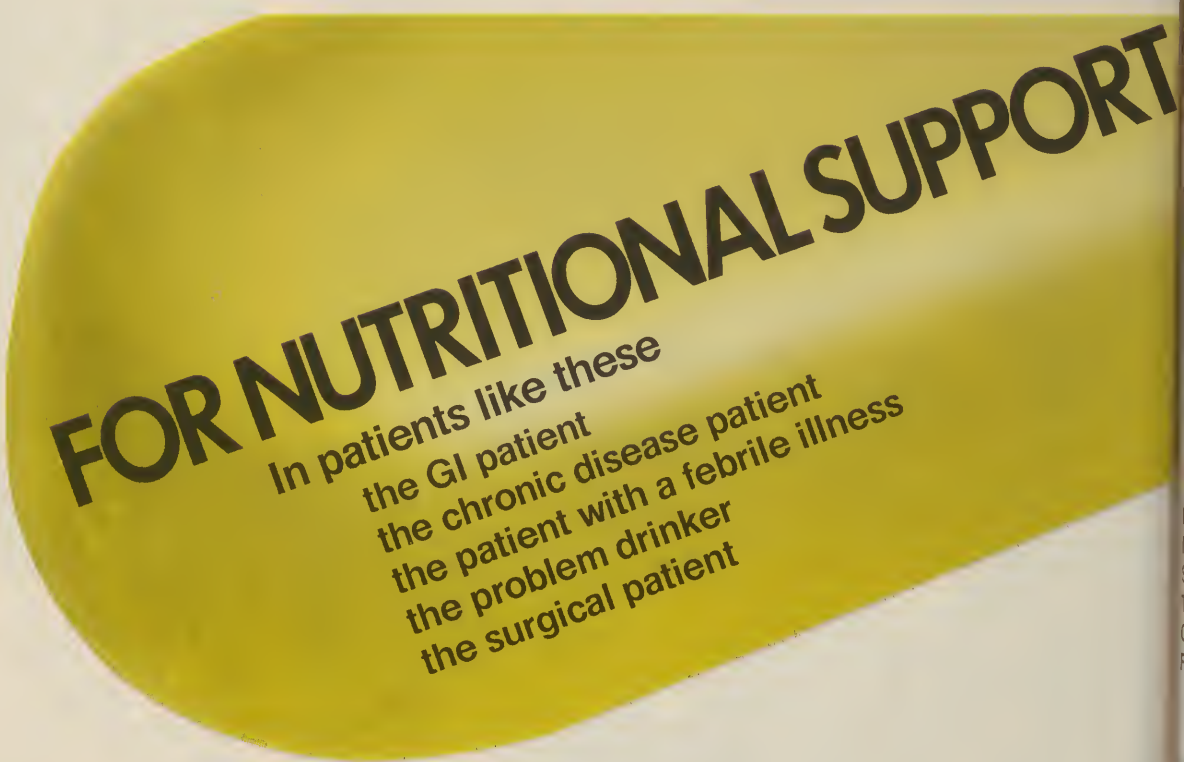
C. Edward Hartford, M.D., Palmerton, was appointed recently as co-director of the burn treatment unit at the Crozer-Chester Medical Center in Upland. He will maintain a general surgery practice at the medical center additionally. Previously Dr. Hartford was a professor at the University of Iowa College of Medicine and associated with the university's hospitals and clinics.

The new book, *Sex and the Life Cycle,* contains a chapter by **Dorothea D. Glass, M.D.** It is entitled "Sexuality and the Spinal Cord Injured Patient." Dr. Glass is coordinator of the sexual attitude reassessment program at the Moss Rehabilitation Hospital in Philadelphia.

During the 93rd annual dinner of the Luzerne County Medical Society, **Joseph A. Drapiewski, M.D.,** Nanticoke, and **Irving O. Thomas, M.D.,** Wilkes-Barre, received awards for 50 years in the practice of medicine.

The following physicians were recently named fellows of the American Academy of Orthopedic Surgeons: **Thomas B. Dickson, Jr., M.D.,** Allentown; **J. Dale Howe, M.D.,** Allentown; **Barry A. Silver, M.D.,** Lansdale; **L. Nicholas Sotos, M.D.,** Kittanning; **Carl R. Steindel, M.D.,** Scranton; and **James A. Strite, Jr., M.D.,** Gettysburg.

Nellie C. Heisley, M.D., formerly of Honesdale, was honored recently by the State Society for 50 years of medical service. Dr. Heisley graduated from the Woman's Medical College in 1927. She spent the years 1928-33 as a medical missionary in India, where for a time she served as medical director of a 150 bed hospital for women and children. From 1933 until she retired to Crescent City, Florida, in 1969, she practiced family medicine in Honesdale.



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Four members of the Berks County Medical Society were recently presented with State Society 50 year medical service awards. They are: **Charles B. Bertolet, M.D.,** Mount Penn; **Roland M. Brickbauer, M.D.,** Mohnton; **E. Karl Houck, M.D.,** Reading; and **F. Lee Terry, M.D.,** Muhlenberg Park.

The American Board of Family Practice recently named the following physicians as diplomates: **Robert C. Dix, Jr., M.D.,** Milton; **Vorrie B. Macom, M.D.,** Lansford; **John P. Pagana, M.D.,** Sunbury; **Gregory J. Salko, M.D.,** Carbondale; and **Thomas M. Bryan, M.D., Donald G. Crawford, M.D.,** and **F. Samuel Farber, M.D.,** of Harrisburg.

Richard J. Miraglia, M.D., Pocono Lake, was recently elected president of the Pocono Family Practice Society, which is the northeastern chapter of the Pennsylvania Academy of Family Physicians.

F. Susan Cowchock, M.D., through a grant from the Easter Seal Society, has been involved in a prenatal diagnosis program at the Thomas Jefferson University Genetic Counseling Center, Philadelphia. The research involves measuring the alpha-fetoprotein level in the mother's blood followed by amniocentesis or ultrasound tests in order to check the accuracy of the blood test.

During a recent meeting of the Cambria County Medical Society, **James E. Miller, M.D.,** received the organization's physician of the year award for his outstanding contributions to medicine. At the same meeting, fifty year awards were presented to **Paul McCloskey, M.D.,** Johnstown; **Charles Tredennick, M.D.,** Johnstown; and **Frederick Sloan, M.D.,** Pittsburgh.

Jonathan E. Rhoads, M.D., professor of surgery at the University of Pennsylvania School of Medicine, recently received the Philadelphia Award for 1976. The award, established in 1921 by publisher Edward W. Bok, is presented yearly to one who has advanced the largest and best interests of the community.

Dr. Rhoads has a long record of service to the Delaware Valley and the nation. Current president of the American Philosophical Society, he is a past president of the Philadelphia County Medical Society, American Surgical Association, and the American College of Surgeons. In 1975 he was chosen to receive the State Society's Distinguished Service Award.

Former national president of the American Cancer Society, he is editor of the society's monthly journal, Cancer, *and chairman of the National Cancer Advisory Board of the National Cancer Institute.*

MDs in the news

Donald Kaye, M.D., Gladwyne, was recently elected to the committee on infectious diseases of the American Board of Internal Medicine. Dr. Kaye is professor and chairman of the department of medicine at the Medical College of Pennsylvania.

DR. KAYE

DR. ADAMS

Colonel Fae Adams, M.D., of the U.S. Army Reserve, was named recently as commander of the 1800 officers and enlisted personnel of the 338th medical group, which covers hospitals in Folsom, Wilkes-Barre, Harrisburg, Lancaster, Chester, and Kearney, New Jersey. Dr. Adams, associate professor of obstetrics and gynecology at the Medical College of Pennsylvania, entered the Army Medical Corps in 1952 as the first female doctor to be commissioned in the regular army and the first woman to become a resident at Walter Reed Hospital.

J. Pat Tokarz, M.D., a second year resident in family medicine at The Milton S. Hershey Medical Center, The Pennsylvania State University, was elected recently as a member at large of the seven-member governing council of the American Medical Association Resident Physician Section (RPS). The section, evolved from the Intern and Resident Business Section, plans to make education and health policy proposals to the AMA House of Delegates through a delegate from the RPS.

S. Luther Savidge, M.D., was named recently as Sunbury's Citizen of the Year for his "unselfish public spirit." Dr. Savidge has practiced medicine in Sunbury since 1935. He is a past president of the Northumberland County Medical Society.

James R. McShane, M.D., retired recently as medical director of the Reading Hospital and Medical Center in order to move with his wife to Bantry, County Cork, Ireland. He had been associated with the hospital since 1954 and served as medical director for sixteen years.

William Lightfoot, M.D., Philadelphia, was appointed recently as director of the emergency department and the surgical compensation clinic at Temple University Hospital. Dr. Lightfoot is professor of surgery at Temple University School of Medicine.

New county officers

Berks County Medical Society
James F. Welsh, M.D., Mohnton, president
Mark S. Reed, M.D., Reading, president elect
Arlington A. Nagle, M.D., Womelsdorf, secretary
Lewis Pollack, M.D., Reading, treasurer

Cambria County Medical Society
Donald D. Mitchell, M.D., Johnstown, president
Ferdinand Soisson, M.D., Richland Court, president elect
E. B. Hill, M.D., Johnstown, vice president
Igor Islamoff, M.D., Johnstown, secretary
William Hughes, M.D., Johnstown, treasurer

Columbia County Medical Society
David R. Campbell, M.D., Berwick, president
R. W. Meldrum, M.D., Bloomsburg, president elect
J. F. Gegwich, M.D., Berwick, vice president
J. Campbell Martin, M.D., Bloomsburg, secretary treasurer

Dauphin County Medical Society
Bernard Margolis, M.D., Harrisburg, president
Thomas Fletcher, M.D., Camp Hill, president elect
Lewis Patterson, M.D., Harrisburg, first vice president
Patrick Forsythe, M.D., Camp Hill, second vice president
David A. Smith, M.D., New Cumberland, secretary treasurer

Fayette County Medical Society
Cataldo Corrado, Jr., M.D., Uniontown, president
Roldan Medina, M.D., Uniontown, president elect
A. J. Oliverio, M.D., Uniontown, first vice president
J. P. O'Connell, M.D., Uniontown, second vice president
Gertrude Blumenschein, M.D., Uniontown, secretary treasurer

Lehigh County Medical Society
Indru T. Khubchandani, M.D., Allentown, president
David A. Tilly, M.D., Allentown, president elect
Clifford G. Vernick, M.D., Allentown, vice president
Walter J. Dex, M.D., Allentown, secretary
David O. Williams, M.D., Allentown, treasurer

Lycoming County Medical Society
Galal Ahmed, M.D., Williamsport, president
Charles Cipolla, M.D., Williamsport, president elect
Edward N. Moser, M.D., Williamsport, vice president
Donald Shearer, M.D., Montoursville, secretary
Chan Yoon, M.D., Williamsport, assistant secretary treasurer

York County Medical Society
J. Joseph Danyo, M.D., York, president
Kenneth Ehrhart, M.D., Hanover president elect
Kirk Pandelidis, M.D., York, vice president
John P. Whiteley, M.D., York, secretary treasurer

Childline receives 3,699 calls in first six months

In its 1975-76 annual report, the Bureau of Child Welfare, Department of Public Welfare reported that in the first six months of operation, the Childline hotline received 3,699 calls reporting suspected cases of child abuse or neglect. Additionally, 1200 calls were handled through counseling or by providing information or referral to the caller.

According to the annual report, when Childline receives an allegation, information about the child involved is checked in the central registry and transmitted by phone to the correct County Children's Protective Services Unit. Investigations are begun within 24 hours and completed within 30 days. When investigation supports the allegation, the information is entered into the central register, and assistance is provided for the child and the abusing adult.

Childline opened officially on March 25, 1976, under the Child Protective Services Act of 1975.

Hemophilia symposium slated

A hemophilia symposium will be presented 8:30 a.m. to 5:30 p.m. April 21 in Scaife Hall at the University of Pittsburgh.

The symposium, which precedes the 20th annual Pennsylvania Association of Blood Banks meeting at the Hilton Hotel, April 22-23, is sponsored by the Hemophilia Center of Western Pennsylvania, Central Blood Bank of Pittsburgh, Western Pennsylvania Chapter of the National Hemophilia Foundation, and the University of Pittsburgh School of Medicine.

The program will include discussions of sub-unit structures, synthesis, genetic regulation, therapeutic products, Pennsylvania hemophilia program, psychosocial aspects of treatment, and orthopedic rehabilitation.

Tuition is $10. The University of Pittsburgh School of Medicine certifies that the program is accredited for six hours of Category I credit toward the Physician's Recognition Award of the American Medical Association. For further information contact the Division of Continuing Medical Education, University of Pittsburgh School of Medicine, 1022 Scaife Hall, Pittsburgh, PA 15261; (412) 624-2653.

PAOO to hold annual meeting

The annual meeting of the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO) will be held May 18-21 at the Bedford Springs Hotel, Bedford.

The program, which is acceptable for 15 Category I credits toward the Physician's Recognition Award of the American Medical Association, will include scientific sessions, instruction courses, films, and study clubs. Some of the major topics will be cranial facial emergencies, trauma to the globe, midfacial trauma, visual disturbances and the paranasal sinuses, problems of caring for the patient with glaucoma, facial plastic surgery and trauma, and surgery of head and neck cancer.

Registration is free for Pennsylvania members and residents; $5 for out-of-state members, and $35 for nonmembers.

For more information contact Donald B. Kamerer, M.D., Secretary, 1501 Locust St., Pittsburgh, PA 15219.

Clinical chemistry group to meet

The Philadelphia Section, American Association for Clinical Chemistry (AACC) will hold its fourth annual symposium May 9-10 at the Hershey Motor Lodge, Hershey.

Entitled "A Multifaceted Approach to the Evaluation of Liver Function," the symposium is designed to provide a comprehensive and up to date coverage of selected areas of liver pathology, morphology/anatomy, biochemistry, and laboratory diagnosis. Among the speakers will be Baruch S. Blumberg, M.D., recent Nobel Prize recipient, and Drs. F. W. Schmidt and E. Schmidt of Hanover, West Germany.

For registration forms and other information contact Dr. R. B. McGovern, Holy Spirit Hospital, N. 21 St., Camp Hill, PA 17011.

Project USA seeks volunteers

Project USA, the American Medical Association's program to recruit physicians for short-term service (usually two weeks) has vacancies throughout the year at Indian Health Service facilities and National Health Service Corps rural communities.

Volunteer physicians receive $500 a week plus round trip air coach fare. Family housing accommodations are provided. Malpractice insurance coverage is furnished under the Federal Torts Claims Act for service in Indian reservations; but the physician must provide his own insurance at a National Health Service Corps site.

Interested physicians may contact John Naughton, American Medical Association, 535 N. Dearborn St., Chicago, IL 60610; (312) 751-6388.

Medical practice management guide published

The Physician's Office, a guide to planning and managing a successful medical practice, by Leif C. Beck, 170 pages, Excerpta Medica, Princeton, New Jersey, 1977. $14.95.

"Take the time to make the practice run smoothly and you will save untold amounts of time and frustration in return," is the message of *The Physician's Office, a guide to planning and managing a successful medical practice,* by Leif C. Beck.

Beck, president of Management Consulting for Professionals, Inc., Bala Cynwyd, states in the introduction that because of the increasing pressures on physicians, particularly private practitioners, they must "organize and manage their work well. . . . if they don't, doctors may find the going tougher and tougher as pressures continue to develop."

In following chapters, Beck discusses such essential topics as selecting and obtaining the best office, hiring and managing lay personnel, medical office routines, billing and collecting for services, financial management, practice insurance, hiring a new physician, and forming a group practice. Each chapter is accompanied by a chapter outline and appropriate appendices illustrating or complementing the text.

Chapters are presented in a simple, logical way with ample details and examples—sample employment form, job description, and personnel policy manual; acceptable form letters for fee collection; sample monthly financial statements for a solo practice, a partnership, and a corporation; and an example of an efficient practice budget format.

In conjunction with Vasilios J. Kalogredis, a principal consultant of Management Consulting for Professionals, Beck writes a monthly practice management article for this journal. Additionally, he is author of a series for the journal, *Group Practice,* an editorial consultant for *Medical Economics,* and a lecturer on medical management, taxation, and professional corporations. In the past few years he has served as a faculty member for "Principles of Medical Practice Management" seminars sponsored by the State Society Council on Education and Science.

The Physician's Office can be a useful guide in avoiding management problems. As Beck states in the introduction:

"Practice management is not some unique, highly specialized talent which requires training and education that many doctors protest they lack. It is the careful application of *common sense.* This book is intended to provide those guidelines—the important facets of each business aspect that will enable the physician to organize and practice his chosen profession as well and with as much satisfaction as possible."

See page 31 for details about obtaining copies of the book.

TV medical show aired

"Talk With Your Doctor," a television series featuring panel discussions with Allentown area physicians, premiered Saturday, February 26 on WFMZ-TV, Channel 69, Allentown.

Scheduled to be aired the fourth Saturday of each month at 8:00 p.m., the hour-long program consists of a panel discussion followed by a telephone question period for viewers.

The first segment was entitled "Physical Examination—A Ripoff?" and featured Dean F. Dimick, M.D., Bruce M. Viechnicki, M.D., Forrest G. Moyer, M.D., and Headley S. White, M.D., all of Allentown.

Future programs will deal with emergency care, headaches, and venereal disease.

Clinical engineering journal introduced

The premier issue of the *Journal of Clinical Engineering,* a new quarterly journal, has been published.

For a complimentary copy of the first issue of the *Journal of Clinical Engineering* write Mrs. Charlene Whitney, Quest Publishing Company, P.O. Box 4141, Diamond Bar, Carlifornia 91765.

Patient referral guide revised

The Clinical Center, research hospital of the National Institutes of Health in Bethesda, Maryland, has issued a revised edition of the booklet, "Current Clinical Studies and Patient Referral Procedure."

Designed for physicians, the booklet describes the clinical research studies now in progress and outlines the procedure to be followed by physicians who wish to refer patients to the center for study.

Copies of the booklet are available from: Chief, Office of Clinical Reports and Inquiries, The Clinical Center, Building 10, Room 1N-242, National Institutes of Health, Bethesda, Maryland 20014.

Allergists to meet

The Pennsylvania Allergy Association will hold its annual spring meeting June 9-12 at the Hershey Hotel, Hershey.

Officers of the association for 1976-77 are: Charles W. Woodcock, M.D., Harrisburg, president; D. Lee Miller, M.D., Pittsburgh, president elect and secretary; and Charles Blumstein, M.D., Jenkintown, treasurer.

For further information write P. J. Dowdell, M.D., Publicity Chairman, Medical Center Clinic, 90 Shenango St., Greenville, PA 16125.

Education an unfair practice—what next?

Currently, accreditation of American medical schools is the responsibility of the Liaison Committee on Medical Education (LCME), a joint endeavor of the American Medical Association and the Association of American Medical Colleges. LCME is officially recognized by the U.S. Commissioner of Education and the Council on Post Secondary Education. Recently, the Federal Trade Commission has challenged this procedure by opposing LCME's petition for continued acceptance in this role.

A Federal Trade Commission (FTC) memorandum stated that "there is no learned profession exemption to the antitrust laws" and officially began investigations of LCME's files to determine whether activities related to accreditation of medical schools or supply of physicians may constitute unfair practice or restraint of trade. The FTC, in a letter to the United States Office of Education regarding the accreditation process, claims that "the issue is whether there is a conflict, an incentive to act improperly which might be perceived by the public as undermining the fairness of the process." Daniel C. Schwartz, acting director of the Bureau of Competition (FTC) explains, "We believe the LCME's petition should be denied. The basis for this position is not complicated. It rests on the simple—and we believe indisputable—premise that LCME suffers from a conflict of interest inappropriate for an accrediting agency. This conflict of interest stems from the considerable influence over LCME exercised by AMA and its Council on Medical Education."

This argument is predicated upon an assumption of what *could* happen and, furthermore, has shown a total disregard of the facts. No evidence has been produced on which a specific accusation can be made of misfeasance in the accreditation process. The criteria upon which medical schools are accredited are based upon two documents which are available from LCME. One hundred and seven United States and 16 Canadian schools were accredited as of October 1975. By October 1976, 112 American and 16 Canadian schools were approved. Since 1968-1969, there has been an *increase* of 20,411 medical students attending United States medical schools. Although the facts clearly indicate that "restraint of trade" is not being practiced, the FTC has accused LCME/AMA of conflict of interest. They have intimated that the conflict is an economic one, that the AMA "vigorously pursues the economic interests of its members."

While founding their claim of incentive to act improperly on a monetary level, the FTC has committed a basic error of both definition and reasoning. A profession is not a trade and a professional organization is not a union. The AMA lets component societies concern themselves with all aspects of medical services dedicated to the public good. Through the Committee on Medical Education, low grade medical schools have decreased and thus the number of incompetent physicians has decreased. The intent has not been to limit the number of physicians but rather to insure that those who graduate will have the skills necessary to provide high quality medical care. Since American Medicine is recognized as the best world-wide, it would seem that the AMA has succeeded in its goal.

The FTC should be asked to validate its position on the LCME's accreditation procedure on a more substantial level than nebulous reasoning and innuendo. Pennsylvania physicians must support this effort to thwart a bureaucratic takeover of a sector that has a proven track record.

David A. Smith, M.D.
Medical Editor

Why pay dues?

Reprinted from the January 1977 Bulletin *of the Luzerne County Medical Society.*

Another year, and another age, added to our rapid rush toward the inevitable pack branded as senior citizens. Though we, of course, wish all of you a happy new 1977, the ominous signs of difficult times for our profession loom in the horizon with the inauguration of Mr. Carter, our new president, who has promised to the American people most everything, including the kitchen sink. The attitude of the new administration is certainly ambiguous and obviously dangerous, indeed. To combat this inevitable danger, unity is the only answer.

How often, in the coffee shops of the various hos-

pitals we are privileged to visit, we hear the grumbling cracks about the bureaucrats in medicine, the do nothings in organized medicine, the rising dues to the national, state and county medical societies, the angry retorts—"Well, I've had it. I am not going to any more meetings. No more paying dues to the AMA or the State Society. No sir, what have they done for me? Nuts. The hell with it all." The questions we would like to ask at the beginning of the new year are: "When was the last time you went to a county society meeting?" "When was the last time you rose and in no uncertain terms raised your voice in protest?" "When did you last attend the election of officers and instruct them to represent your views at decision making bodies of our various societies?" It is easy to criticize, but difficult to be a loner. Raise your voice in anger and get nowhere. In unity lies overt action and only by gathering together with your fellow colleagues at stated meetings, in unison, lies the strength of democratic action. Dropping your memberships from your professional organizations, not attending regularly all meetings called for, dropping dues payments and drawing yourself into the shell of your office, your growing practice, your increasing revenues, your visits to your hospitals, solve no problems at all. We forget easily that organized medicine has given us our magnificent American medicine, the envy of the world. We forget how many benefits of modern medicine, available to us all, were made possible by our various organizations which work tirelessly for our benefits. We forget so soon and are so ready to resort to unjustified criticisms. A strong organization can be buttressed only by unified membership. Our Nation, State and County, have the moxie, the expertise, the experience to fight our joint battles. Lack of interest, absence from meetings, failure to express opinions, resentments, criticisms, accomplishes nothing except adding to the bad taste already in our mouths. Let us be honest for a change and get down to brass tacks! First, let us cite some of the accomplishments of our State Society. You are familiar with the issues. You confront them daily in your practice. By **active** membership in your State Society you help to fight for:

1. Suing the Argonaut Insurance Company for breach of contract.
2. Testing in court the constitutionality of Act 111.
3. Resisting the entry of optometrists, chiropractors into Blue Shield, Blue Cross, Social Security.
4. Suing the State Health Department on the licensing of office laboratories.
5. Expelling unqualified expert witnesses.
6. Fighting the malpractice crisis by countersuing attorneys and plaintiffs.
7. Upgrading health care quality, slashing office supply costs through the Pennsylvania Medical Cooperative.

And what about the AMA? Just take a look at the new changes in the forced HEW utilization regulations, hospital-physician relations, maximum allowable drug costs, negotiations with third parties, medicare regulations, health planning regulations, fighting federal planned license and relicensure.

The justification for quality medical care to which we and our organized groups are so devoted are threatened by the new administration's gimlet eyes. Our goals will be diluted unless your AMA, State and County societies have the strength of great numbers. Dropping membership here and yon, for some carpy reason, unjustified personally, merely saps the strength from a planned, well organized group in the battle ring. Calling for unity against our common danger is not a case of the boy crying "wolf" against make believe wolves, as the AMA aptly puts it. The wolves are real. For instance: the former Georgia governor has made it clear that he will take full control of matters dealing with health issues. The newly elected young radical members of Congress are ready for reform, ready to pounce on our profession, the only one isolated from other organizations in our land, preparing for the hunt. These newly elected inexperienced reformers will go to any length, since there is no longer any fear of a presidential veto. You can expect a big bang—FEDERALIZED NATIONAL HEALTH INSURANCE with the Social Security Administration as its mismanager. Wow! Allied health professionals, with slight of hand, will take over your profession and give the public what they think it deserves—ROTTEN MEDICINE. Don't throw up your hands and explode in disgust and say, "Oh what the hell is the use! It is coming anyway, and there is nothing we can do about it." The hell there isn't! That was not the way the battle of Concord was carried on against the British mercenaries. That was not the way the soldiers at Valley Forge reacted. Crossing the Delaware was not an act of desperation. There is a lot we can do, not individually, but as a strong unified group, one for all, all for one. How? Make a new year's resolution. Join or continue your membership in the County, State, and AMA. Go to every meeting scheduled. Stand up and fight for your rights. ACT LIKE A DOCTOR NOT LIKE A SLAVE. HOLD YOUR HEAD HIGH. YOUR PATIENTS WILL LOVE YOU. FIGHT FOR THEM. For that is your dedication to your profession—to care for those who need you. Robert Louis Stevenson said it better than anyone else:

> there are men and classes of men that stand above the common herd: the lawyer, the clergyman, etc. But above all, the physician. He is the flower of our civilization.

Remain true to your profession. Medicine's achievements are your advantages. Its future and yours are one and inseparable. Continue your membership in the AMA, in the Pennsylvania Medical Society, in the Luzerne County Medical Society. These are the solid pavement in your own sure road to a good 1977.

Edward R. Janjigian, M.D.
Kingston

Praise for 'superbill'

To the editor:

Thank you for the excellent article, "Insurance form system critical for non-participants," by Leif C. Beck, LL.B., and Vasilios J. Kalogredis, J.D., in the February 1977 issue of PENNSYLVANIA MEDICINE. It is refreshing to see others aware of the demands placed by third parties on already overburdened physicians. It is my belief that if third party intervention were stopped, fees could be lowered. Thus, physicians can contribute greatly to one of the most common ailments, that of worry about finances.

We have used the "superbill" for three and a half years with regular insurance companies and one year as a non-participating doctor in Blue Shield. There are two employes in our office—a full time assistant and a full time medical secretary/receptionist. Without using the "detailed receipt" (as referred to in our office) four employes would be needed. This saving is passed on to patients.

When patients call for an appointment involving possible surgery, they are informed that we are non-participating with any insurance company and all fees are payable at the time services are rendered. Should patients question the cost, we state our minimum charge and arrange a consultation, stating that if it is a surgical procedure, we can usually do the procedure at that time and all cost will be explained before any work is done. When cost is discussed with a patient, it is pointed out that no consultation charge is made if the surgery is done that day. If only a consultation takes place, a patient is given an allowance on subsequent surgery charges.

Patients are asked to complete forms leaving the receipt attached and send to the insurance company. Sometimes companies demand the doctor's signature and social security or ID numbers. These companies are told that the doctor's signature is all that is necessary, because the doctor has already declared it as income having received payment directly from the patient. The misuse of these numbers can show double income to the physician and can cause a red flag for the IRS.

If a company threatens not to pay a patient unless the form is completed, we state that unless that claim is paid within two weeks, a complaint will be registered with the Insurance Commissioner's office. Legally, no insurance company can withhold payment because physicians do not complete forms. Signatures are required because of falsification of claims; however, with a doctor's signature stamp, the requirement has been eliminated. All other information, excluding what, when, where located, size, and how done, can be furnished by the subscribers.

On the whole, we have lost few patients with our method of handling insurance.

The time taken to complete a proper receipt is less than five minutes compared to the time involved in completing a form after drawing a patient's chart and trying to decifer the notes on that chart. A receipt has detailed information about the type of visit, milligrams of medication or strength, name of medication, diagnosis, and name of referring doctor. The receipt is all that is necessary for medicare or major medical claims.

In the December issue of *Blue Shield Bulletin,* an article, "Maverick Claim Forms Foul Up Processing, Delay Payment," describes our method of claim submission as "maverick." A paragraph taken from that article states:

> When 'maverick' claim forms are received at Blue Shield, the information must be transcribed onto DSRs so that all administrative and data processing procedures can be followed precisely. This takes time, increases the likelihood of errors and adds to claims processing costs.

Who has been absorbing these costs until "maverick?" The physicians. The physicians whose fees are cut or fixed at the Blue's discretion. What other carrier can cut an insured coverage allowance by 50 to 75 percent without notification to the subscribers? What other carrier can state to an insured that he does not owe a participating doctor a fee not picked up in full by the carrier—pathology that is paid "out of pocket" expense incurred by the physician, for example.

Insurance interference has been a clamp on the doctor-patient relationship for too many years. Hopefully, the article by Leif C. Beck and Vasilios J. Kalogredis will bring an awareness to all physicians and ease the judgment cast on others who refuse to follow the "pied piper" and the antiquated Oath of Hippocrates. Without fees, there would be no office in which to practice, but "May it be Granted to me to enjoy Life and my Art."

Robert R. Tompkins, M.D.
Camp Hill

Tip on lab reports

To the editor:

After forty years in medicine it is not difficult for me to notice the drastic change in the practice of medicine.

The doctor never had it easy but he worked with less tension. Today, medical practice is becoming a chore instead of a pleasant occupation.

I have been thinking of steps that doctors should

take to keep up with the present demands on the profession. One thing which doctors can do, and should do, is to give a copy of all laboratory findings to their patients, and, at the same time, explain the findings to them. If the doctor is getting his laboratory work from a clinical lab, or even a hospital lab, he should ask that all reports be mailed to him in duplicate. I have had no problem in getting good cooperation from the clinical lab, and patients are very happy they get this information.

N. A. Karakashian, M.D.
Philadelphia

Reprint from *Psychiatric News*

To the editor:

I would like to call attention to the tragic condition of a Soviet colleague, Dr. Semyon Gluzman. About four years ago, when Dr. Gluzman was a recent Kiev Medical School graduate, he refused assignment to the staff of a Soviet mental health institution renowned for its abuse of psychiatric practice to suppress and torture political dissidents.

Subsequently, he publicly challenged the official diagnosis of a Soviet general, Pyotr Grigorenko, by joining a team of psychiatrists in writing an alternative *in abstentia* forensic psychiatric diagnosis judging Grigorenko not to be mentally ill.

In 1972, convicted of anti-Soviet activities, Dr. Gluzman began a ten year prison sentence in Perm Prison camp, a strict regime labor colony several hundred miles east of Moscow near the Ural Mountains.

Sometime later, he and Vladimir Bukovsky—who had himself spent 20 months in Soviet psychiatric hospitals for possessing copies of a book by Milovan Djilas—wrote a *Manual of Psychiatry for Political Dissidents*. The manual was smuggled out of Dr. Gluzman's prison camp, was circulated as an underground publication in the Soviet Union, and found its way to the West where it was published by Amnesty International.

In prison, the 29 year old psychiatrist has provided medical treatment for fellow inmates contrary to camp regulations. He has refused to perform any labor that could be used to oppress other prisoners such as digging punishment ditches. In addition, he led a month-long hunger strike protesting inhumane conditions in the camp.

For these activities, Semyon Gluzman now faces an additional ten years imprisonment. I believe it is imperative that we speak out in defense of our colleague and in condemnation of Soviet abuse of psychiatric practice for political suppression.

I urge concerned individuals to write Dr. Gluzman's prison camp commander at the following address: Major Pimenov, Camp Commandant, p/ya VS-389/35, p/o Vsesvyatskaya, Chusovkoi raion, 618810 Permakaya Oblast, USSR.

Lawrence Bryskin, M.D.
New York, N.Y.

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☐ A128: TALKING WITH PATIENTS: USE OF THE TELEPHONE—Karen Zupko, Department of Practice Management, American Medical Association. 1 hour, 50 minutes.

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☐ A122: IS PUBLIC PROTECTION KEEPING PACE WITH TECHNOLOGICAL INNOVATIONS?—Thomas M. Gerusky, Director, Bureau of Radiological Health, Department of Environmental Resources, Commonwealth of Pennsylvania. 35 minutes.

☐ A123: MEDICAL BOARD'S CONTROL OF ALLIED HEALTH PROFESSIONS – STIMULANT OR DETERRENT—Richard C. Lyons, M.D., Chairman, State Board of Medical Education and Licensure, Commonwealth of Pennsylvania. 20 minutes.

☐ A125: SHOULD HEALTH PROFESSIONALS BE REGULATED?—Edward W. Robinson, Jr., Commissioner of Professional and Occupational Affairs, Commonwealth of Pennsylvania. 20 minutes.

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(Continued on page 65.)

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practice management

Collection agency viewed as extension of practice

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.
Bala Cynwyd

In today's world, debtors have more and stronger legal safeguards than ever before. The law is indeed concerned and interested in the way medical practices collect their fees. While a medical practice may still apply pressure on patients owing it money, physicians must be careful in dealing with those people.

General considerations

It is unfortunately true that overly aggressive collection processes by medical offices have helped trigger malpractice suits. Some of the suits have been due to patients' frustration over feeling that they have not been treated decently by the doctor, even though the medical care itself may not have been at fault. This situation has developed even when the doctor's office itself had not been the direct aggressor, but used a collection agency or collection letter service which had been overly aggressive in dunning its patients.

Physicians must remember that a collection agency or letter service is acting as the agent of the practice. It will be viewed as an extension of the practice by the patient being confronted. The practice itself may be professional in its direct attempts to collect from the patient, but if its outside agency is not performing professionally the reflection will fall back on the practice itself.

In engaging a collection letter service, all of the service's letters should be reviewed in advance. Such a summary review would help the practice determine which ones are appropriate to it, upon which it must assure that they will be the only ones sent.

Federal and state collection laws

There are a variety of important legal points regarding collections which are unknown by many doctors. Some of the key ones are listed here.

Be truthful—Federal and state law prohibits a creditor (a doctor or practice in this situation) from threatening any action against an individual which the creditor does not in fact take or intend to take.

For example, an assistant might call a patient and say, "If we are not paid by the end of the month, we will sue you." If the office did not intend to follow through with that threat and did not in fact follow through, a practice could encounter legal problems. A federal regulation expressly forbids telephone calls which falsely threaten a debtor with legal action.

Therefore, an office should not threaten something which it has no intention of pursuing. If one does not mean it, the threat should not be made.

Defamation—Although it is admittedly rare, there have been defamation of character suits brought against creditors.

Truth is a defense in a defamation case, but the difficulty in litigation may be determining the truth. The fact that a practice's ledger card indicates a delinquent account does not permit that practice to tell others that the patient is a "deadbeat."

Several creditors have been sued on such grounds and some have lost. Even where the creditor prevailed, the publicity and embarrassment of a full-fledged trial did not warrant the original action.

The lesson here is to be careful what is said to others. Say nothing to others regarding those who owe a practice money. One can, of course, transfer bad debt claims to a collection agency, attorney, small claims court or collection letter-type system, but broadcasting the situation should be avoided.

Various federal rules—The Federal Trade Commission has adopted rules to curb scare tactics. It forbids deceptive representations or actions intended to collect debts or to obtain information for the collection process. The Federal Communication Commission (FCC) has also entered the field, primarily to prevent the misuse of telephones "for a call or calls, anonymous or otherwise, in a manner reasonably expected to frighten or torment another." The FCC also bans nuisance calls at late (or early) hours, unjustified calls to the debtor's employer, relatives, neighbors, or friends and calls falsely threatening court action.

These federal rules apply to medical offices. Any business or practice that deals "interstate" is covered, but that term has been interpreted so broadly that little remains exempt. For example, "interstate phone use" has been defined to include all telephones whose lines connect to phones in another state (which essentially encompasses all phones!).

These federal rules are extensive and may merit a

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review with a practice's legal advisors to assure that present collection procedures are not overstepping the legal bounds.

State laws—Although the Pennsylvania legislature has not gone as far as other states, the increased emphasis on consumer protection is a warning to all that discretion is essential. Therefore, restrictions presently in force in other states may soon find their way to Pennsylvania. Many of them are already endorsed by the Pennsylvania courts despite the lack of state statutes on them.

Many state laws (New York and Massachusetts, for example) expressly prohibit communication or threatened communication of a debt's existence to the debtor's employer. Massachusetts law goes even further, prohibiting the communication or threatened communication to anyone without the express written permission of the debtor. That same law even states that the use of language on an envelope indicating that the communication relates to the collection of a debt is equivalent to communicating the debt.

Selecting a collection agency or letter service

Tremendous care must be taken in selecting a collection agency. The agency selected must be known to use legitimate methods only and it must operate with the dignity worthy of the medical profession. The referring medical office must take responsibility for what its collection agency does and says. It is essential that the office take pains to assure itself that the agency it selects is a good one with a good reputation.

We strongly recommend that the selected collection agency specialize in collecting debts only for the medical and dental professions. Such agencies will usually best understand the physicians' feelings of professional responsibility. Even in dealing with medical-dental agencies, however, references should be obtained and checked carefully.

In the eyes of the patient (and in reality) the collection agency serves as an agent of its medical practice client. Therefore, if the agency duns or otherwise deals with the patient poorly, there can be unfortunate results. At worst, there may arise an otherwise unwarranted malpractice suit, while at the least some bad publicity and/or bad will may develop in the community.

Furthermore, collection agencies are not inexpensive, with fees ranging from one-third to as much as one-half of the amount collected on various accounts. We believe that a practice should maintain an effective collection system within its own office, leaving little to pass on to the outside agency. Even adding personnel costs for this purpose may thus be good business in saving the agency fees. The collection agency may still have a role to play, but it should be involved only after real in-office systems have failed.

Collection letter systems are similarly to be used carefully. They typically sell series of letters to practices for set fees, usually in the $5 to $10 range, which are payable whether or not the patient pays. Once again, one must be sure to review the letters used to determine whether they meet the required professionalism. If severe dunning or other unreasonable letters are sent, they reflect poorly upon the practice and can lead to troubles.

Fair Credit Reporting Act

In many areas credit bureaus will compile lists of bad credit risks. Some physicians have been asked

to provide the names of their non-paying patients. Providing the information is not in and of itself illegal, and in some situations it may help others avoid deadbeats. However, involvement with a credit bureau can have some serious legal and practical implications.

Under the Federal Fair Credit Reporting Act, if a patient named as a "bad debt" is denied credit because of the credit information, he may obtain the names of those who supplied that information. That could expose the physician to a possible damage suit.

So long as the information supplied was truthful (remembering the question what is "truth"?), the physician should not be liable for supplying it. However, we believe he should clear matters with his own attorney before forwarding information to a credit bureau. There are many state laws as well as federal laws in this area that can have far reaching implications.

"Payment in full"

Occasionally a patient will deliver a check marked "payment in full" even though it is for less than the balance he really owes. If the doctor is nevertheless determined to collect the whole fee, recognizing the patient's ability to pay and the doctor's entitlement to the fee, the check should not be deposited in that form. Courts have generally held that the cashing of such a check is an acceptance of the debtor's words—his "offer." Thus, the balance of the account would not thereafter be legally collectable.

Some people have recommended that physicians merely cross out the words "payment in full," cash the check, and bill the patient for the difference anyway. We are skeptical of this advice since the unilateral action may not be enough to keep the balance collectable. If a physician wants to consider such a step, recognizing our skepticism, he should ask his attorney's view under the specific patient situation before him.

One might instead return the check (unendorsed) with a certified letter to the debtor stating that the check sent (listing the amount) was not "payment in full" and requesting payment of the specified full amount. This is the "safest" route to take, although it may result in non-collection of even the previously mailed amount.

As another approach, the check marked "payment in full" might be held, although not cashed or even endorsed, while a certified letter is sent to the debtor. That letter could state that the check is being retained while confirming the total balance. It would continue that the doctor does not intend to cash the check until the debtor remits the balance owed.

Bankrupt patients

The Federal Bankruptcy Laws are complex and extensive. A doctor encountering a patient bankruptcy situation should contact his attorney to determine the best way to handle things. We have a few general comments.

. . . physicians are usually reluctant to take a patient-creditor to court. They feel either that the action will bring "bad will" or that it is not worth the cost and bother, or both. More physicians are, however, recognizing that it is not such a bad alternative after all.'

If a patient goes into bankruptcy, payments will be made (out of whatever assets exist) to those who have filed valid claims. A claim form can be obtained from the bankruptcy section of the local federal district court, filled in by the doctor and returned to the court. When notice of a hearing arises, the physician himself need not attend. Such action may result in only partial payment, depending on the assets and debts involved, but we believe it is usually worth the effort of a few postage stamps and a little preparation time.

If a patient has filed for bankruptcy and the physician had not known or been notified of the action, the doctor (an "unlisted creditor") might still be able to collect after the bankruptcy action. In some situations, the physician may then be able to collect in full since the "discharged" debtor may be in better financial condition than before.

Domestic squabbles

We often hear of difficulties in attempting to collect for services to a spouse or child involved in a marital break-up situation.

We feel strongly that the physician should avoid being placed in the middle of squabbles over which spouse owes him his fee. He should insist on its payment by the parent or individual with whom he is directly involved. Any question as to the ultimate responsibility between the husband and wife should

Preliminary Call to the 1977 Annual Session House of Delegates

The 1977 Annual Session of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Host Farm Resort Motel, Lancaster, Pennsylvania, on Tuesday, October 25, 1977. The second session of the House of Delegates is scheduled for Wednesday, October 26, 1977. The third and concluding session of the House of Delegates will be held Thursday, October 27, 1977. Since the third session may last into mid-afternoon, delegates should plan accordingly.

All proposed amendments to the Constitution must be submitted to the office of the Secretary of this Society on or before June 25, 1977. Such amendments may be proposed upon the written petition of 15 Active, Senior/Active, or Intern/Resident members of the Society, or by the Committee on Constitution and Bylaws. While there is no specific requirement that Bylaws amendments be submitted in advance or published in the Official Call, this is preferable when possible. Written resolutions to be considered by the House may be submitted to the Secretary by a delegate acting in his own behalf or for the component county medical society or specialty society he represents. If received prior to September 25, 1977, they will be published in the *Official Reports Book*.

G. Winfield Yarnall, M.D.
Secretary

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be resolved between them after the doctor has been paid.

The doctor might nevertheless discreetly inquire as to who is specifically responsible. But he must make it clear that the medical services are provided to the individual who is before him and that ultimate responsibility is not his office's concern.

Legal action

Not surprisingly, physicians are usually reluctant to take a patient-creditor to court. They feel either that the action will bring "bad will" or that it is not worth the cost and bother, or both. More physicians are, however, recognizing that it is not such a bad alternative after all.

In Pennsylvania, the statute of limitations (time limit on collection of bad debts) is six years. Even that time period can sometimes be extended. For example, a bill can be "revived" by the patient's part-payment or written acknowledgement of the debt. In light of this, soliciting partial payment or written acknowledgement of old accounts may help keep collection possibilities alive.

A court judgment can be of tremendous advantage in collecting from an even moderate income patient. In Pennsylvania, the judgment might be sought in the small claims court with minimal cost and effort. The filing fee is modest (usually in the $10 range) and the physician will generally not have to appear at the hearing. The form involved is simple to prepare (usually the magistrate or his assistants will help) and an attorney is not needed. In most cases, the patient with no real defense to the claim will not appear, upon which a "default judgment" can be entered against him.

A default judgment can be recorded in the county court house, effectively preventing him from selling his home or other local real estate without "clearing the title." Furthermore, in cases that warrant it, action can be taken to satisfy the judgment, perhaps including to "attach" certain assets or even "garnish" the patient's wages. Such action, admittedly rather harsh in some circumstances, are available where determined appropriate.

Conclusion

There are a variety of complex legal aspects to the collection process. A medical practice should be sure to deal with its own local attorney before taking any steps involving any area of uncertainty. The law in this area is becoming still more complex and more consumer oriented as time goes on, and hence one must be more careful than ever to be sure that he stays within the law. □

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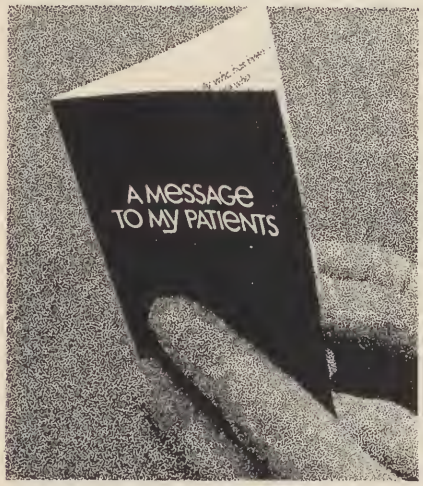

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Know your taxes

A brief look at the Tax Reform Act of 1976

EDWARD H. ACHORN, M.A., C.P.A.

DONALD L. DeMUTH, M.B.A., C.P.A.

The Tax Reform Act of 1976 represents a far reaching change to the Federal Tax System. This article deals with some of the more common features likely to impact the physician in the income tax area. The field of estate and gift tax has been drastically changed. That topic is left for later articles. To keep the discussion brief, the items below apply to individuals and are not necessarily all inclusive. There may be variations for professional corporations.

Minimum tax—Previously, a 10 percent tax had been imposed on tax preference items, reduced by a $30,000 exemption, carryover of taxes not used to offset preferences of prior years, and taxes for the current year. Tax preference items included: (1) capital gains (the 50 percent portion excluded); (2) accelerated depreciation on real property; (3) accelerated depreciation on personalty subject to a net lease; (4) excess amortization; and (5) percentage depletion in excess of cost.

Effective after 1975, the rate increased to 15 percent and the exemption is now the greater of $10,000 ($5,000 if married filing separately) or 50 percent of income taxes for the year less certain credits.

New preference items to be taxed are: (1) itemized deductions (other than medical expenses and casualty losses) in excess of 60 percent of adjusted gross income; (2) accelerated depreciation on *all* leased personal property; and (3) excess intangible drilling costs.

Maximum tax—The progressive tax rates—reaching as high as 70 percent—have caused many taxpayers to seek avenues to minimize the impact. To relieve the pressure, Congress had previously placed a ceiling of 50 percent on the tax rate for earned income (as contrasted with investment income).

Effective after 1976, earned income was expanded to include pensions, annuities, and deferred compensation (as long as not a lump sum). Eligible income was reduced by current year's preferences.

Investment tax credit—Congress previously had provided a direct credit against the income tax in the amount of 10 percent of the qualified investment in certain depreciable personal property. (If seven year life, or more, this could represent a full 10 percent credit.) The major change is that the credit has been made permanent for assets acquired and placed into service before 1981. Certain other technical changes have been made. This is an excellent tax savings device and should be understood thoroughly. If not conversant, seek out your tax advisor for an explanation.

This article is the second in a series dealing with federal income tax and the new regulations under the Tax Reform Act of 1976. Mr. DeMuth is assistant professor of accounting and Mr. Achorn is assistant professor of accounting and management at The Pennsylvania State University's Capitol Campus, Middletown.

Corporate tax rates—The temporary reduction of corporate rates is extended through tax years ending before 1978. These are 20 percent of the first $25,000, 22 percent of the next $25,000, and 48 percent of the excess over $50,000 of taxable income.

Work incentive program credit—The "WIN" credit under the Act is liberalized to permit credit from date of hiring to a tax liability of $50,000. This program provides an employer with a credit against tax equal to 20 percent of "Work Incentive Program Expenses," paid or incurred during the tax year. These expenses are "cash wages or salaries attributable to employees who are certified by the Secretary of Labor. . ."

Per capita tax credit—This feature enacted in 1975 is extended through the balance of 1976 and 1977 and expanded to the greater of $35 for each taxpayer and claimed dependent or 2 percent of up to $9,000 of taxable income ($4,500 if married filing separately).

Child care credit—Previously an itemized deduction was permitted for this type expenditure. Now a direct credit against the tax for qualified child care expenses is allowed equal to 20 percent thereof. The credit allowed has a maximum of $400 for one child, or $800 for two or more, with no phase out based on higher earnings. It is now also permitted if one of the spouses is a full time student and the other works. Fur-

ther, payments made to relatives (who are not dependents) may also qualify.

Retirement income credit—This credit is liberalized and increased. However, it probably will not apply if you are on Social Security.

Standard deduction—If you take the standard deduction, the upper limit is increased to $2,400 or $2,800 for single and joint returns respectively. The low income allowance is increased, as well, to $1,700 and $2,100 respectively.

Tax tables—The procedure is now changed so that people having less than $20,000 in taxable income (Adjusted Gross Income less personal exemptions and standard or itemized deductions) must use the tax tables.

At risk—The "At Risk" provisions have been expanded to limit deductions for losses in certain activities. The deduction may not exceed the amount for which the taxpayer is at risk in: (1) certain types of farming; (2) oil and gas exploration; (3) movie or video tape production and distribution; and (4) equipment leasing. There are varying dates and transitional rules.

Depreciation recapture-real property—For tax years ending after 1975, when residential real estate is disposed of at a gain, all excess depreciation over straight line will be recaptured (i.e., taken into ordinary income).

Construction period interest and taxes—No longer can individuals, Sub-S Shareholders, or Personal Holding Company Shareholders deduct construction period interest and taxes in full. For 1976 only 50 percent can be deducted. The balance must be amortized over 3 years. Special phase in rules apply, so that by 10 years, all of these types of expenditures must be amortized over a period of 10 years.

Farming changes—Substantial changes have been made affecting: (1) limitations on deductions for syndicates; (2) accrual accounting for corporate farms; (3) excess deduction treatment; (4) livestock sold on account of drought; and (5) crop disaster payments. They are merely noted in the event that the physician is involved in such activities. The changes are quite extensive.

Intangible drilling cost recapture—For costs paid or incurred after 1975 any excess deductions over those, had costs been capitalized and had they been cost depleted, will be recaptured when the property is disposed (i.e., they will be taken into ordinary income.)

The federal tax system underwent far reaching changes at the hands of the 94th Congress. The authors here discuss some of the more common features likely to impact the physician. Subsequent articles will discuss such matters as the drastic change in the estate and gift tax area.

Percentage depletion rules—Several clarifying rules changes have been made for "Small Producers" in connection with oil and gas properties.

Investment interest—Noncorporate taxpayers are limited for the investment interest deduction to $10,000 per year plus net investment income (i.e., they may not take as a loss an amount greater than $10,000). The prior Act limitation was $25,000. This does not have an effect on the deductibility of home mortgage interest.

Capital gain and loss holding periods—For tax years beginning in 1977, the holding period is increased from six to nine months, and for 1978 to one year, to qualify for long term treatment. A word of caution: Be sure you know how to count days; better to have one day in excess than not enough.

Capital loss offset against ordinary income—Non-corporate taxpayers in 1977 may offset losses against ordinary income to the extent of $2,000. (In other words, $4,000 in long term capital losses may be offset against $2,000 in ordinary income.) For 1978 it jumps to $3,000.

Sale of residence by the elderly—For tax years beginning after 1976 a taxpayer 65 or older may exclude any gain from the sale of his residence attributable to the first $35,000 of adjusted sales price. If in excess of $35,000, there is a proportionate amount excluded.

Alimony—This deduction no longer needs to be itemized. It can be taken as a deduction in arriving at adjusted gross income. In other words, if you are in the range where taking the standard deduction is to your advantage, it should be a help.

Deductions-business use of homes—Commencing in 1976 an individual will not be allowed a deduction for the cost of the use of part of his personal residence for business purposes unless part of the home is used *exclusively and regularly:* (1) as the taxpayer's principal place of business; (2) as a place where taxpayer meets with patients, in the normal course of business; or (3) in connection with his trade

or business, in the case of a separate structure not attached (e.g., an artist's studio).

For an employe, in addition to

The Tax Reform Act of 1976—learn on these pages of changes in child care credit, investment tax credit, deduction for business use of the home, and many more.

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the above, it must also be for the convenience of the employer. Further, the deduction will be limited to the income generated therefrom (in other words, no loss). The change is for years beginning after 1975.

Vacation home rentals—For tax years beginning after 1975 new rules are established to determine allowable deductions.

A vacation home will be treated as a residence if the taxpayer's personal use exceeds the greater of 14 days or 10 percent of the number of days the home is rented. If use exceeds these limitations, in general, deductions cannot exceed income. If any personal use, deductions will be allocated.

Those limitations will apply also to mobile homes and boats.

Moving expenses—For tax years beginning after 1976, pre-move househunting and temporary living expenses at the new location may be deducted to $1,500 instead of $1,000 at present. For qualifying expenses incurred in the sale, purchase or lease, the maximum is increased from $2,500 to $3,000. Other features of the provision remain essentially as they are at present.

Foreign conventions—Potentially a very controversial new feature is the restriction placed on foreign travel. After 1976 it applies to any place outside the U.S., its possessions, or the trust territory of the Pacific.

Specifically, it provides that: (1) expenses for meals, hotels and other living expenses will not be deductible in full if taxpayer does not attend at least two-thirds of the activities (these are spelled out to be at least six hours per day); (2) expenses will be limited to the per diem allowance for U.S. employes (in Toronto, for example, this would be $40 per day); (3) transportation will not be allowed in full if a majority of the time abroad is not devoted to business related activities; (4) transportation expenses cannot exceed the lowest airfare based on coach or economy rates; and (5) attached to the taxpayer's return must be statements by the sponsoring organization to certify that attendance standards were met by the taxpayer and to furnish specific information about the convention.

Pre-publication expenditures—The present IRS position regarding capitalization of pre-publication expenses (for books, teaching aids, etc.) has been suspended until IRS drafts new rules. In other words, the taxpayer may continue to deduct these expenses as incurred or paid.

IRAs extended to non-working spouses—For tax years after 1976, the maximum deduction is increased to $1,750 where separate accounts (or sub-accounts) are maintained for the benefit of taxpayer and his non-working spouse.

Sick pay exclusion—After 1975, the sick pay exclusion has been restricted to taxpayers under 65 who have retired because of permanent and total disability. Commencing with adjusted gross income of $15,000, this exclusion is reduced on a dollar for dollar basis. Thus, if adjusted gross is greater than $20,200, this exclusion is not available.

Group legal services—Similar to third party medical insurance, this type of service may be provided on a group basis after 1976. There are many restrictions. Seek advice from your tax advisor.

Partnership changes—For tax years beginning after the date indicated, the following changes are made:

12-31-75. Income or losses may be allocated to partners only for the period during which the partner was a member. This has an effect where members are added or dropped.

12-31-75. To allocate partnership income, the allocation must have "substantial economic effect" to the taxpayer receiving that allocation.

12-31-75. Additional first year depreciation is restricted to 20 percent of $10,000 for the partnership, and not to each partner as in the past.

12-31-75. Partnership syndication and organization fees must be capitalized and amortized over at least 60 months.

There are a substantial number of added changes which have only limited application.

Certain hospital services—TRA '76 exempts related services provided for other tax exempt hospitals from the unrelated business income tax. This is true where each hospital does not have facilities for more than 100 in-patients and the price charged does not exceed actual cost—including straight line depreciation and a reasonable rate of return. This change is retroactive to the 1954 Code.

For tax years ending in 1977 or later, clinical services are added to the list of services specifically exempt. □

Go to hell, Washington, and take Harrisburg with you

Medicine indicted for job too well done

ABRAHAM J. TWERSKI, M.D.

Pittsburgh

Just as an individual's maladjustive behavior may be due to feelings of which he is unaware, so can social maladjustment be a consequence of mass "unconscious" feelings. And just as in the individual, the unawareness of certain feelings is generally due to his reluctance to accept such feelings as existing within himself, so in the mass psyche, feelings which we would rather disown may be the ones which are not permitted to come to our awareness. As a psychiatrist, I would like to bring them out of the mass unconscious to the surface where we can at least deal with them, even though we may not like them.

In the past several decades, there has been a significant change in attitudes toward doctors, as indicated in the enormous number of malpractice suits against them, and in the attempt to subjugate them to federal control. What has brought about the marked decline in favor? High medical charges? Hardly that. Most physician's fees are reasonable and although there are a handful of physicians whose fees are excessive, it in no way compares to the generally outrageous prices charged by auto-repair people or air conditioning repairmen for example; in the latter cases, the individual must pay out of his own pocket since he has no insurance coverage. Yet, I hear no one advocating turning the repair industry over to government management. I seriously doubt that reasons like these are responsible for the attitudinal change.

This is the eighth and final part in Dr. Twerski's series, "Go to hell, Washington, and take Harrisburg with you," in which he has related some of his often frustrating experiences with state and federal government. Dr. Twerski is clinical director of psychiatry at St. Francis General Hospital and medical director of the Gateway Rehabilitation Center, Pittsburgh.

Overpopulation

The truth is quite simple and obvious, yet something we hesitate to admit. **There is one major problem confronting the world today and that is overpopulation,** or as it has been known, the population explosion. On any one day you can't avoid seeing, hearing, or reading something in the mass media—whether radio, TV, newspapers, or periodicals—relating to the population problem. There are constant references to the spectre of food supplies running short of universal demand. Every day there are pictures of lean, starving children in areas that are overpopulated in relation to their food supply. The media prophets tell us that this is where we are all headed and we don't like it at all.

In the United States, which does not yet have the food problem, there is a massive problem of a large elderly population whose proportion of our total census increases by a few percentage points each year. In a society where productivity is the criterion whereby everything is judged, including human life, this segment of the population presents a massive social problem. There are inadequate facilities to care for them when they become feeble and there is an unspoken resentment of the galloping increase in the social security taxes which the younger segment must pay to support them.

The liberalized attitude toward abortions is not really an outgrowth of greater sophistication. Abortion could never have been tolerated in the pioneering and growing days of our country, when the human being was an essential commodity upon whose increase in number the survival of the community was dependent. **We have liberalized abortion because we can afford to; because the human being is now dispensable;** because zero population growth is the current goal of our society. The same attitude underlies the pressing drive for legalization of euthanasia, sometimes deceptively concealed under the euphemism of "death with dignity." There is just no question that overpopulation has now become public enemy number one, manifesting its real or fantasied dangers in many ways.

Balance of nature

Overpopulation is a relatively new phenomenon. Until the twentieth century, nature had things pretty well under control. Any student of biology is aware of the "balance of nature" wherein an equilibrium is established by a complex of natural forces. The human being was not exempt from the balance-of-nature phenomenon. The latter was cruel and vicious, but population was controlled.

Just a hundred years ago infant mortality was exceedingly high. Childhood epidemics and infantile diseases left some families

with two or three surviving children out of eleven pregnancies. Childbed fever was a widespread killer of young mothers, and the reproductive population was thus reduced. Tuberculosis took an enormous toll of young people. Infectious epidemics spread like wildfire among all age groups.

Elderly people were particularly vulnerable to infections. Pneumonia in the young might be survived, but in the elderly it was almost always fatal. At both ends of the age spectrum natural forces, with all their cruelty, kept the population in check.

Then entered modern medical science: hygiene and antisepsis, and epidemics of childbed fever were eliminated; knowledge of transmission of disease, and away went malaria, yellow fever, and plague; vaccination, and smallpox was eliminated along with whooping cough, tetanus, diphtheria, and polio; antituberculosis medication, and virtually all tuberculosis sanitaria were converted for other purposes; penicillin and a host of other antibiotics, and pneumonia and many other infectious diseases were brought under control. With all those advances and then the advent of accurate diagnostic instruments and previously undreamt-of surgical procedures, man, from infancy to old age, has become the victor in the battle of life against death.

There you have it. **Man has upset the balance of nature;** he has tampered with those forces that had kept the population from expanding. The horrors of universal starvation expounded by the media are direct consequences of man's intruding on the delicate balance of nature.

'We are now being maligned for having done our work too well. This has implications far beyond the issues of malpractice suits and the like.'

Physicians indicted

Who is responsible for the problem? The auto repairman? The plumber? The farmer? The gas station attendant? The lawyer? Obviously not. The people who are the representatives of medical science have done it, have unleashed the force which is threatening to devastate humanity—the doctors, that's who!

To the individual, the doctor may still be the hero when he saves "my life" or health, or that of someone close to "me." But as an abstract group, **doctors are seen as responsible for what some consider to be the most serious threat ever confronting mankind.** It is hardly surprising that they have become the target for the collective hostility.

If the indictment against me is that I have preserved life, I not only plead guilty, but also vow to continue the practice along with my colleagues, although we recognize that it will only increase the feelings toward us.

I recall that while working at the state hospital, I was awakened at 2 a.m. to examine a febrile patient. I found that he had lived in the hospital longer than any other patient there; he had been admitted there forty-seven years earlier, under the diagnosis of *dementia praecox* (the term schizophrenia had not even gained usage then). According to his chart, he had been catatonic when he was admitted, and in his forty-seven years there had never spoken one word. His life consisted of sitting on a bench all day, staring straight ahead into space; he left the bench only to eat and sleep. For over thirty years, no one had visited or inquired about him. On examination, I found that he had pneumonia, administered an injection of penicillin, and prescribed further treatment.

On the way back to my room, I began reflecting whether my actions would have merited universal approval. Why did I treat this man? So that he could occupy the same spot on the bench for ten more years, doing nothing except eating up taxpayers' money, without the remotest possibility of ever contributing anything to society?

My actions, however, were those which every physician would have taken. **It is not for us to determine who shall live and who shall die. It is not for us to set up standards of usefulness to society.** If we have the ability to treat illness, then we do so blindly. This does not in any way mean that we must prolong the agony of a dying person, as by forcing him to breathe mechanically; there is a difference between prolonging life and prolonging the act of dying. But when and where life can be preserved, we do so without questioning its productive capacity.

We are now being maligned for having done our work too well. This has implications far beyond the issues of malpractice suits and the like. It may be well to recognize that medicine *is* making strides in its conquest of cancer, which is a major killer. If my thesis regarding the balance of nature and the attitude toward medical science for its part in vanquishing deadly illnesses is correct, then it should not be a surprise to discover that support for the battle against cancer and other major killers is all but enthusiastic. We are then not shocked that **the federal government spent more in *one week* waging the Vietnam conflict, than it has in *one year* in the battle against cancer.** It is to this government that some advocate we surrender the care of our health and the maintenance of our lives. Every day that I grow older, this thought becomes more ominous. □

American medicine—socialize or capitalize?

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Medicine is one of several American enterprises being acted upon by two opposing ideological forces. One I shall call capitalism, the spirit of progress, innovation, and creativity. Though far from perfect, it has allowed us to develop the highest standard of medical care in the world. It allows a man to follow his own conscience and moral ideals, to profit from his talents, and to suffer for his mistakes.

Opposing capitalism is the ideology of socialism. Applied to medicine, it would entail government ownership of hospitals, mandatory service by physicians, and a system of taxes to pay for "free" care. By this definition, America does not and may never have socialized medicine, but there are people who feel that this is the direction in which we must move.

Both forces are viable and must be reckoned with. Let us identify five basic problem areas in American medicine today, and then examine how capitalism and socialism would treat them:

1. Part of the impetus for the campaign to socialize medicine is **simple ire at the medical profession** based on a suspicion and disrespect earned by a few doctors for the detriment of many.

2. Cost is an obvious objection. While the growth and sophistication of medical technology has been astounding, so has its price. **Inflation of health care costs** consistently leads other economic indicators.

3. Another concern is **the number and distribution** of doctors. They are concentrating in the specialties and in the cities.

4. Patients silently object to the **dehumanization of medicine.** Depersonalizing technical procedures interject lab values between a patient and his doctor.

5. Finally, patients are seldom in a position to evaluate the necessity or the value of the treatment they receive. The busy physician is frequently at a loss to provide fully informed consent. Because of this and a seemingly unlimited demand for medical attention, **medicine does not obey all of the laws of a free market commodity.**

Mr. Mohr is a second year medical student at Jefferson Medical College, Thomas Jefferson University, where he conducted an in-depth study of the development of national health insurance in the United States. This paper is a reduced form of the original study, carried out under the guidance of E. M. Kuhinka, Ph.D., the Department of Community Health and Preventive Medicine at Jefferson.

So, American medicine has some inherited shortcomings. We as physicians must not become so defensive that we destroy our credibility by claiming that nothing is wrong with the current system. Neither must we become so smug as to assume that these sores will heal themselves before the socialists march in to heal them for us.

Marching they are, and marching they have been for more than half a century. National health insurance has been an election issue since Theodore Roosevelt ran for President. The plans have been waiting many years and are being realized bit by bit as medicare, medicaid, and dozens of other programs that have sprung, fully formed, from the head of Social Security. At a given time there are any number of health bills pending in the national and state legislatures.

In principle and in fact, how would the proposed measures deal with the problems just cited?

1. Foremost perhaps would be the final expression of the resentment so many feel for doctors, who are seen as money grubbing lechers, amassing personal fortunes at the expense of the sick and helpless. **Socialized medicine will signal the demise of the independent professional.**

2. "Economic stabilization" measures would contain the cost of medicine—for a short while. Then those who gloat that medicine does not respond to *all* the factors operating in a free market would find that it does respond to *some*. Forcing an

unlimited demand on a limited supply without the restraints provided by cost would send tax bills skyrocketing.

3. Socialization would deal successfully with one problem: physician maldistribution. By assigning medical students to specialties and training, and by assigning graduates to underserved areas, maldistribution could be dealt with. Never mind the quality of the specialists produced or the commitment of the doctor to the population he serves.

4. Socialization would only aggravate the status quo as far as dehumanization is concerned. **The rushed physician would have even less time than he does now to spend with his patients,** due to the staggering load of paperwork that accompanies every "social" program.

5. Finally, doctors would be even less willing to help patients understand the care they receive and provide fully informed consent. Why should they? The government would provide malpractice insurance for any errors of judgment he may make, and that government would certainly never fire him; he's too valuable. The so-called induced demand that every "free" lunch program generates has demonstrated time and again the free market is not dead, only dying.

So, socialization won't solve anything and will cost a bundle. You knew all this before. What's the alternative?

Capitalization.

By critically and objectively identifying the strengths of American medicine, and *capitalizing* on them, we can solve the problems we face, without the cost in dollars and freedoms required by *socialization.*

1. Organized medicine must swallow some pride and admit there are incompetent physicians who continue to practice because their colleagues are too timid to make waves. By creating a meaningful peer review system, doctors can restore their tarnished image and earn again the confidence of their patients.

2. By working *with* the insurance industry instead of as its adversary, cost can be more realistically managed. Reorientation of policies to cover the costs of regular physicals, outpatient care over inpatient care, and the maintenance of health rather than the perpetuation of illness could have profound effects not only on the cost but the delivery of health care.

3. Medical schools can deal more effectively with physician maldistribution than any Washington bureau. By selecting students on the basis of aptitude and ability rather than just grades, medical schools could rapidly provide the shift to primary care that is cried for so desperately. By selecting students on the basis of family and social background, the schools can be reasonably assured that underserved areas would soon be adequately served.

4. Medical schools are also in the best position to overcome the depersonalization of the man we call "patient." Without de-emphasizing technical facility, the curriculum can be modified to rehumanize medicine. We can do much to enhance the roles of the patient and physician as persons, rather than diseased organ systems with sophisticated, paternalistic caretakers.

5. The American people are wise and sophisticated enough many times to understand what is wrong with their bodies when they are ill. We simply don't give them enough credit. By forcing ourselves to "give up" a few of our ever so precious minutes, we can many times explain disease well enough that a followup visit becomes unnecessary. What is required of the physician is the ability to communicate to his patients the concept that diseases are not mysterious spirits which invade his body, but are the results of processes which can be dealt with and managed rationally even when they are not fully understood. Successful management requires knowledge and understanding; faith and obedience are insufficient.

'While the specter of socialized medicine seems so mockingly imminent, we must not bow our heads to await the collar around our necks.'

In summary, American medicine stands at a vital crossroads. Serious shortcomings exist in medicine which can no longer be ignored or tolerated. **Socialize medicine, and we will sacrifice all that is of value in medicine for no value at all. Or we can develop the strengths of the current system by c*apitalizing* on those strengths, by directing our energies toward overcoming our weaknesses, and by establishing new values which more accurately reflect the society in which we live.**

Our attitude is responsible for the threat of socialized medicine. We have impressed ourselves with our successes and have been content to pat ourselves on the back. But there are problems to be solved and more successes to be won. This is not the time to be complacent; it is the time to be concerned and involved.

We as physicians were the only ones who could allow this situation to come about. We are also the only ones who are strong enough, wise enough, and concerned enough to reverse the trend. While at times the specter of socialized medicine seems so mockingly imminent, we must not bow our heads to await the collar around our necks. Until the day that the law is signed, we must take full advantage of the opportunities which remain to prevent its enactment.

Of greater importance, we must act to eliminate its necessity. □

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Current capsule of forensic psychiatric services

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'Forensic psychiatry and medicine represent a great challenge to the Commonwealth and its physicians. Shortages of full or part time generalists, medical and surgical specialists of all types, and psychiatrists in particular, are experienced in many facilities which serve the Commonwealth's mentally ill offenders and defendants.'

As in other states and jurisdictions, delivery of public-sector forensic psychiatric services in Pennsylvania has been undergoing change reflective of increasing judicial, professional, and public attention to patients' rights and due process considerations in involuntary commitment and the needs of mentally ill persons involved with the criminal justice system.

With respect to its specific interrelationships with the criminal justice system, forensic psychiatry is called upon to provide subspecialty expertise in the diagnostic evaluation of pre-trial defendants, assessments of competence to proceed in the face of criminal charges (present sanity), pre-sentence psychiatric assessments and recommendations when requested by individual courts in their sentencing deliberations, and a variety of evaluations and recommendations concerning convicted offenders in response to the needs of probation, parole and followup court assessments.

Because of trial delays and criminal court backlogs, tens of thousands of defendants who cannot post bail or who face particularly serious, "nonbailable" charges are detained for variable periods of time in county jails. There are 23,000 such detentioners admitted just to Philadelphia County prisons each year. Such detentioners come off the streets with varying degrees of physical and mental disability, and may require such treatment as drug detoxification for pre-existing involvement in methadone programs, or prompt medical intervention for agitated psychoses or a variety of emotional problems requiring emergency management in an unstable detentioner population, uncertain of its pending problems and disposition in criminal court.

Sentenced prisoners within the Commonwealth's Bureau of Corrections generally represent a more stable and "settled" population, but this is only relative. The forensic psychiatric needs of the Bureau of Corrections vary within each State Correctional Institution, depending on the program and types and classification of its sentenced prisoners. No state prison facility, however, is immune from having to cope with acute nervous breakdowns among its inmates. Accordingly, qualified psychiatric personnel are required in the Commonwealth's prisons, as they

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are in state prisons and large county jails throughout the country. The basic correctional need for psychiatric service is a purely medical one, in contrast to other psychiatric contributions which might be made to both inmate and staff alike in the interests of general institutional adjustment and consultative input regarding the overall prison program.

The need to provide for a number of effective-security beds within state hospitals has often resulted in the designation of a single state hospital for mentally disabled offenders and defendants. The correctional, rather than medical, image of such institutions and the quality of treatment provided has varied somewhat from state to state and time to time, but has generally been reflected in a nationwide pattern of inadequate treatment and patient warehousing. Pennsylvania has not been immune from these problems and until recent years has had to rely on a single institution, remote from professional and population centers, to house such persons.

The primary difficulties in developing effective, regional forensic facilities have been singularly reflective of local, community, and political resistance. Even if multimillion dollar funding were available for new construction, or security modification of pre-existing regional treatment facilities, experience has demonstrated that while many of Pennsylvania's citizens and their political representatives desire proper facilities for mentally disabled offenders and defendants, they desire, and would tolerate, such facilities only in someone else's county. The result has been that Wayne County, in which Farview State Hospital has constituted a major industry, remains the only geographic and political entity which has thus far been receptive of large numbers of such mentally ill persons to date.

The Department of Public Welfare and the Office of Mental Health have been aware of the enormity of these problems, and have been pressed to provide solutions. The director and assistant director of forensic psychiatry provide departmental input and recommendations on a variety of forensic psychiatric issues which have rapidly developed in the past few years. The division has developed liaison resources with appropriate academic and professional colleagues, judges, prosecutors and members of the defense bar, and such relevant community agencies as the Citizen's Crime Commission, the Pennsylvania Prison Society, and the American Foundation for Research in Corrections.

'. . . while many of Pennsylvania's citizens and their political representatives desire proper facilities for mentally disabled offenders and defendants, they desire, and would tolerate, such facilities only in someone else's county. The result has been that Wayne County, in which Farview State Hospital has constituted a major industry, remains the only geographic and political entity which has thus far been receptive. . . .'

Within the past several years, Pennsylvania has begun to develop a series of regional forensic facilities. These are limited both in size and scope, and are designated as "medium" security facilities in contrast to Farview State Hospital, the single institution which provides maximum security.

By bringing together an increasing number of Commonwealth agencies and professional resource persons in Pennsylvania and other states, the Division of Forensic Psychiatry has provided the Office of Mental Health with a number of consulting forensic psychiatrists available for the independent examination of mentally ill offenders and defendants and for planning of both emergency and long-term responses to problems which concern jointly the criminal justice and mental health systems of the Commonwealth.

Forensic psychiatric issues are encountered as seemingly separate problems in a number of individual bureaus and agencies in the public sector of human services. The relationship among various agencies, departments, bureaus, and individuals encountering separate aspects of forensic issues in their work is at best loosely coordinated. For example, individual agencies, departments, institutions, and practitioners work in such areas of combined mental health, criminal justice, and legal concerns as: juvenile delinquency, family law and the battered or neglected child, alcohol/drug addiction and crime, corrections, probation and parole, state hospital and community clinic psychiatry, courts' diagnostic and evaluation services.

Thus, a variety of mental health and criminal legal problems present themselves as seemingly isolated problems in quite unrelated places throughout the Commonwealth: battered children appearing in hospital emergency rooms; neglected children identified through school systems and social agencies; truants and delinquents presenting in family and juvenile courts; mentally ill offenders and defendants as seen in criminal courts, jails and penitentiaries; juveniles and adults with both serious criminal charges and profound degrees of mental deficiency; and so on. The final common pathway which all of these cases eventually take involves the search for politically and economically feasible ways to de-

velop effective facilities which provide both secure safety for concerned communities and humane treatment facilities for involuntarily committed mentally ill persons, including mentally ill offenders and defendants.

The following hospital facilities exist for mentally ill offenders and defendants within the Commonwealth:

- Farview State Hospital. This institution opened in 1912 and now houses approximately 360 patients. It is the only state hospital designated as a maximum security treatment facility. It has had long-standing difficulties obtaining and holding qualified psychiatric staff. Pending a search for long-term solutions to the combined security and treatment needs of this type of population, Farview State Hospital has assembled an improved interim staff of physicians, including a part time psychiatrist, two full time physicians, and several part time physicians, including a surgeon.
- Norristown State Hospital has a current capacity of approximately 87 medium-security treatment beds. Because of its proximity to population and referral centers, the forensic unit at Norristown benefits from the consultative services of academically affiliated psychiatrists, as well as from the full time methods of its own professional staff.
- Mayview State Hospital's forensic unit has a current capacity of 56 beds for mentally ill offenders and defendants and also benefits from proximity to the Pittsburgh area, as well as from the special interests of Mayview's superintendent in forensic psychiatric issues. Mayview's forensic unit is designated as medium-security.
- Warren State Hospital has a medium-security forensic unit of similar size to that at Mayview. While the professional staff at Warren State Hospital is a considerable asset to the forensic unit, none of the Commonwealth's forensic units have been entirely successful in recruiting a satisfactory complement of qualified psychiatrists.
- Philadelphia State Hospital's Ward N-8 has 44 forensic beds, which are also designated as medium-security. In addition to a full time psychiatrist and psychologist, this unit has a number of supportive treatment staff, but is a physically limited facility which provides for a small fraction of the diagnostic and treatment needs of Philadelphia's mentally ill offenders and defendants.
- The State Maximum Security Forensic Diagnostic Facility at Holmesburg Prison is a temporary attempt to answer metropolitan Philadelphia's needs for maximum-security diagnostic facilities for the Court of Common Pleas. This unit was established ten years ago on a 100-bed cell block within the county prison system, and is staffed by Temple University psychiatrists and mental health professionals under a three-way contract among the Commonwealth, the City of Philadelphia, and Temple University. It also provides emergency psychiatric services and treatment for several thousand Philadelphia prisoners each year, many of whom would require commitment to state hospitals were these psychiatric services not available within the county prison.

The Office of Mental Health, through the director and assistant director of forensic psychiatry, provides liaison consultative services with selected prosecutors, members of the defense bar, the Defender's Association, individual courts, and a variety of academic colleagues and community agencies concerned with the criminal justice and mental health systems. Liaison is also provided with the Bureau of Corrections which shares a number of common problems with the Office of Mental Health pertaining to sentenced prisoners.

'Because of the lack of physician interest and response to the medical and psychiatric treatment needs of both state and county prisoners, administrative and court delays in the transfer of such patients, and the lack of sufficient treatment facilities, the psychiatric and sometimes medical management of Pennsylvania's sentenced prisoners and defendants borders on neglect.'

Forensic psychiatry and medicine represent a great challenge to the Commonwealth and its physicians. Shortages of full or part time generalists, medical and surgical specialists of all types, and psychiatrists in particular, are experienced in many facilities which serve the Commonwealth's mentally ill offenders and defendants. Because of the lack of physician interest and response to the medical and psychiatric treatment needs of both state and county prisoners, administrative and court delays in the transfer of such patients, and the lack of sufficient treatment facilities, the psychiatric and sometimes medical management of Pennsylvania's sentenced prisoners and defendants borders on neglect. Interested physicians, surgeons, and psychiatrists who wish to provide part or full time services may obtain further information by writing to Robert Daly, M.D., Deputy Secretary for Mental Health and Mental Retardation, Department of Public Welfare, Room 308, Health and Welfare Bldg., Harrisburg, PA 17120; and Commissioner William Robinson, Pennsylvania Bureau of Corrections, P.O. Box 98, Camp Hill, PA 17011. □

Minor wounds in the hemophiliac patient

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It is a generally accepted dictum that tidy uncomplicated wounds and lacerations are best managed by conservative cleansing and debridement followed by primary closure with sutures. Some physicians prefer to use skin tapes for wound closure, but all agree that coaptation of the wound edges is preferable to allowing the wound to heal by secondary intention.

Primary wound closure reduces the risk of infection, restores early function, and increases the opportunity for a good cosmetic result. Unfortunately, those benefits are often denied to the patient afflicted with hemophilia because of the fear that wound manipulation and suture repair may result in uncontrollable bleeding. In an attempt to control bleeding, pressure dressings may be applied to wounds of the hemophiliac and these allowed to heal by secondary intention. We are of the opinion that this method of treatment is not ideal for the following reasons:

1. Effective pressure dressings are difficult to apply in some anatomic regions such as the face and may result in ischemic necrosis of tissue if applied too tightly. Pressure dressings are rarely as effective for controlling hemorrhage as is wound coaptation.

2. The risk of infection is greater in open wounds.

TABLE I

Appropriate Treatment of Cutaneous Wounds in the Hemophiliac

1. Local cleansing and debridement
2. Administration of Factor VIII
3. Meticulous approximation of injured tissues in layers
4. Delayed removal of sutures
5. "Prophylactic" antibiotics

3. Healing by secondary intention results in the development of well vascularized granulation tissue which is friable, easily injured, and subject to hemorrhage.

4. Large wounds which are left open require a skin graft and subject the patient with hemophilia to the risk of bleeding from a donor site as well.

5. Early function and acceptable cosmesis are less likely than when primary wound closure is performed.

Illustrative of the complications which may result from failure to close wounds in the hemophiliac primarily are the following case histories:

1. An 8 year old boy with hemophilia A sustained a 1 cm laceration of his right eyelid treated with ice compresses and pressure dressings. The wound continued to bleed and nine days later, he was hospitalized for debridement and wound closure. No Factor VIII was required.

2. An 8 year old boy with hemophilia A sustained a 1 cm laceration of the dorsum of the distal phalanx of his left thumb. He was treated with dry dressings but hemorrhage continued. Sixteen days later, a large hematoma was present in a circular wound with a diameter of 1½ cm. He was admitted to the hospital, treated with local compresses, systemic antibiotics and Factor VIII. Three days after admission, the wound was debrided and sutured. A wound infection developed requiring premature suture removal and allowing the wound to heal by secondary intention (Figures 1a and b).

3. A 7 year old boy with hemophilia A sustained a 2 cm laceration of the palm of his left hand. The wound was

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partially coapted by skin tapes and a pressure dressing applied. Eleven days after the injury, the wound was covered by bleeding, hypertrophic granulation tissue and his palm was edematous and erythematous (Figure 2). He was admitted to the hospital, given systemic antibiotics and Factor VIII, and the wound treated with local compresses. Two days later, the wound was excised and sutured. Healing occurred primarily.

4. A 37 year old male with hemophilia A was assaulted in a bar and beaten about the face. Several facial lacerations were incurred (Figure 3). The initial treatment included ice compresses and bed rest. Three days later extensive hematomas had developed in all of the wounds. Ultimately, these required excision and primary closure. Factor VIII was not given. The wounds healed without further incident.

To avoid these complications we suggest that clean wounds in patients with hemophilia be treated in much the same fashion as in normal patients. Primary wound closure should coapt skin edges to reduce the risks of infection and bleeding from open granulating wounds. Short term or outpatient hospitalization may be necessary to repair the wound and to administer Factor VIII. By such prompt "aggressive" treatment, the complications of prolonged bleeding, infection, and the need for large amounts of Factor VIII can be avoided. □

Figure 1A. Sixteen days after a laceration of the dorsum of the distal phalanx of the left thumb.

Figure 1B. Two weeks following healing by secondary intention.

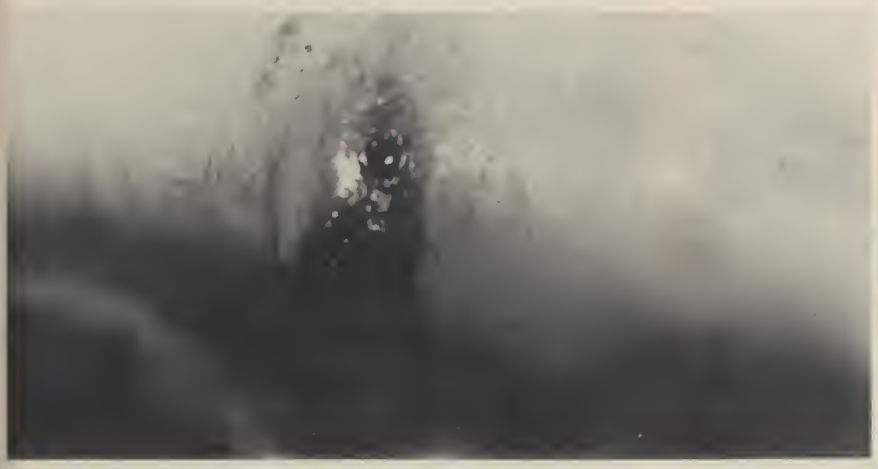

Figure 2. Eleven days post-injury to the left palm with hypertrophic bleeding granulation tissue.

Figure 3. Laceration of the lip with hypertrophic granulation tissue seen several days following the injury.

Case report

Liver scan in the diagnosis of congenital diaphragmatic hernia

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Diagnosis of right sided congenital diaphragmatic hernia is usually not difficult from clinical and radiographic findings. This paper reports a case in which liver scans were used to confirm the pre-operative diagnosis and the post-operative location of the liver.

Less than 20 percent of congenital diaphragmatic hernias occur on the right. Plain film evaluation of the chest and abdomen, together with clinical evidence, is usually sufficient to establish the diagnosis. We recently had experience with a newborn with this type of diaphragmatic hernia in whom the diagnosis was confirmed by liver scan. A post-operative scan showed the liver in its normal position.

Two recent papers have described the use of the liver scan in eventration of the diaphragm and in post-traumatic diaphragmatic hernia.[1,2] Its use in confirmation of congenital diaphragmatic hernia has not been described in previous pediatric literature.

Case report

A 4 pound, 11 ounce male was born to a GII, PI mother at 36 weeks' gestation. Pregnancy and delivery were uncomplicated and the baby had no difficulty for 4 days. On the fifth day he became dusky and cyanotic, especially after feedings. A chest x-ray showed complete opacification of the right hemithorax with shift of the heart and mediastinum towards the left. The right side of the abdomen was flat and no liver shadow could be seen (Figure 1).

Although the diagnosis of congenital diaphragmatic hernia on the right, with the liver in the right hemithorax, was almost certain from the roentgenologic and clinical findings, a liver scan was obtained for confirmation.

After injection of 100 uCi of ^{99m}Tc-S-colloid, the chest and abdomen were scanned. This confirmed the location of the liver in the right hemithorax (Figure 2).

At surgery, the liver occupied most of the right hemithorax. The right lung was completely collapsed. The liver was returned to its normal position and the right hemidiaphragm reconstructed with difficulty.

The postoperative course was complicated by persistent opacification of the right hemithorax and continuous drainage of serosanguineous fluid. Due to little improvement in these findings in the following ten days and concern that the diaphragmatic repair might have separated,

Figure 1. Chest x-ray at four days of age showing opacified right hemithorax with heart shifted to left.

the chest was re-explored. A small defect was found at the site of the repair and a small portion of the liver had herniated through the defect. The diaphragm was again repaired. The second postoperative period was also complicated by continuous drainage from and opacification of the right hemithorax. However, a repeat liver scan demonstrated the liver to be in its normal position (Figure 3). The serosanguineous drainage eventually stopped, and although the chest x-ray revealed continuing opacification of the right hemithorax, and the hypoplastic right lung did not expand, the child was discharged from the hospital in fair condition.

Discussion

Although the diagnosis of congenital diaphragmatic hernia is usually not difficult, the use of the liver scan is a simple method of confirmation. This would be especially true in atypical cases where there may be a small defect in the diaphragm and only a portion of the liver enters the thorax. As in our present case, the liver scan may also be a rapid method for establishing the position of the liver in the abdomen after surgery, if there is some doubt of its postoperative location.

The radiation dose to the liver using 100 uCi of ^{99m} Tc-S-colloid is estimated to be 250 m Rad per scan. The dose to the whole body is estimated to be 18 m Rad per scan. These figures are considered well within the acceptable range.

Summary

The use of the liver scan in the diagnosis of congenital diaphragmatic hernia is reported. It is a simple and safe method, both for preoperative diagnosis and postoperative confirmation of the position of the liver. □

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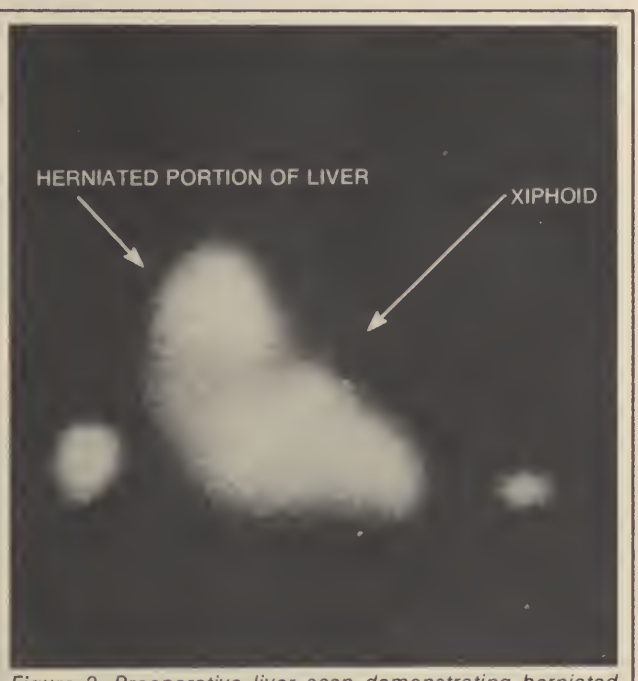

Figure 2. Preoperative liver scan demonstrating herniated liver above diaphragm.

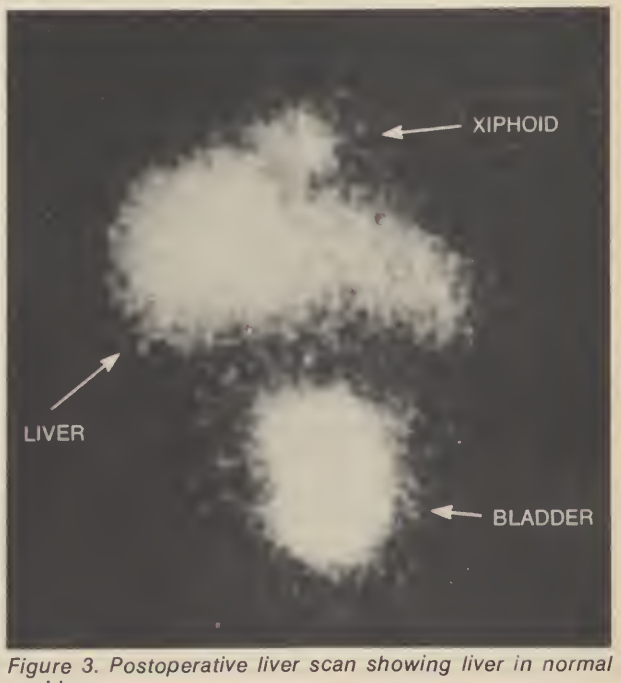

Figure 3. Postoperative liver scan showing liver in normal position.

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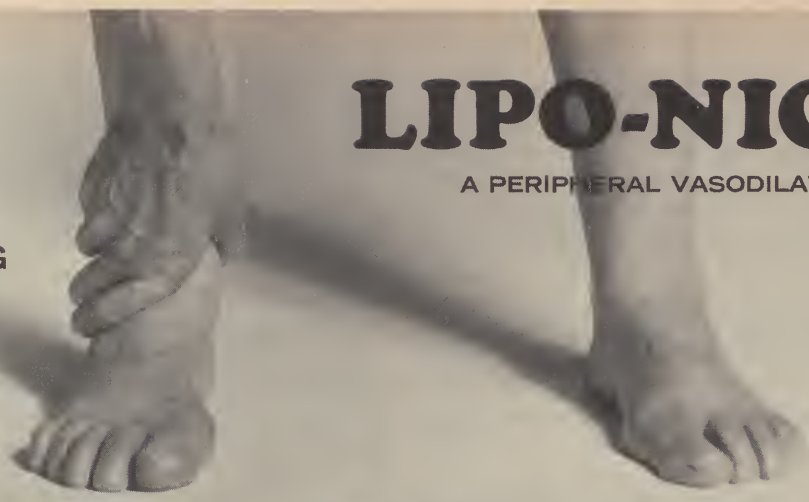

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Mary E. Dufner, M.D., Pathology, 9617 Leon St., Philadelphia 19114
Harvey R. Forman, M.D., Internal Medicine, 1038 Warfield Ln., Huntingdon Valley 19006
Allen Gaisin, M.D., Pediatrics, 39 Penath Rd., Bala Cynwyd 19004
Lorraine M. Giordano, M.D., Family Practice, 5015 Schuyler St., Philadelphia 19144
Stephen J. Gluckman, M.D., Internal Medicine, 6511 Wayne Ave., Philadelphia 19119
William S. Haaz, M.D., Internal Medicine, 562 Meadowbrook Dr., Huntingdon Valley 19006
Dick D. Harrell, M.D., Internal Medicine, 419 S. 19th St., Ste. 103, Philadelphia 19146
Stanley R. Jacobs, M.D., Preventive Medicine, 11th and Walnut Sts., Philadelphia 19107
William L. Jones, M.D., Family Practice, 701 N. 42nd St., Philadelphia 19104
Yogeswary Kannangra, M.D., Anesthesiology, 202 Glen Pl., Elkins Park 19117
Dong S. Kim, M.D., Psychiatry, 2690 Barry Ln., Huntingdon Valley 19006
Young N. Kim, M.D., Internal Medicine, 7931 Green Ln., Wyncote 19095

Purnachandra Koganti, M.D., Anesthesiology, Albert Einstein Med. Ctr., York and Tabor Rds., Philadelphia 19141
Padma Krishna, M.D., Pediatrics, A17, 7949 Ridge Ave., Philadelphia 19128
Donato D. Larossa, M.D., Plastic Surgery, 3910 Powelton Ave., Philadelphia 19104
Lord A. Lee-Brenner, M.D., Psychiatry, Lincoln Dr., Ste. 602, Philadelphia 19144
Wen A. Liaw, M.D., Family Practice, 8th and Girard Ave., Philadelphia 19104
Alan H. Lieberman, M.D., Urology, 4031 Balwynne Pk. Rd., Philadelphia 19131
Michael Love, M.D., Radiology, 205 E. Fiedler Rd., Ambler 19002
James V. Mackell, Jr., M.D., Orthopedic Surgery, 7922 Bustleton Ave., Philadelphia 19152
Alex T. Makris, M.D., Internal Medicine, 435 Covered Bridge Rd., Cherry Hill, NJ 08034
Stephen C. Mann, M.D., Psychiatry, 130 S. 9th St., 7th floor, Philadelphia 19107
Thomas A. Marsland, M.D., Internal Medicine, 5450 Wissahickon Ave., Philadelphia 19106
Lucas J. Martinez, M.D., Neurological Surgery, 1025 Walnut St., Philadelphia 19107
Walter D. Mazzanti, M.D., Ophthalmology, 602 Washington Sq., Philadelphia 19106
Neeta Mitroo, M.D., Anesthesiology, 230 N. Broad St., Philadelphia 19102
Barbara J. Murphy, M.D., Neurological Surgery, 44 Linwood Ave., Ardmore 19003
Francis Naso, M.D., Preventive Medicine, 1025 Walnut St., Philadelphia 19107
Harvey L. Nisenbaum, M.D., Radiology, 1001 City Ave., WA 907, Philadelphia 19151
Joseph F. Nowoslawski, M.D., Family Practice, 575 James St., Philadelphia 19128
Anthony R. Paul, M.D., Internal Medicine, 614 E. Durham St., Philadelphia 19119
David B. Rees, M.D., Family Practice, 501 S. Narberth Ave., Merion Station 19066
Oscar F. Rothchild, D.O., Family Practice, 2858 N. 5th St., Philadelphia 19133
Marc R. Rubin, M.D., Internal Medicine, 602 Washington Sq. S., Philadelphia 19106
Henry Scherer, M.D., Internal Medicine, 28 Levering Circle, Bala Cynwyd 19004
Lewis D. Silverman, M.D., Internal Medicine, 865 N. 26th St., Philadelphia 19130
James M. Smith, M.D., Internal Medicine, 312 Montgomery Ave., C4, Haverford 19041
Viney Soni, M.D., Internal Medicine, 314 Cottman St., Jenkintown 19046
David M. Spratt, D.O., Family Practice, 10101 Academy Rd., Philadelphia 19114
Edward J. Stemmler, M.D., Internal Medicine, University of Pennsylvania School of Medicine, Philadelphia 19174
Franklin D. Strong, D.O., Internal Medicine, 7400 Haverford Ave., Apt. 105, Philadelphia 19151
Chao C. Su, M.D., Anesthesiology, 8835 Germantown Ave., Philadelphia 19118
Chintana Suanlarm, M.D., Internal Medicine, 938 Meadowbrook Dr., Huntingdon Valley 19006
James V. Tobin, M.D., Obstetrics and Gynecology, 5015 Schuyler St., Philadelphia 19144
Kalpana A. Vaidya, M.D., Internal Medicine, 51 N. 39th St., Philadelphia 19104
Martin Weisberg, M.D., Obstetrics and Gynecology, 35 Carter Ln., Elkins Park 19117

education

This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.

Allan B. Wolfson, M.D., Internal Medicine, 51 N. 39th Street, Philadelphia 19104
Arlene Yong, M.D., Internal Medicine, 2201 Bryn Mawr Ave., 315, Philadelphia 19131

WASHINGTON COUNTY:
Tasneem S. Zafar, M.D., Pathology, 192 Cochran Rd., Mt. Lebanon 15228

WESTMORELAND COUNTY:
Adel W. Armanious, M.D., General Surgery, 1100 Ligonier St., Latrobe 15650
Amarjiet Singh, M.D., Family Practice, Jeannette Mem. Hosp., Jeannette 15644
Miroslav Zeleznik, M.D., Internal Medicine, 204 1/2 W. Main St., Ligonier 15658
Dilip S. Kar, M.D., Obstetrics and Gynecology, 315 Depot St., Latrobe 15650

YORK COUNTY:
John J. Blanch, M.D., Internal Medicine, 310K Queensdale Dr., York 17403
Michael J. Dobish, M.D., Family Practice, 101 N. Findlay St., York 17402
Max H. Goodwin, M.D., Family Practice, 1001 S. George St., York 17403
Dennis M. Grolman, M.D., Anesthesiology, 980 S. Queen St., York 17403
Leonard C. Kinland, M.D., Family Practice, 1001 S. George St., York 17405
David L. Massanari, M.D., Family Practice, 518 Duport Ave., York 17403
Thomas E. McDermott, M.D., Family Practice Center, York Hosp., York 17404

obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Homer W. Filson,** Butler; McGill University, Montreal, Quebec, Canada, 1935; age 67; died January 25, 1977. Information regarding survivors is unavailable at this writing.

• **John J. Kenny,** Pittsburgh; University of Pittsburgh School of Medicine, 1948; age 52; died January 11, 1977. He was an assistant clinical professor at the University of Pittsburgh School of Medicine. President of the Leukemia Society of America since 1965, he was a past president of the society's Western Pennsylvania Chapter and was a member of its board of directors. He was head of the division of oncology and director of the blood bank and clinical laboratory at Mercy Hospital, Pittsburgh. Chairman of the hospital's continuing medical education program since 1973, he was responsible for organizing the teaching program in the department of medicine. His wife, a son, and three daughters survive him.

• **Anthony P. Murray,** Girardville; University of Pittsburgh School of Medicine, 1924; age 81; died January 9, 1977. He had practiced family medicine for over 52 years and in 1974 received the State Society's 50 year award. He is survived by his wife.

• **Sidney A. Parsons,** Chester; Jefferson Medical College, 1961; age 48; died February 8, 1977. He was secretary of the Delaware County Medical Society and former member of the society's board of directors. A pediatrician, he was on the staffs of the Crozer-Chester Medical Center and Riddle Hospital. His wife, two sons, his parents, and a sister survive him.

• **George P. Rouse, Jr.,** Philadelphia; Cornell University Medical College, 1937; age 65; died February 7, 1977. He was chief of medicine at the Presbyterian-University of Pennsylvania Medical Center and associate professor of medicine at the University of Pennsylvania School of Medicine. His wife, a daughter, and a son survive him.

• **Joseph E. Sands,** Stone Harbor, New Jersey; University of Pennsylvania School of Medicine, 1921; age 81; died January 31, 1977. A practitioner of 56 years, he was on the staffs of the Bryn Mawr Hospital and the Burdette Tomlin Memorial Hospital in Cape May Court House, New Jersey. He is survived by his wife, a daughter, and two sons.

• **Grant Underwood,** Washington; Jefferson Medical College, 1944; age 62; died February 18, 1977. He served on the State Society's Commission on Emergency Medical Services 1970-75, and was a former president and member of the board of directors of the Washington County Medical Society. Information regarding survivors is unavailable at this writing.

• **John W. Woehrle,** Wilkes-Barre; University of Pennsylvania School of Medicine, 1925; age 80; died January 22, 1977. He was assistant surgeon for Lehigh Valley Coal Company for 25 years and was on the staff of the Wilkes-Barre General Hospital. Two sons, a daughter, two brothers, one of whom is Nelson C. Woehrle, M.D., and a sister survive him.

Frank J. T. Aitken, Stowe Creek Township, New Jersey; Hahnemann Medical College and Hospital, 1927; age 73; died January 15, 1977. He was a district governor and trustee of Hahnemann Medical College. He had practiced medicine 48 years. His wife, a daughter, and a sister survive him.

Margaret I. Handy, Chadds Ford; Johns Hopkins University School of Medicine, 1916; age 87; died February 5, 1977. She practiced pediatrics 52 years and from 1921-46 was chief of pediatrics at the Delaware Hospital, Wilmington. She was a former Delaware state chairman of the American Academy of Pediatrics and an honorary fellow of the College of Physicians of Philadelphia. Information regarding survivors is unavailable at this writing.

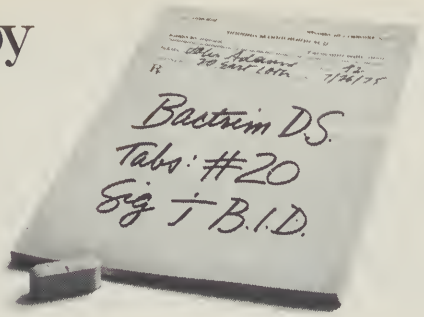
Frank W. W. Konzelmann, Elizabethtown; Jefferson Medical College; age 82; died February 6, 1977. He had been an assistant professor of pathology at Jefferson Medical College and on the faculty of Temple University School of Medicine. He had served as laboratory director of Atlantic City Hospital; Emergency Hospital, Washington, D.C.; Washington Sanitarium, Potomac, Maryland; Shore Memorial Hospital, Somers Point, New Jersey; and Mercy Hospital, Sea Isle City, New Jersey. His wife survives him.

Edwin Polish, Bala Cynwyd; University of Vermont School of Medicine; age 50; died January 29, 1977. He was in private practice and chief of gastroenterology at the Graduate Hospital, University of Pennsylvania. Surviving are his wife, two sons, and a daughter.

Charles D. Rogers, Philadelphia; Howard University School of Medicine, 1934; age 78; died January 26, 1977. He had been in private practice and for many years served the Phipps Institution of Chest Diseases of the Philadelphia Department of Health. His wife survives him.

Arthur vonDeilen, Edgewater Park, New Jersey; Hahnemann Medical College and Hospital; age 72; died January 27, 1977. Retired after 28 years in the practice of surgery, he had been on the staffs of Wills Eye, Presbyterian-University of Pennsylvania, and Graduate Hospitals. His wife and a sister survive him.

)-day Bactrim therapy utperforms 10-day mpicillin therapy.



a multicenter, double-blind study of patients with ronic or frequently recurrent urinary tract infection, ctrim 10-day therapy outperformed ampicillin -day therapy by 27.2%, when comparing patients o maintained clear cultures for eight weeks. terion for "clear culture" was 1000 or fewer organ- is/ml of urine.

While adverse reactions noted in this study were d (*e.g.*, vomiting, nausea, rash), more serious reac- ns can occur with these drugs. See manufacturer's duct information for complete listing. Maintain equate fluid intake; perform frequent CBC's and nalyses with microscopic examination.

e: Bactrim tablets were used in these clinical trials. Bioequiv- ncy studies show one Bactrim DS double strength tablet is ivalent to two Bactrim tablets.

Bactrim™ DS
(160 mg trimethoprim and 800 mg sulfamethoxazole)
Double Strength tablets
Just 1 tablet B.I.D.

Bactrim™
(80 mg trimethoprim and 400 mg sulfamethoxazole)
2 tablets B.I.D.

or chronic or frequently recurrent cystitis nd pyelonephritis due to susceptible organisms.

ore prescribing, please consult complete product information, a mmary of which follows:

cations: Chronic urinary tract infections evidenced by persistent teriuria (symptomatic or asymptomatic), frequently recurrent infec- s (relapse or reinfection), or infections associated with urinary t complications, such as obstruction. Primarily for cystitis, pyelo- hritis or pyelitis due to susceptible strains of *E. coli, Klebsiella-erobacter, Proteus mirabilis, Proteus vulgaris* and *Proteus rganii.*

TE: The increasing frequency of resistant organisms limits the use- ness of antibacterials, especially in these urinary tract infections. recommended quantitative disc susceptibility method (*Federal gister, 37*:20527-20529, 1972) may be used to estimate bacterial ceptibility to Bactrim. A laboratory report of "Susceptible to tri- thoprim-sulfamethoxazole" indicates an infection likely to respond Bactrim therapy. If infection is confined to the urine, "Intermedi- susceptibility" also indicates a likely response. "Resistant" indi- es that response is unlikely.

traindications: Hypersensitivity to trimethoprim or sulfonamides; gnancy; nursing mothers.

nings: Deaths from hypersensitivity reactions, agranulocytosis, astic anemia and other blood dyscrasias have been associated sulfonamides. Experience with trimethoprim is much more ted but occasional interference with hematopoiesis has been re- ted as well as an increased incidence of thrombopenia with pur- a in elderly patients on certain diuretics, primarily thiazides. e throat, fever, pallor, purpura or jaundice may be early signs of ous blood disorders. Frequent CBC's are recommended; therapy uld be discontinued if a significantly reduced count of any formed d element is noted. **Data are insufficient to recommend use in in- s and children under 12.**

cautions: Use cautiously in patients with impaired renal or hepatic ction, possible folate deficiency, severe allergy or bronchial ma. In patients with glucose-6-phosphate dehydrogenase defi- ncy, hemolysis, frequently dose-related, may occur. During ther- , maintain adequate fluid intake and perform frequent urinalyses, careful microscopic examination, and renal function tests, par- larly where there is impaired renal function.

erse Reactions: All major reactions to sulfonamides and trimeth- im are included, even if not reported with Bactrim. *Blood dys- sias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, mbopenia, leukopenia, hemolytic anemia, purpura, hypopro- mbinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for children under 12. Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) every 24 hours
Below 15	Use not recommended

Supplied: Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole — bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10.

Oral suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole; fruit-licorice flavored — bottles of 16 oz (1 pint).

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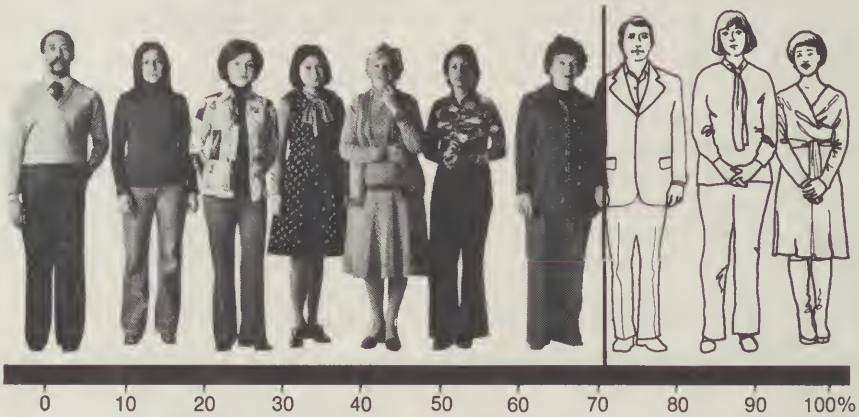
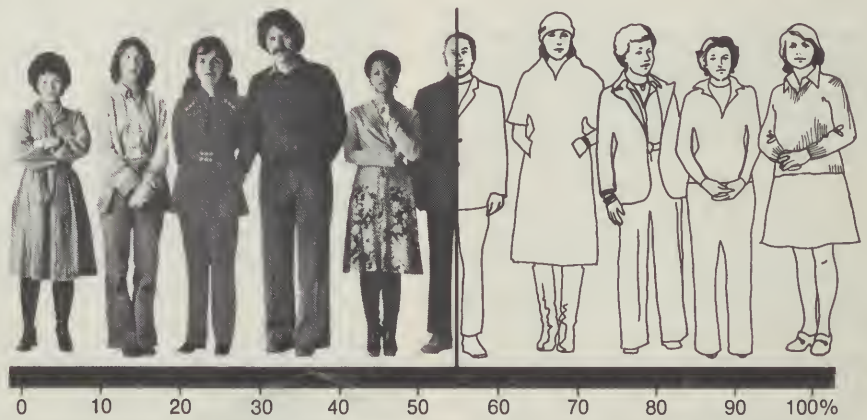
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

In a multicenter study of patients with chronic or frequently recurrent urinary tract infection

Bactrim was 27.2%* more effective than ampicillin in keeping patients infection-free for 8 weeks.†



Bactrim–70.5% of 78 patients infection-free at 8 weeks.



ampicillin–55.4% of 74 patients infection-free at 8 weeks.

*This percentage is arrived at by the statistical method of dividing the difference between Bactrim and ampicillin results (15.1%) by the percent of ampicillin results (55.4%).

†Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110

Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

Double Strength tablets Just 1 tablet B.I.D.

Note: Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

Please see summary of product information on preceding page.

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Pennsylvania Medicine

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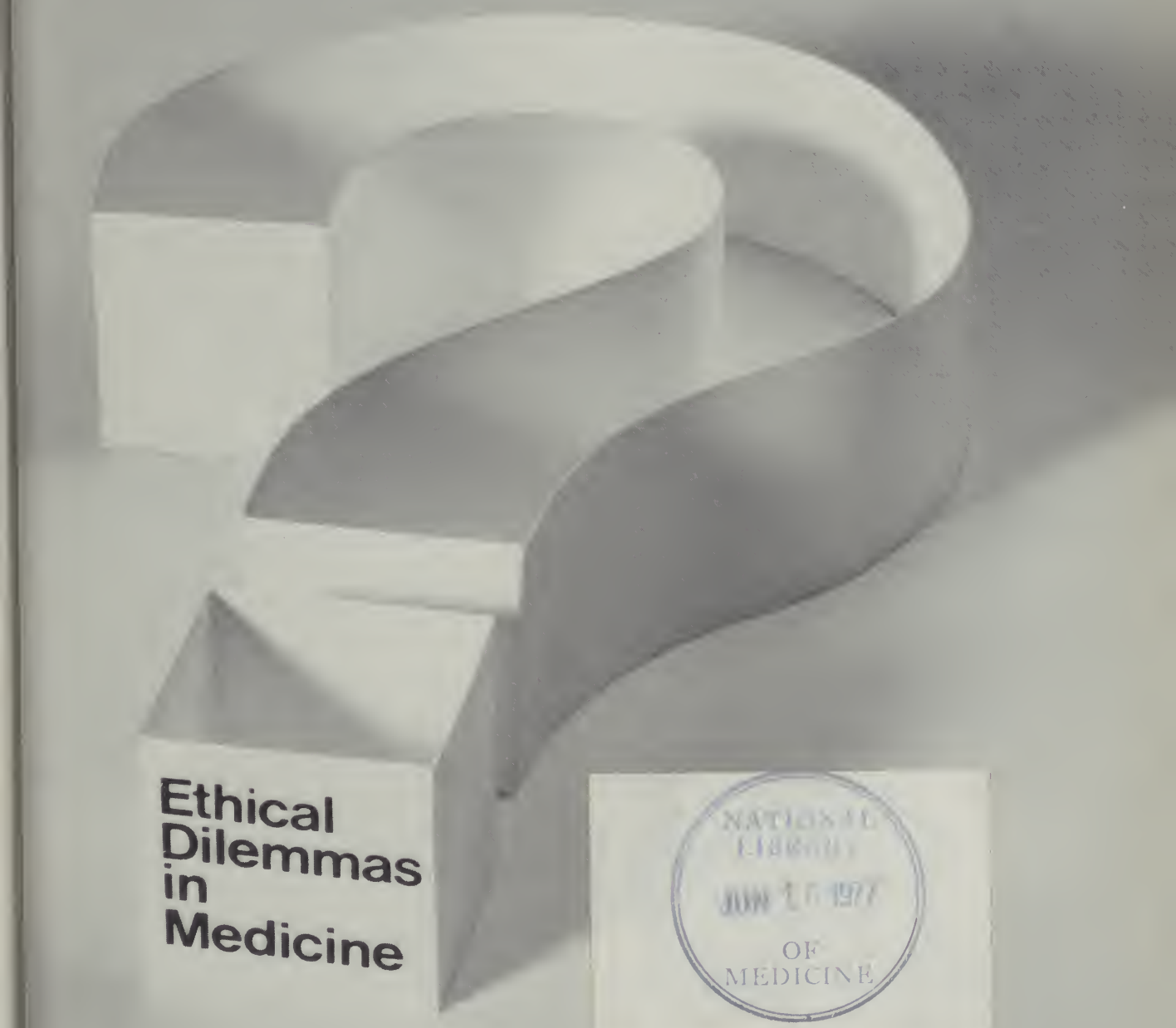
Vol. 80, No. 5



Ethical Dilemmas in Medicine

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OF MEDICINE

A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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'ATE SOCIETY WINS CORPORATION TAX CASE

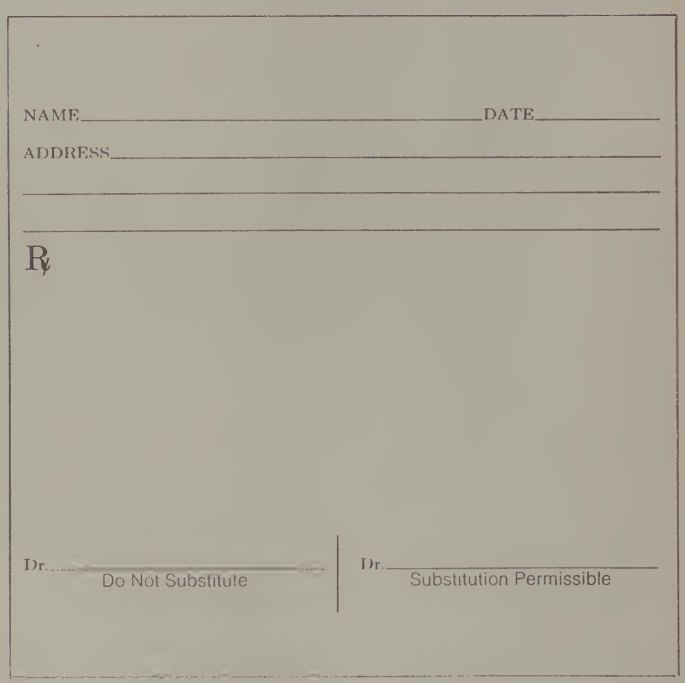
The long pending professional corporation stock tax case was settled in favor of the ate Society in April with a stipulation filed in Commonwealth Court. The question volved was whether or not contributions made to pension or profit sharing plans ould be considered in determining the value of the capital stock of physician rporations. Under the stipulation such contributions are not to be so considered. l cases pending in Commonwealth Court, or before the Board of Finance and Revenue or e Resettlement Board will be settled in favor of the physicians. The stipulation es not affect those who did not protect their rights by filing proper legal papers, t petitions for refunds are possible if filed within one year of the date of the st tax payment or settlement, whichever occurred later.

ARING ON ARGONAUT RATE INCREASE ENDS

The second longest hearing in the history of the Insurance Department ended at 6:45 m. on May 4. During the 16 days of the hearing on a request for a 70 percent emium increase for malpractice insurance by Argonaut Insurance Company, State ciety staff and actuaries participated and testified and legal counsel cross exam- ed witnesses. John F. Rineman, executive vice president, testified the day after e Special Session and outlined the action taken by the House of Delegates (see low). Insurance Commissioner William J. Sheppard is expected to announce a decision the Argonaut filing on June 15.

NERIC PRESCRIBING LAW EFFECTIVE MAY 23

t 259 of 1976, Pennsylvania's new neric prescribing law, is scheduled to into effect May 23. Publication in e Pennsylvania Bulletin of the first armaceutical products for which bstitution is permitted occurred ril 23. Under the law, physicians may ant or withhold permission to substi- te a lower cost generic depending on w they sign prescription blanks. The partment of Health advises that physi- ans may use their present supply of anks, but must indicate "do not sub- itute" under the signature. Other- se tacit permission to substitute will presumed. A sample of the new pre- ription form is shown at the right. e Department of Health will mail pies of the formulary to all physi- ans and pharmacists prior to May 23.


NAME _____ DATE _____

ADDRESS _____

℞

Dr. _____ Do Not Substitute

Dr. _____ Substitution Permissible

USE APPROVES ARGONAUT CHANGES, VETOES INCREASE

At the Special Session April 17 in Camp Hill, the Society's House Delegates voted to approve that part of the Argonaut Insurance Company rate filing aling with changes in territories and relativities, but disapproved the 70 percent te increase request. Delegates endorsed the concept of four territories to replace e present two. They are: Territory One-Philadelphia, Montgomery, and Delaware unties; Territory Three-Allegheny County; Territory Four-Bucks and Chester Counties; d Territory Two-the remaining counties. These territory changes, if sanctioned by e Insurance Department, will result in lower malpractice insurance premiums in

Territories Two and Four and higher premiums in Territories One and Three. The change in relativities between classes would reduce the difference in premiums paid by Class I and Class V Argonaut insureds from fourteen to one to seven to one. This change would increase Argonaut premiums for low risk specialties and decrease them or minimize any increase for high risk specialties.

PMS TO SUPPORT COUNTY SOCIETIES' BATTLE The Society's Board of Trustees, at a special meeting April 17, voted to suppo action by the county medical societies in the five-county Philadelphia area to batt against a single Health Systems Agency (HSA) for the area. Society representatives will meet with county medical society officers on May 10 to plan a course of action. Originally HEW ordered three HSAs for the five counties. A court suit resulted in the reversal of that decision.

DR. McCOY RECEIVES SUSPENSION NOTICE Orlo G. McCoy, M.D., of Canton, Twelfth District Trustee, received notice April 30 of suspension from practice for failure to purchase professional liability insuranc The suspension has been expected ever since early December, when the State Board of Medical Education and Licensure conducted a hearing on Dr. McCoy's refusal to purch malpractice coverage. Legal counsel for the State Society filed an appeal from the state board's decision in Commonwealth Court on the day the notice was received, an on May 4, Dr. McCoy was notified of a stay of the suspension until the suit can be heard. Any other physician receiving notice of suspension for failure to have malpractice coverage should file immediately for a hearing with the State Board of Medical Education and Licensure. Dr. McCoy's case is being considered a test of the constitutionality of mandatory malpractice insurance.

PENNSYLVANIA'S AMA DELEGATION PLANS FOR SAN FRANCISCO The Pennsylvania Delegati to the AMA met April 13 t prepare for the June 1977 meeting of the AMA House of Delegates. The delegation vo to reintroduce its resolution on the expert witness, which was withdrawn at the December 1976 meeting, but with minor editorial changes. William Y. Rial, M.D., of Swarthmore, currently vice speaker of the AMA House, will be a candidate for speake in June. James B. Donaldson, M.D., of Philadelphia, will be a candidate for member ship on the Council on Medical Education. Matthew Marshall, Jr., M.D., of Pittsbur will serve as chairman of Reference Committee H, one of two dealing with miscellane resolutions, and Paul S. Friedman, M.D., of Philadelphia, has been appointed a memb of the Reference Committee on Rules and Order of Business.

PHYSICIANS' OFFICE LABS EXEMPTION BILL IN The State Society has caused to be introduced S.B. 233, an amendment to Clinical Laboratories Act, which would specifically exclude office laboratories ope ated by physicians solely for the diagnosis and treatment of their own patients. Regulations written for the original Act included physicians' office laboratories except for a very few tests. Implementation of the Act was stopped when the State Society sued the Department of Health in Commonwealth Court. Passage of the just introduced amendment would mandate the desired change in the regulations.

CHIROPRACTORS INCLUDED IN "FREE CHOICE" BILL A "free choice of healing arts practitioner" amendment (H.B. 711 Pennsylvania's Workmen's Compensation Act would, if passed, permit both chiropract and Christian Science practitioners to be paid for treating injured workers. Presently workers have a free choice of physician unless employers present a panel of least five physicians, in which case the injured worker must choose from among tho on the panel. The State Society is vigorously opposing this legislation. Michael Levis, M.D., of Pittsburgh, chairman of the Council on Governmental Relations, urg that members contact their senators to explain their opposition to H.B. 711.

Pennsylvania Medicine

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MAY 1977 Volume 80, Number 5

NEWSFRONTS

8 Board authorizes Scandinavian study tour—*September 25-October 3 are dates*

9 Trust revises medical school loan program—*goal to get more doctors for state's shortage areas*

10 Society's environmental awards presented—*individual, industry, voluntary agency recognized*

11 Blue Shield elects new directors, officers—*honors retiring directors*

13 'M.D. connection' under attack of DEA—Robert L. Lamb—*Society to provide expert witness support*

15 Medical expert witness and legal causality—Daniel J. Menniti—*review of Pennsylvania court case*

35 Beware flim-flam tax plans!—Leif C. Beck, Vasilios J. Kalogredis—*keep control of your assets*

38 Tax shelters—R.I.P.?—Donald L. DeMuth, Edward H. Achorn—*know your taxes*

45 Moral choice in the daily practice of medicine—George T. Harrell—*an ethical dilemma*

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27 Basic research—*sine qua non* for quality of care

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Board of Trustees authorizes Scandinavian study tour

Can American physicians learn from a study of health care delivery in other nations?

The Society's Board of Trustees and Councilors at its March meeting approved plans for a workshop study tour of Scandinavia, to be sponsored by the Council on Education and Science as a continuing education activity.

The study tour, September 25 to October 3, will focus on two main areas—health planning and emergency health systems. Study will include orientation about the culture of each country and extended visits to various health facilities.

The United States' drive to provide equal access to health services and reduce costs has set the pattern for much recent legislation—implementation of PSRO and HSA. Congress' attempt to develop a national health insurance program has prompted the State Society to sponsor the Scandinavian tour. Scandinavian health systems provide health services and health insurance for all their citizens. The study of the Scandinavian systems may help participants to anticipate development of health policy in the United States and benefit from the mistakes and successes of other countries.

The tour of Sweden will include a visit to the National Board of Health and Welfare where the study group will hear about national health planning, the regional and local organizations of medical services, industrial and emergency medical services, and preventive medicine. The group will visit facilities such as a typical "doctor's house" or local clinic as well as some of the major hospitals such as Karolinska and Hudeinge hospitals to see the trauma and surgery departments and discuss latest advances in orthopedic surgery. The study group will also visit the Greater Stockholm Medical Computer Center.

In Norway the Health Directress of the Ministry of Social Affairs will explain the organization of Norwegian medical services including the role of public health officers who act as primary care physicians in remote country and coastal areas. The group will learn about the work of emergency services such as sea rescue and voluntary ski injury teams which use dogs and sleds in winter. There will be opportunities to visit group practice clinics, child care centers, and special institutions such as the Nic Waal Center for Emotionally Disturbed Children.

In Denmark the group will have opportunities to discuss similarities and differences in Scandinavian health systems. The schedule will include free time for professional visits to various hospitals and well known Danish institutions such as the Sinsen Institute and Den Gamles By, the old people's town.

The Tax Reform Act of 1976 has tightened up the criteria for deducting for foreign travel; included are stricter standards regarding the number of hours of educational activity required to receive a tax deduction for the cost of the foreign trip. Because of the new regulations the Council on Education and Science, along with the Scandinavian Airlines System, has designed a program rich in educational activities.

The Council on Education and Science

Balancing the heavy schedule is free time for exploring some of the sights. One of the leisure time activities will be an evening boat cruise from the Oslo Fjord across the Skageraak and Kattegat to Copenhagen.

For details about the Scandinavian tour contact LeRoy C. Erickson, Council on Education and Science, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043; (717) 238-1635.

Magazine subscription program ends

The magazine subscription program of Periodical Publishers' Service Bureau, Inc., has been terminated due to the lack of Society members' interest. The program had been offered in January 1976 as a State Society membership benefit. Currently existing subscription contracts will be carried on until their conclusions. Physicians may renew subscriptions at their own discretion but will not receive the original discount rates.

Trust revises medical student loan program

Trustees of the Educational and Scientific Trust met in March to change certain requirements of the Society's medical school loan program. The goal of the loan program is to provide additional physicians to serve the residents of the state, particularly as family physicians in rural and other physician shortage areas. Major changes have been made in interest rates and payment schedules in order to accomplish the loan program's objective.

Effective April 1, the basic interest rate on a loan is six percent simple interest per year from the time the loan is granted and paid to the medical school. Interest will be assessed from January 1 of the school year in which the loan is granted through June 30, one year following graduation, and will be included on the promissory note signed at the time the loan is granted. Six percent interest will be assessed and payable on the full amount during residency or other graduate training following the first year required for licensure; however, *if graduate training is taken in Pennsylvania, interest charges will be waived for up to five years.*

Principal repayments must begin one year after entering practice but no later than five years after graduating from medical school. Interest at the rate of six percent per year will be charged on the unpaid balance during the payout period. *If practice is maintained in Pennsylvania, the principal amount to be repaid will be the amount of the final promissory note less the interest charged during the time the borrower was enrolled in medical school; the interest rate during the payout period will be reduced to 4.5 percent per year.*

Loans to medical students will be granted only on the basis of the degree of financial need of the applicant as established by the medical school and only to the extent of funds available. The program is designed to meet a portion of the deficit in a student's budget after aid has been received from the school and through the Pennsylvania Higher Education Assistance Agency (PHEAA).

Preference will be given to applicants who: (1) cannot receive a maximum PHEAA loan in any given year because of the policy of their lending institution; (2) are committed through admission to a medical school to a family practice track or to practice in a physician shortage area of Pennsylvania; and (3) are residents of an area of Pennsylvania that has a physician shortage.

For loan applications or details about the loan program write Mr. Alex Stewart, executive director, Educational and Scientific Trust, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043.

Nurses seek mandatory education law

Legislation which would make continuing education mandatory for registered nurses was introduced in the State Senate March 30.

Senate Bill 684, drafted by the Pennsylvania Nurses Association, sets November 1, 1983, as the date the education requirement would go into effect. The State Board of Nurse Examiners, assisted by an advisory committee on continuing education of specialty nursing interests, would have authority to establish regulations governing the requirements for relicensure.

Sponsors of the bill are Senators: Joseph F. Smith, Philadelphia; Quentin R. Orlando, Erie; Eugene F. Scanlon, Pittsburgh; H. Craig Lewis, Feasterville; and Paul McKinney, Philadelphia

DURING THE financial aid seminar, sponsored by the Society's Committee on Aid to Education, Manuel A. Bergnes, M.D., committee chairman, talks with Mrs. Gaye W. Sheffler, administrative assistant at the Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey.

FINANCIAL AID officers of the state's medical schools (above) met in Harrisburg April 19 for a seminar on the Society's loan program. The following American Medical Association Education Relief Foundation grants were distributed to the officers for use by their schools: University of Pennsylvania School of Medicine, $12,976; Jefferson Medical College, Thomas Jefferson University, $12,015; Medical College of Pennsylvania, $3,845; Hahnemann Medical College and Hospital, $8,863; University of Pittsburgh School of Medicine, $10,203; Temple University School of Medicine, $15,145; Pennsylvania State University College of Medicine, $2,601; and Philadelphia College of Osteopathic Medicine, $100.

Society's Environmental Awards presented

The Shawville-Hamlin Coal Company of Clearfield, the Youth for America Club of Riverside High School in Ellwood City, and Mr. Hal Clark of Doylestown received the Pennsylvania Medical Society's Environmental Improvement Recognition Awards during the 1977 Officers' Conference banquet April 13 at the Hershey Motor Lodge, Hershey.

Clark, 87, received the individual award for his efforts in creating park lands, banning billboards on interstate highways, and having electric powerlines placed underground. President of the Delaware Valley Protective Association for the past fifteen years, he was active in causing the Delaware Canal to be declared a national scenic historical area.

The company environmental award was presented to the Shawville-Hamlin Coal Company for its program to recondition land scarred by strip mining. Funded by the coal company, the program includes development of small dams and ponds, tree planting, and wild game feed planting.

The Youth for America Club of Riverside High School received the voluntary agency award in recognition of its activities in recycling, tree planting, and anti-litter campaigns. During the past winter the group developed an energy patrol to control energy waste in the high school. The patrol helped the school save several thousand dollars during the year.

TEL-MED initiated in Philadelphia

Pennsylvania Hospital, Philadelphia, in early April began operation of TEL-MED, a free telephone health information system available to Delaware Valley residents.

TEL-MED is a collection of more than 250 tape recorded health messages of one to five minutes in length. Each message has been approved by Pennsylvania Hospital physicians and other professionals skilled in specific problem areas.

TEL-MED, designed to help people remain healthy, recognize early signs of illness, decide when to consult a doctor, and adjust to serious illness, is operational in 75 cities across the nation and so far has played over five million health messages.

The TEL-MED number at Pennsylvania Hospital is (215) 829-5500; callers should ask for a tape by using its code number. TEL-MED brochures, listing available subjects and their code numbers, have been distributed in public places throughout the area. To obtain a brochure through the mail a caller may dial the TEL-MED number and request a copy.

Pennsylvania Hospital's TEL-MED hours are Monday through Saturday, 10 a.m.-10 p.m. and Sunday 2-8 p.m.

Foundation reports status of state's conditional PSROs

The Pennsylvania Medical Care Foundation, which serves as a support center for Pennsylvania's 12 Professional Standards Review Organizations (PSROs), prepared the report below, illustrating the activities of the eight PSROs which have the conditional status, and are performing the review function. All PSROs now are funded, and PSRO I, III, V, and X are in planning.

Status of Conditional PSROs in Pennsylvania — February 1, 1977

PSRO AREA	NO. OF PHYSICIANS IN AREA	NO. OF MEMBERS	PERCENT MEMBERS	NO. SHORT-STAY HOSPITALS	NO. HOSPITALS DELEGATED REVIEW FUNCTION	NO. HOSPITALS PARTIALLY DELEGATED	NO. NON-DELEGATED HOSPITALS	NO. HOSPITALS NOT SURVEYED AS YET	APPROXIMATE NO. OF FEDERAL ADMISSIONS REVIEWED PER MONTH
II	961	598	66.2%	19	9	1		1	2,500
IV	950	600	63.0%	11	4*			7	
VI	3,239	1,293	39.9%	29	26	2	1		9,000
VII	809	473	58.4%	18	14	1	3		4,166
VIII	576	300	52.0%	13	6*			7	
IX	2,398	1,222	50.9%	29	29				5,835
XI	2,700	1,400	51.8%	18	15			3	2,833
XII	5,000	2,800	56.0%	40	18			1	6,000
Totals	16,633	8,686	52.2%	177	121	4	4	19	30,334

** Delegated but review not implemented as yet.*

A delegated hospital is one which, after review by the PSRO, is deemed capable and willing to perform concurrent review and medical care evaluation on behalf of the PSRO.

Blue Shield elects new directors, officers

The Corporation of Pennsylvania Blue Shield elected five new directors and three new officers during its 37th annual meeting March 30 in Camp Hill.

New members of the board of directors are: Sidney E. Sinclair, M.D., Williamsport; D. Ernest Witt, M.D., Bloomsburg; Charles K. Zug, M.D., Bethlehem; Jesse E. Daugherty, Bristol; and Warren G. Weber, Erie.

Newly elected officers are: John H. Harris, Jr., M.D., Carlisle, first vice chairman of the board; Robert E. Patterson, Lancaster, treasurer; and Donald L. Fisher, Millerstown, assistant treasurer. Re-elected officers are: Wilbur E. Flannery, M.D., New Castle, chairman of the board; A. Reynolds Crane, M.D., Philadelphia, second vice chairman; and George L. Cullen, Philadelphia, third vice chairman.

Three board members retired with more than 30 years of service each. They are: Lewis T. Buckman, M.D., Wilkes-Barre, former first vice chairman; George H. Stein, M.D., Harrisburg, who had been treasurer for 33 years; and Lester H. Perry, Camp Hill, an original incorporator and the first executive director of Blue Shield, and immediate past executive director of the State Society.

AAFP approves residency programs

The family practice residency program of St. Vincent Hospital, Erie, was among 16 residency programs approved by the Liaison Committee on Graduate Medical Education of the American Academy of Family Physicians (AAFP). The 16 approvals bring to 303 the total number of family practice residency programs currently training more than 4,600 residents across the nation.

The academy has projected that by the end of 1977 340 residency programs will be in operation. Its goal is to have one quarter of all medical school graduates enter family practice residencies by 1980.

HUNTER S. NEAL, M.D., right, 1977 president of the Delaware County Medical Society, meets with Rocco de Prophetis, M.D., editor of the society's Bulletin, *and F. Peter Kohler, M.D., immediate past president, during the organization's annual banquet. Other officers for 1977 are: W. William Nagle, M.D., president elect; David J. McAleer, M.D., vice president; Sidney A. Parsons, Jr., M.D., secretary; and Samuel D. Allen, M.D., treasurer.*

Group psychotherapists to meet

The Sixth International Congress of the International Association of Group Psychotherapy will be held July 31 to August 5 at the Sheraton Hotel, Philadelphia. The congress' diversified program will be of interest to physicians of all specialties as well as those in the behavioral sciences.

For more information about the Sixth International Congress of the International Association of Group Psychotherapy, contact Samuel B. Hadden, M.D., President, 946 Remington Rd., Wynnewood, PA 19096.

Pediatricians call for immunization program

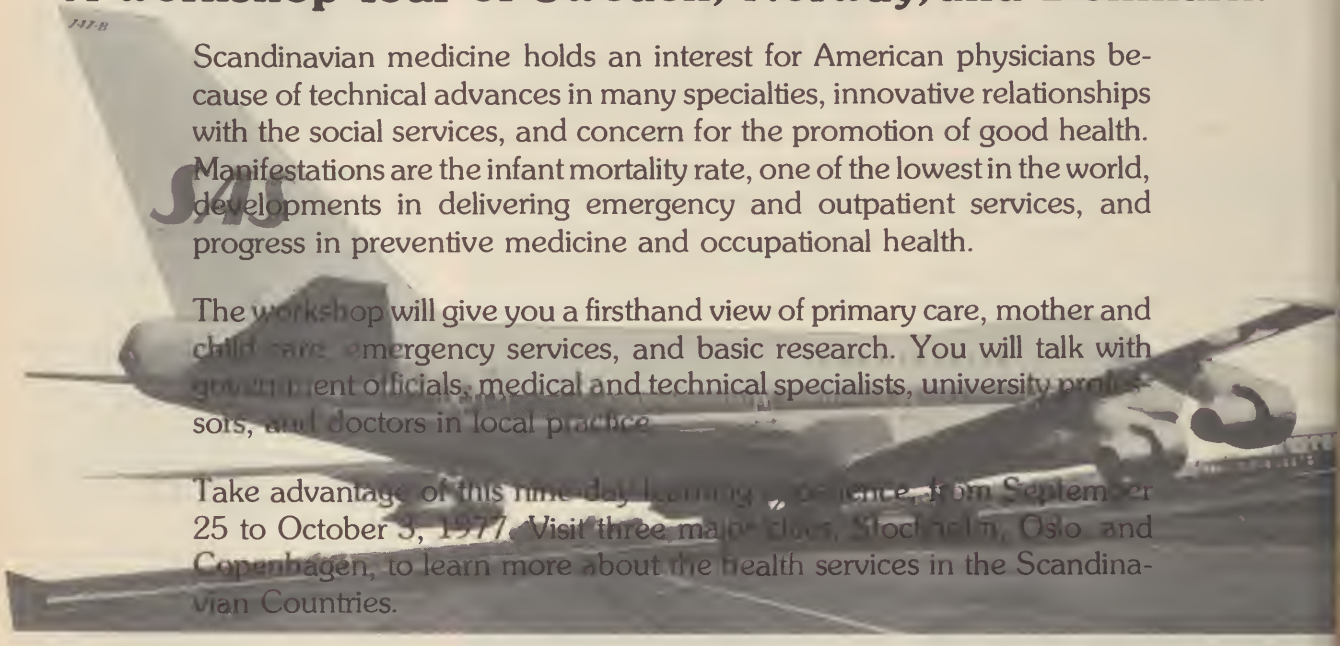
The United States should adopt a "continuing and ongoing" program to ensure that all American children are completely immunized against preventable infectious diseases, according to a policy statement adopted by the Executive Board of the American Academy of Pediatrics during a recent meeting in Washington, D.C.

The academy has stated that the program should be designed to encourage the administration of vaccines "as part of a total preventive health care program." The program should guarantee that there will be "no financial barrier to immunization of children" and should utilize "existing public and private systems of reimbursement for the cost of administering vaccines and followup care."

The program should include a national promotional campaign "to educate and motivate the medical profession and the public" in order to reverse the recent trend of decreasing numbers of immunized preschool children.

'Study Scandinavia'

A workshop tour of Sweden, Norway, and Denmark.



Scandinavian medicine holds an interest for American physicians because of technical advances in many specialties, innovative relationships with the social services, and concern for the promotion of good health. Manifestations are the infant mortality rate, one of the lowest in the world, developments in delivering emergency and outpatient services, and progress in preventive medicine and occupational health.

The workshop will give you a firsthand view of primary care, mother and child care, emergency services, and basic research. You will talk with government officials, medical and technical specialists, university professors, and doctors in local practice.

Take advantage of this nine-day learning experience from September 25 to October 3, 1977. Visit three major cities, Stockholm, Oslo and Copenhagen, to learn more about the health services in the Scandinavian Countries.

- **Round trip jet air transportation via Scandinavian Airlines 747 with food and beverages . . . September 23 - October 3, 1977.**
- **All first class hotel accommodations.**
- **Continental breakfast daily, most lunches and dinners.**
- **Three days in Stockholm, two days in Oslo, three days in Copenhagen.**
- **Evening boat trip down scenic fjord to Copenhagen.**

Cost—$899 per person, double occupancy.

Tax Reform Act of 1976

This travel program meets all the "guidelines for foreign convention tax expense" under the Tax Reform Act of 1976 as interpreted by the American Society of Association Executives. Under the new law, deductions can be allowed for expenses incurred in foreign travel. The limits are airfare and per diem allowances. Complete attendance records and other tax deduction information will be furnished so that member physicians can consult with their accountants for deductions on individual tax returns. For full itinerary and full tax information, write to Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, Pennsylvania, 17043, using the application below.

Council on Education and Science
Pennsylvania Medical Society
Please send me full details on the Study Scandinavia Workshop:

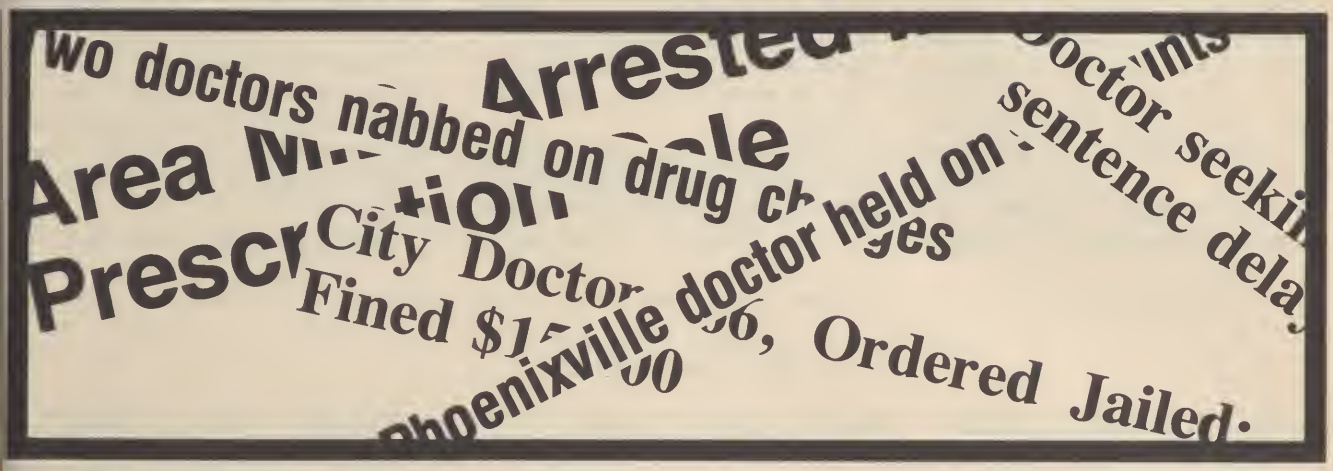
Name: _____

Address: _____

Telephone: _____

'M.D. Connection' under attack of DEA

ROBERT L. LAMB
Director of Communications



Since 1976, fourteen M.D.s in Pennsylvania have been arrested for "pushing" drugs. That's the equivalent of one for every thousand members of the Pennsylvania Medical Society.

While only a handful of the more than a half million doctors, pharmacists, and other medical professionals in the U.S. registered to possess and distribute drugs abuse the privilege, this tiny minority is estimated by the U.S. Drug Enforcement Administration (DEA) to divert over 100,000,000 doses of dangerous drugs into the illegal street market each year.

What motivates a physician to betray his medical heritage and push drugs? Sometimes simple greed is the motive. For example, while a physician may pay as little as $40 for 500 tablets of dilaudid, the same white tablets can sell for as much as $20 apiece on the street. Some licensees have attempted to barter pills or prescriptions for sexual favors. Aging practitioners, who have outlived most of their patients, have tried to salvage a failing practice by peddling drugs. One physician was even arrested trying to barter prescriptions for a "stolen" motorcycle.

Response by the federal government to the illegal diversion of controlled substances was the creation in 1972 of the first Diversion Investigation Units (DIU). These special units, funded by the DEA and the Law Enforcement Assistance Administration (LEAA), were designed specifically to combat drug peddling by licensed health care providers. Today there are eleven DIUs across the country with one of the most active in Pennsylvania.

Since the first three DIUs were started in 1972, approximately 400 doctors, druggists, osteopaths, dentists, veterinarians, nurses, and other medical professionals have been arrested for mishandling dangerous drugs. In the last year for which there are figures, 175 professionals were arrested and some 4,829,866 doses of drugs were seized along with 199 pounds of bulk powder and 21 gallons of liquid drugs.

Headquarters for Pennsylvania's Diversion Investigation Unit (DIU) is a three-story yellow cinder block building at the east end of Harrisburg International Airport. There, Roger L. Pilotti, who holds a degree in public security administration and law enforcement from Kings College, directs a team of investigators composed of state police, Justice Department drug enforcement officers, and a representative of the DEA. Launched on January 28, 1975, with an LEAA grant, the unit is now entirely state funded with monies coming from each of the departments represented in the unit.

From its launching in January of 1975 till March 24, 1977, Pennsylvania's DIU arrested 17 M.D.s. Pilotti said, "Of the 57 cases that have come to trial, we have lost only three through acquittal. The majority of the cases entered guilty pleas."

DIU investigators have the option of taking a violator before either a state or federal court. The law most frequently cited is Act 340 of 1974 which is an amendment to the 1972 Controlled Substance, Drug, Device, and Cosmetic Act. The majority of physicians arrested are being charged with violation of Section 13, Clause 14 of Act 64. That clause prohibits:

"The administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner or any professional assistant under the practitioner's direction and supervision unless done (i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with treatment principles accepted by a responsible segment of the medical profession."

Penalties depend on the par-

ticular substance and schedule. For example, a Muncy physician, convicted for selling drugs from Schedule III, was sentenced to 15 years in prison and fined $90,000.

The key to securing a conviction in most DIU cases is testimony from an expert witness. Pilotti reports that there have been some cases that could not be presented for lack of an expert witness.

On November 10, 1976, the State Society's Board of Trustees voted to cooperate with law enforcement officials by supplying expert witnesses to the prosecution in cases of violation of the Controlled Substances Act. On March 21, county medical societies were notified of the Society's policy by Board Chairman George A. Rowland, M.D.

According to Pilotti, "It is important for physicians to understand that in drug diversion cases, expert witnesses are not being requested to testify against the defendant. The expert witness explains to the court what is meant by a doctor-patient relationship and what are considered to be 'treatment principles accepted by a responsible segment of the medical profession.' "

According to Dr. Rowland, most requests for expert witnesses will come directly to the State Society and be handled by the Department of Specialty Services. Negotiations to provide expert witnesses in several pending cases are in progress now.

It seems inconceivable that the medical community would condone law breakers within its family, but according to project director Pilotti, "One of the things that disturbs me the most, when we finally do take action against a registrant, I get phone calls, or if I'm invited to speak to a county medical association they'll say, 'Well, you finally got him. Gee, we knew about him for three years. Glad to see you finally took some action.' "

What are the hazards for physicians who report suspected violators to the Diversion Investigative Unit? "He or she would be held in complete confidence. Most of the information they would give would be of a hearsay nature anyway, and we would still have to send our agents in to do an investigation. But such a lead might be combined with other intelligence to help us target an individual," said Pilotti.

Physicians who have been convicted for violation of the Controlled Substance Act have their DEA registrations come before an administrative law judge in Washington, D.C., at a show cause hearing. These hearings determine why the DEA should *not* revoke the physician's DEA registration. In all the Pennsylvania cases to date, after convictions, the DEA registrations have been lifted.

The closed cases are also sent to the State Board of Licensure which, according to Pilotti, should follow up with an automatic license suspension for M.D.s. Section 15 of the Medical Practice Act, Subsection 3, calls for an automatic suspension in the case of a conviction of a felony. So far, Pilotti claims, these suspensions have not occurred.

Apparently, the actions of the DIUs are having an effect. When approached by undercover agents, some physicians under investigation point out similar arrests described in news clippings which the physicians have mounted on their walls. They tell the undercover agents, "Yes, I used to do that sort of thing, but not anymore. Here's what can happen if you're caught pushing drugs."

Even physicians who have no intention of violating the law may aid and abet law breakers without knowing it. Physicians who keep prescription pads in examining rooms offer an easy mark to drug addicts. Some addicts operate as a team. A male and female will come in and the female will feign an illness which requires an examination. While the physician leaves his office to examine the patient, her companion rips off the prescription pad.

Wayne Bohrer, regional compliance chief for the Drug Enforcement Agency (DEA), stated that more physicians should become aware of the drug problem. "Many times patients will come to a physician's office for the express purpose of obtaining drugs. I believe physicians should be more sensitive to their prescribing habits and resist the temptation to over prescribe."

The DEA official also called for greater cooperation from the State Board of Licensure. "To date they have not become very involved in this area. Greater cooperation and supporting sanctions of the Board against violators would be helpful."

DIU Arrest Record

Year	M.D.	D.O.	R.N.	L.P.N.	Vet.	Phar.	Dentist	Other	Totals
1975	3	7	3			2	1	11	27
1976	12	4	2	1	1	3		17	40
1977 (3/24)	2	1	1			2		5	11

Medical expert witness and legal causality

DANIEL J. MENNITI, Ph.D., J.D.
Harrisburg

. . . the burden in tort law is on any plaintiff in a malpractice suit to show that a causal relationship exists with respect to the harm he has sustained.'

Pennsylvania Law clearly holds that expert testimony in medical malpractice cases is allowed even if the testifying physician is not expert in the procedures that are involved in the suit. (cf. "What is 'medical expert' in Pennsylvania law," PENNSYLVANIA MEDICINE, March 1975, page 11.)

It is a matter of elementary justice that liability should not exist for any harm unless the conduct of the defendant in a malpractice case was in some way the cause of the harm to the plaintiff. In other words, the burden in tort law is on any plaintiff in a malpractice suit to show that a causal relationship exists with respect to the harm he has sustained.

An interesting Pennsylvania case recently discussed the use of a medical expert witness and his testimony on the causality that is required in tort law. In the case the Superior Court reconsidered its decision in *Hamil v. Bashline* (Pa. Super. 364 A 2d 1366 [1976]) in which the plaintiff was the wife of a decedent.

The facts of the case are straightforward. Mr. Hamil went to the hospital suffering from severe chest pains. One of the doctors on duty ordered an electrocardiogram of the patient. Learning that the machine had malfunctioned, the physician ordered the use of another electrocardiograph; none was located. The patient was taken four miles away to a physician's office where he died while the physician was attempting to take an electrocardiogram.

When the case first went to trial, the lower court directed a verdict in favor of the defendants for the reason that the plaintiffs had not established any causal relationship between the death of the decedent and the alleged negligence of the hospital and physicians involved. Cyril Wecht, M.D., J.D., proffered expert testimony that if electrocardiography had been attempted earlier, there would have been a 75 percent chance of survival. The testimony of Dr. Wecht was stricken because the judge believed that a medical expert must have an opinion based on reasonable medical certainty "that the death was in fact caused by defendant's failure to exercise reasonable care." There was a decision against the plaintiff and it was appealed.

The Pennsylvania Superior Court reversed the decision and sent the case back for a new trial to determine whether the physical harm, in this case, the death, had resulted from the failure of the defendants to exercise reasonable care in their duties.

The author is associated with the law firm of Pepper, Hamilton and Scheetz, legal counsel for the State Society.

The second trial resulted in a verdict for the defendants; again the case was appealed to the Pennsylvania Superior Court. The court again upheld the decision of the lower court, apparently basing its decision on the fact that there was no real proof that the conduct of the defendants had caused the death of the plaintiff's husband. The court made the decision even though the appellant's expert, Dr. Wecht, again testified that if the decedent had been given proper medical care, he would have had a 75 percent chance of survival. This time the testimony was not stricken.

Dr. Wecht rendered the same testimony at both trials. The basis of appeal in the second case was the question of whether the judge's instructions were in accordance with Pennsylvania Case Law. The majority decision affirmed the decision of the lower court while the court's previous decision concerning medical expert testimony and legal causality was overruled.

The court addressed itself to the question of whether the expert testimony of Dr. Wecht met the causation requirements of Pennsylvania Law; that is, whether the expert testimony stated in sufficiently definite

terms that the death of Mr. Hamil was a result of the failure of the hospital and its physicians to exercise reasonable care. Dr. Wecht's testimony was not found sufficiently definite in that he testified that there was only a 75 percent chance of survival if the patient had undergone electrocardiography.

'. . . there is as yet no definitely clear statement either on requirements for expert medical witnesses or legal causality in Pennsylvania Case Law.'

The court majority, in an opinion by Justice Price, ruled that there was no liability because the plaintiff had not proved that the defendants' conduct was the *cause* of the harm in question. One reason for this is that the majority of the Superior Court believed that "a jury cannot be permitted to speculate on the issue of causation, but must be given some concrete evidence on which to ground a conclusion." In other words, the court stated clearly that Pennsylvania Law requires that expert testimony evidencing a causal link must conform to a standard of certainty. The opinion was not followed by all the justices although some of them concurred with the result.

Justice Hoffman filed a lengthy concurring opinion. His approach to the case was somewhat different from that of Justice Price, who said that the hospital and physicians were entitled to a directed verdict; consequently there was no reason to go into the question of the position of the jury "vis-a-vis" the difficulties of establishing clear medical testimony of causality. Justice Hoffman stated that the medical expert testimony of Dr. Wecht, although not definite, was allowed to go to the jury so they in turn would decide whether there was sufficient medical certainty that the increased risk of harm because of the negligence of the hospital had led to death of the decedent. He concurred that every plaintiff must prove reasonable legal cause; but he believed that the majority imposed "a standard of certainty upon expert testimony that is impossible to meet in situations where the concurrence of forces precludes anything but a statement of probabilities."

Thus, it was Justice Hoffman's belief that Pennsylvania Law does not require a plaintiff to show to a *certainty* that the patient would have lived if he had been cared for properly when he arrived at the hospital. Justice Hoffman insisted that the plaintiff had established a *prima facie* case on causation when he introduced evidence that there was no proper medical treatment given to the decedent because of the malfunction of a machine. He concluded that the testimony of Dr. Wecht was sufficient and the case should have gone to the jury, as it did. The jury found in favor of the defendants. With regard to basis for appeal the second time—that is, that the judge's instructions to the jury were not in accord with Pennsylvania Law—Justice Hoffman believed that the charge to the jury by the judge was in itself legally sufficient.

Justice Cercone filed a dissenting opinion in which he expressed his disagreement with the court's overruling of the prior decision. It was the opinion of Justice Cercone that it is difficult if not impossible to "find a legal scholar who believes that causation in the law can be, or should be, limited to scientific precision." He also believed that the proof submitted by Dr. Wecht was sufficient to conclude that the negligence of the hospital "was a substantial factor in causing decedent's heart attack to be fatal." He said that Dr. Wecht's testimony should have been rebutted directly and not on the basis of its lack of absolute certitude.

Justice Cercone relied on policy for his reasoning in that "One who suffers physical injury and the economic tragedy it brings about bears a hard burden." This policy shifted the burden of proof from the victim to those who were negligent even if their negligence had been only a factor in the death of the decedent. In effect, Justice Cercone was arguing that all the plaintiff had to show was "but-for" the defendents negligence the plaintiff would not have suffered damage. He believed that there was no need for expert testimony to establish to a reasonable degree of medical certainty that prompt treatment would have saved the decedent's life. Justice Cercone stated very clearly, "I submit that the question of cause in this case asks whether a hospital *ought to be legally responsible* when its negligence increases the risk of harm to a patient, and the increased risk of harm can be said to be a substantial factor in bringing about that harm." It was his conclusion that it should.

Justice Cercone then indicated that there should have been a charge to the jury which was in accordance with the principles of legal causality enunciated by Justice Price. Since there was not, there should have been a remanding for a new trial.

Justice Spaeth in his short dissent thought that the charge of the lower court was wrong and the case should have been remanded.

Hamil V. Bashline shows that there is as yet no definitely clear statement either on requirements for expert medical witnesses or legal causality in Pennsylvania Case Law. In the author's opinion, future court cases will determine Pennsylvania's position. □

MDs in the news

John Gartland, M.D., was recently elected second vice president of the American Academy of Orthopaedic Surgeons, to assume the presidency in 1979. Dr. Gartland is professor and chairman of the department of orthopaedic surgery at Jefferson Medical College, Thomas Jefferson University.

The community of Connellsville proclaimed April 2 as "Dr. Mac Day" in honor of 93 year old **Robert A. McDaniel, M.D.**, the oldest practicing physician in Fayette County and oldest member of the Fayette County Medical Society. Dr. McDaniel, who set up his medical practice in Connellsville in 1916 has served the medical profession for 67 years.

J. Louis Wilkerson, M.D., Drexel Hill, was elected recently as president elect of the mid-Atlantic section of the American Urological Association. President of the Urological Association of Pennsylvania, Dr. Wilkerson is chief of urology at the Delaware County Memorial Hospital, Drexel Hill, and Riddle Hospital, Middletown.

John R. Anderson, M.D., Reading, was certified recently by the American Board of Urology. He is on the medical staff of St. Luke's Hospital, Bethlehem.

The Ernst W. Bertner Memorial Award of the M.D. Anderson Hospital and Tumor Institute, Houston, Texas, was recently presented to **Beatrice S. Mintz, M.D.**, a senior member of the Institute for Cancer Research, Fox Chase Cancer Center, Philadelphia. Dr. Mintz was honored for development of and work with allophenic or "mosaic" mice, which possess genetic traits of two dissimilar mouse strains. Her more recent research has demonstrated that a cell from a certain type of malignant mouse tumor can be made to act as a normal cell and express the genetic information inherited from a normal ancestor generations earlier.

The American Board of Internal Medicine recently certified the following physicians in their respective subspecialties: **Anacleto T. Ordinario, Jr., M.D.**, Clarks Summit, and **Paul R. Bosanac, M.D.**, Allentown, in nephrology; **Susan C. Judson, M.D.**, Williamsport, and **Lloyd E. Barron, II, M.D.**, Allentown, in hematology; **Barre D. Kaufman, M.D.**, Allentown, in rheumatology; and **John P. Galgon, M.D.**, in pulmonary disease.

Yu-Song Kao, M.D., Mountaintop, was recently certified in neurology by the American Board of Neurology and Psychiatry. He is on the medical staff of the Veterans Administration Hospital, Wilkes-Barre.

Albert Freeman, M.D., his son William Freeman, M.D., and John Breneman, M.D., all of Shippensburg, recently moved into a remodeled office that is heated and gets hot water by solar energy. The system was designed as a step by step learning experience by a group of local citizens. According to Dr. William Freeman in the January 21 News-Chronicle, *"My philosophy is that, with the shortage of fossil fuels, all people who are considering major remodeling or building projects should consider alternate energy sources. As far as I am concerned, solar energy is the way to go if you want to go that route." The system consists of a 2,000 square foot collection system, a series of pumps that send water through the collection unit and into a 10,000 gallon underground tank, and a system that pumps the heated water through the building. The group who developed the system is willing to help others who want to attempt such a project. Dr. Freeman said, "Since we learned the hard way, we would now like to help other people do this less expensively."*

Emanuel Rubin, M.D., was recently named professor and chairman of the department of pathology and laboratory medicine at Hahnemann Medical College and Hospital. He had been professor of pathology and chairman of the department at the Mount Sinai School of Medicine, City University of New York. **Thomas Sedlacek, M.D.**, was recently named assistant professor and acting chairman of obstetrics and gynecology at Hahnemann. He is a former instructor at the University of Pennsylvania School of Medicine.

DR. RUBIN

DR. SEDLACEK

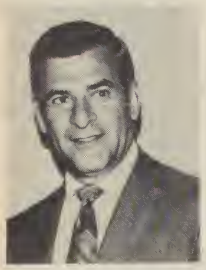
G. Paul Moser, M.D., Danville, has written a book about the life of his great-great-grandfather, Johannes Schwalm, a Hessian soldier who was captured by George Washington's troops at Trenton and subsequently settled in western Schuylkill County. Dr. Moser wrote the book, *Johannes Schwalm, the Hessian,* after many years of research by himself and several family members. Because of its detailed information on the Hessians, the book has been distributed to more than 50 college and university libraries across the nation.

Roland A. Loeb, M.D., Lancaster, received the 1977 "Service to Mankind" award of the Wheatland Sertoma Club during a recent organizational meeting. The club cited Dr. Loeb for his extensive work for the Pennsylvania Division, American Cancer Society. He is a past president of the Pennsylvania Division and the Lancaster County Unit, a past national board member, and currently serves on the local board. Dr. Loeb is secretary treasurer of the Lancaster City and County Medical Society.

MDs in the news

Chauncey Hoffman, M.D., recently received the "Golden Deeds Award" of the Exchange Club of Johnstown for civic achievement, public service, and dedication to community improvement. Dr. Hoffman began practicing medicine in 1937 in Windber and during his career served as chairman of the town's board of health and as school physician. He is a former member of the medical staffs of Memorial and Windber hospitals. He was named "General Practitioner of the Year" by the Cambria County Medical Society in 1970.

Arthur L. Schneeberg, M.D., was appointed recently as chairman of the department of urology at the Albert Einstein Medical Center, Northern Division, Philadelphia. He has been associated with the northern division since 1953.



DR. SCHNEEBERG

DR. ESKIN

Bernard A. Eskin, M.D., Bala Cynwyd, was recently elected to the executive council of the Eastern Association of Sex Therapists, an educational and accreditational organization. Dr. Eskin is clinical associate professor of obstetrics and gynecology at the Medical College of Pennsylvania.

John W. Arbogast, Jr., M.D., Lewisburg obstetrician-gynecologist, was recently named to the board of directors of the Susquehanna Valley Health Care Consortium. He represents the Evangelical Community Hospital. The consortium, organized to improve health care services, consists of the Berwick Hospital, Bloomsburg Hospital, Evangelical Community Hospital in Lewisburg, Geisinger Medical Center in Danville, Shamokin State General Hospital, and Sunbury Community Hospital.

The following physicians recently received State Society awards for 50 years in medical practice: **Cornell G. Gray, M.D.,** Hanover; **Walter E. Wentz, M.D.,** Media; **J. W. Tomlinson, M.D.,** Sharon Hill; and **W. Gifford Crothers, M.D.,** Chester.

The American Board of Family Practice recently certified the following physicians: **John M. Aber, M.D.,** Greensburg; **Mohamed Azad, M.D.,** Altoona; **John F. Barnoski, M.D.,** Harrisburg; **Neil Delozier, M.D.,** Altoona; **Lee M. Dippery, M.D.,** Indiana; **Irfan Hassen, M.D.,** Altoona; **Vorrie B. Macom, M.D.,** Lansford; **Peter S. Novosel, II, M.D.,** Lancaster; **John D. Nuschke, M.D.,** Souderton; **Stephen T. Olin, M.D.,** Lancaster; **Chandrakant C. Patadia, M.D.,** Reading; **David W. Whitson, M.D.,** Allentown; **Herbert Wilsker, M.D.,** Lancaster; and **Warren L. Ziegenfuss, III, M.D.,** Allentown.

Joseph F. Alcaro, M.D., was elected chairman of the Adams County Council of Emergency Medical Services during the council's recent charter meeting. The council is composed of representatives of hospitals and health related organizations, government and law enforcement groups in the county. Dr. Alcaro represents the Adams County Medical Society.

Polepalli S. Setty, M.D., Connellsville, was certified recently in the subspecialty of pulmonary disease by the American Board of Internal Medicine. He is in private practice and is a staff member of Frick Community, Jeannette District Memorial, Connellsville State General, and Butler Veterans Administration Hospitals.

Joseph N. Nader, M.D., was recently named associate chief of cardiology at the Allentown Hospital and chief of the hospital's heart station. He has practiced in Allentown nine years.

Peter J. Janetta, M.D., professor and chairman of the department of neurological surgery at the University of Pittsburgh School of Medicine, was recently selected as the first F. S. Cheever Distinguished Professor of the school. The professorship has been established in honor of F. S. Cheever, M.D., who had served Pitt for 24 years and retired in 1974 as vice chancellor of the schools of the health professions and president of the health center.

Andrew W. Koch, M.D., chairman of the department of radiology at Lancaster General Hospital, was recently elected a fellow of the American College of Radiology. A member of the Lancaster City and County Medical Society, Dr. Koch has been active on the society's Committee on Smoking and Health.

Peter P. Pranckun, M.D., Lancaster, was recently named chairman of the department of surgery at the Lancaster General Hospital. He has been on the surgical staff since 1954 and serves as assistant clinical professor of surgery at Temple University School of Medicine.

Governor Milton J. Shapp recently appointed **Cyril H. Wecht, M.D., J.D.,** to the Allegheny Regional Planning Council of the Governor's Justice Commission. Dr. Wecht, Allegheny County coroner and director of the Pittsburgh Institute of Legal Medicine, was recently elected an honorary member of the Society of Legal Medicine of Belgium.

Mayer A. Green, M.D., Pittsburgh, recently served as cochairman during the American College of Allergists 13th annual pre-congress allergy seminar, held in Bermuda. He also was selected as a faculty member in the examinations for advancement to fellowship in the college. Dr. Green received the college's Distinguished Fellow Award of Merit, presented at the group's annual business meeting.

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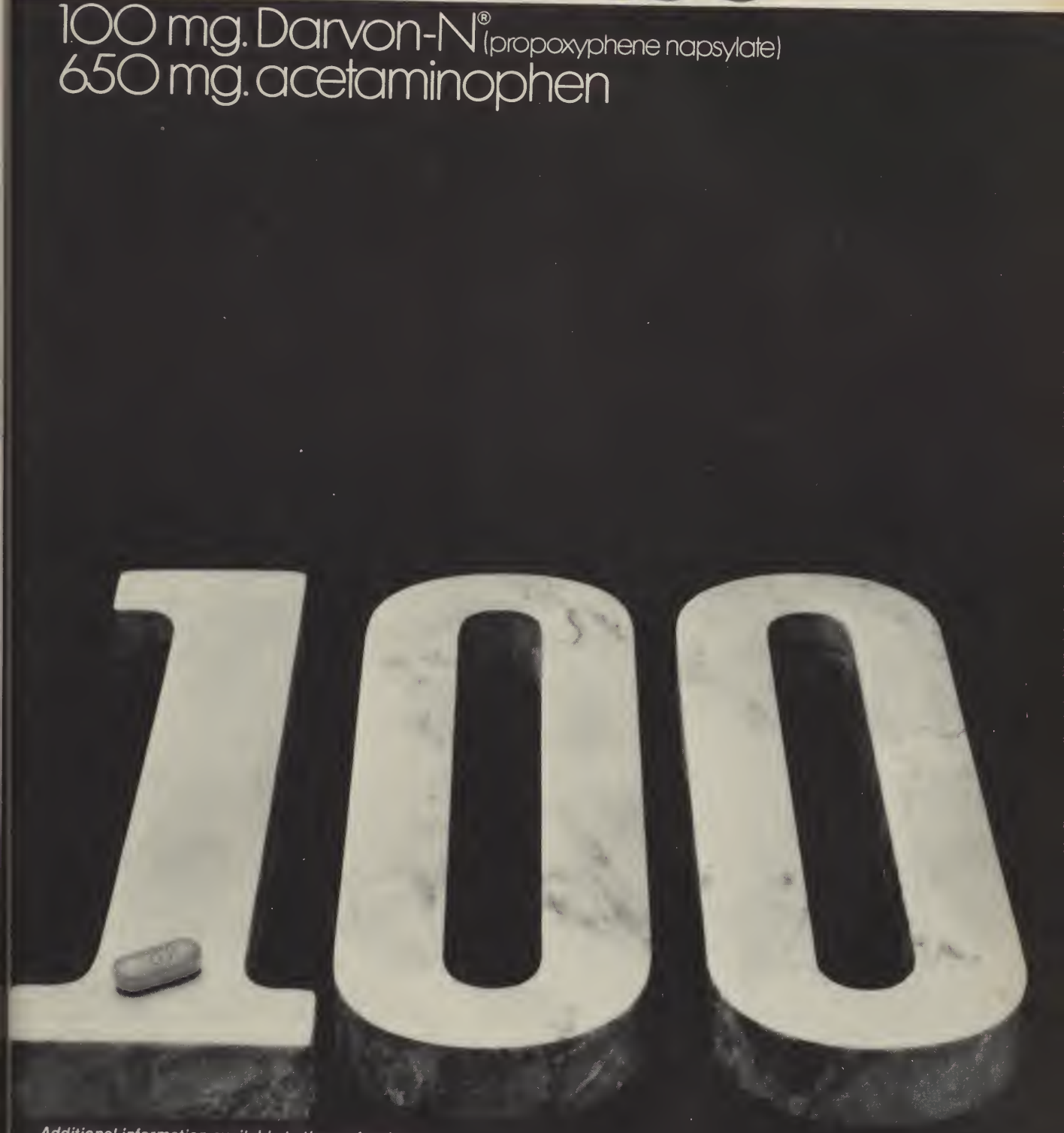

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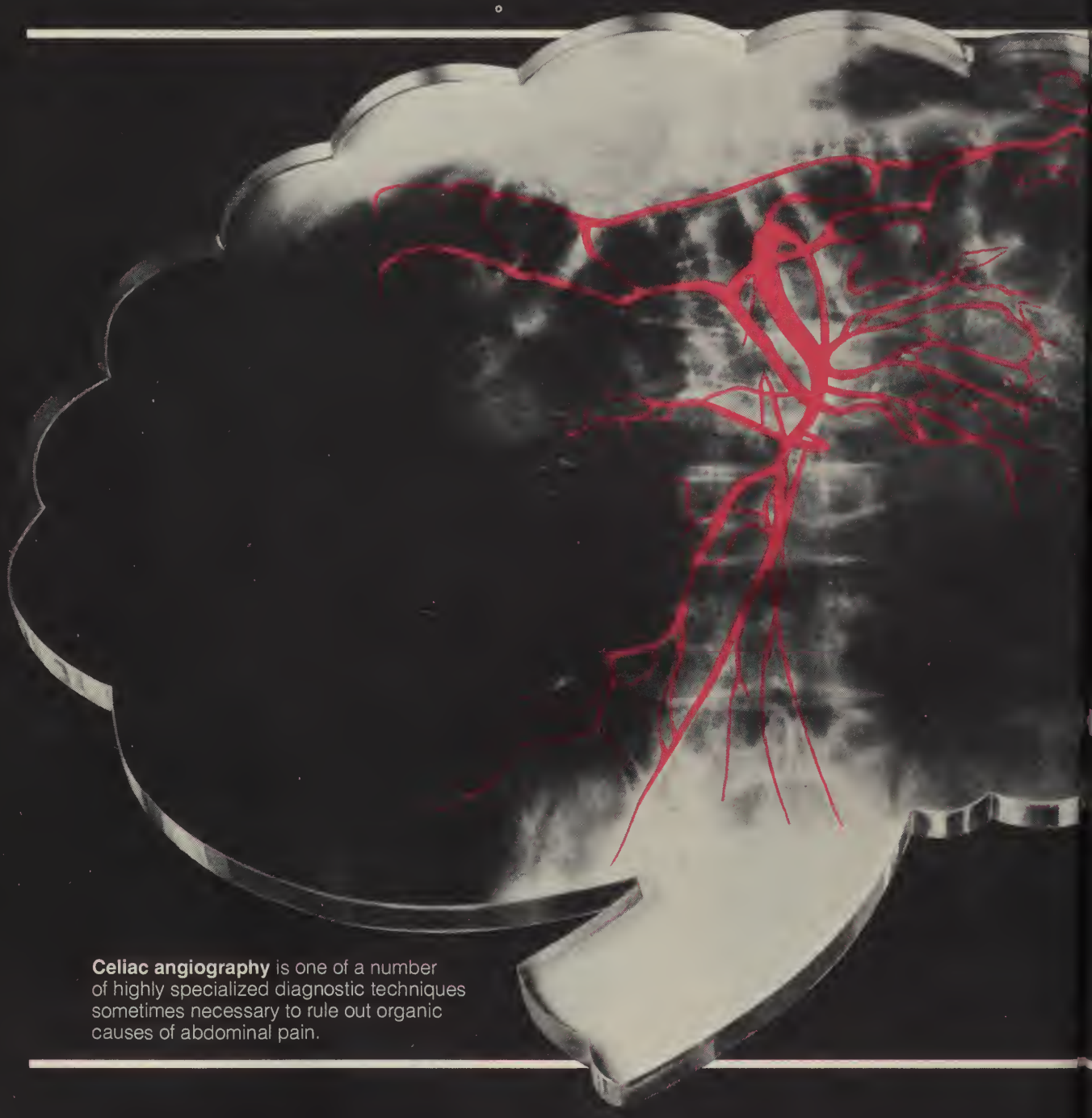

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Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

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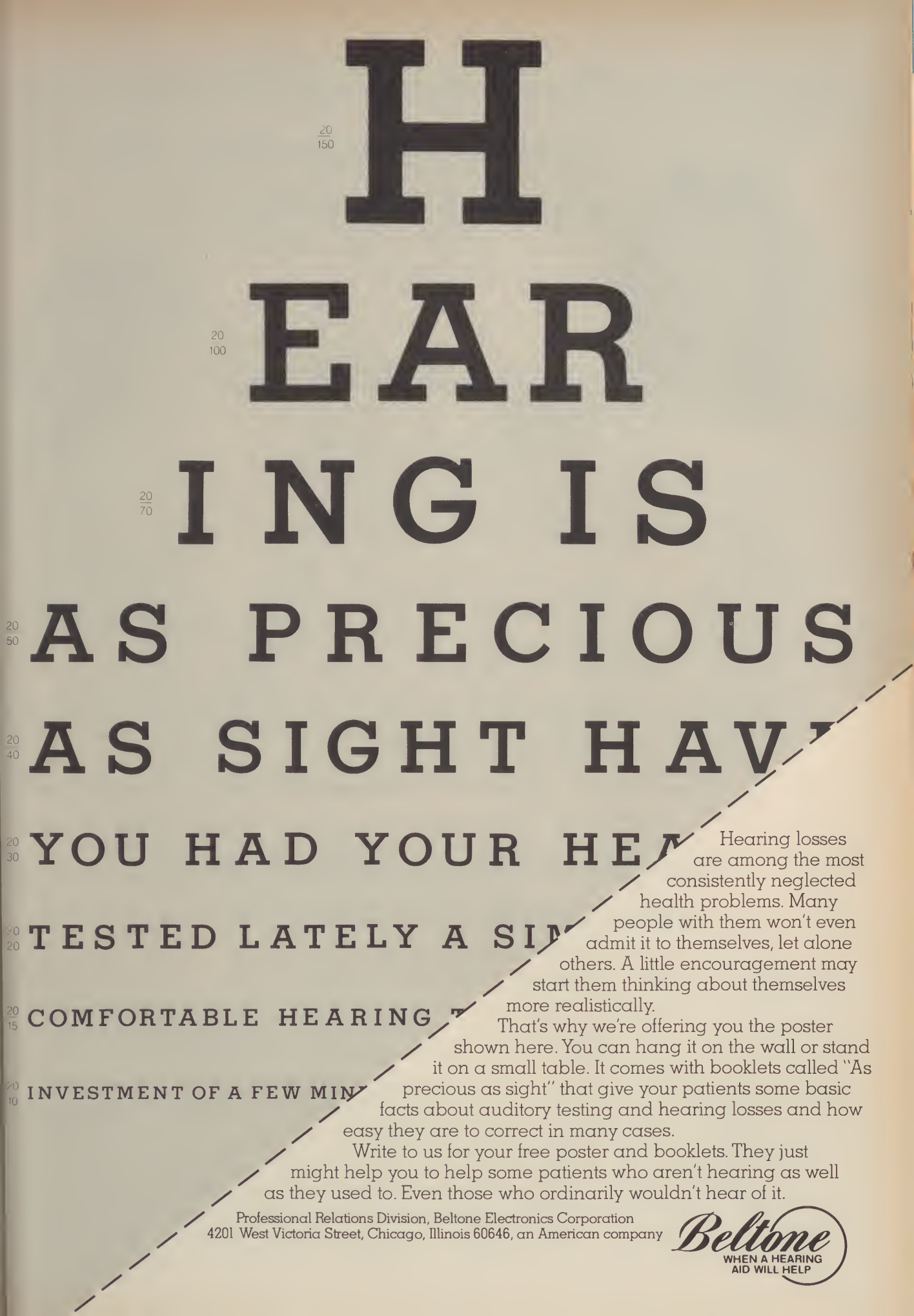

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy,* Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; + + = 50% improvement; + + + = 75% improvement. Placebo effectiveness was + or + + in 12.7% of trials. Android-25 elicited a +, + + or + + + response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly,* pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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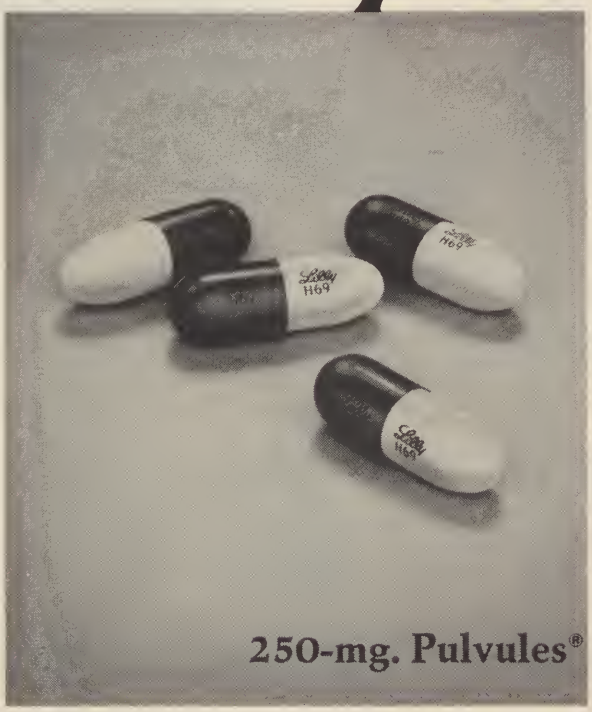

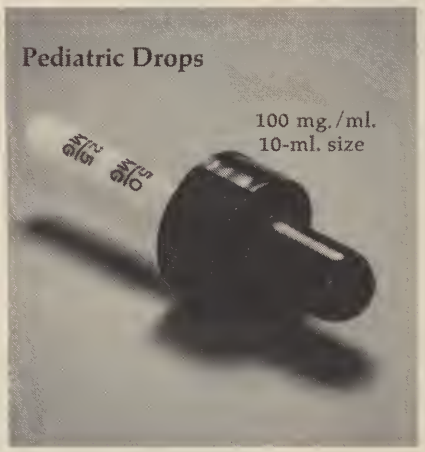

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editorials

Basic research — *sine qua non* for quality of care

Federal involvement in health policy is multifaceted. On the one hand, the public is demanding cost controls in health delivery. Government effort and expenditure have been channeled into regulatory and cost accounting agencies such as PSRO, FDA, National Health Planning and Resources Development Act (1974) which gave rise to HSA, and the Health Manpower Act, more properly called the Health Professions Educational Assistance Act (1976). These have been the government's answer to the public cry to limit or lower medical costs and provide more primary care. On the other hand, the federal government has in the past provided substantial support for the advancement of basic research in the health field.

Unfortunately, in recent years, we seem to have lost sight of the vital balance necessary between biomedical research and the delivery of high quality health care. The President's Biomedical Research Panel, created in 1974 and charged to "review and assess, identify, and make recommendations with respect to policy issues regarding the subject, content, organization, and operation of biomedical and behavioral research" under NIH, submitted a report to Congress and the president on April 30, 1976. The panel noted a decrease in federal research funds to academic health centers and a trend toward funding of "targeted research." The term, "targeted research," grew out of a 1966 Department of Defense study examining the development of military weapons in which it was noted that when a researcher concentrated on an area of proscribed study—or a particular target—the benefits were thought to accrue more rapidly. Since public support is best evoked by research enterprises that indicate tangible results, funding for cardiovascular and cancer research (target diseases) has become much easier to obtain. The danger in this trend is the possibility of a lopsided shift of priorities to clinical medicine while slighting basic research programs.

Since both of these aims seem meritorious, why should a balance between them be of concern to physicians? Basic research is essential to improved medical care. New knowledge plays an important part in the establishment of modes of therapy for presently untreatable disease. An example of this is the discovery, development, and application of antibiotics. Although Alexander Fleming is generally credited with the discovery of penicillin in 1928, "antibiosis" was first observed by Louis Pasteur in 1877. It was, however, Florey and Chain in 1941 who studied, produced, and applied penicillin to the treatment of a variety of diseases. Without the initial research of Pasteur and Fleming, penicillin might not have become the established method of therapy that it is today. Adequate government allowances and planning are necessary to the generation of new knowledge. Evolution of basic research needs an environment of stability. Progress depends upon unrestricted freedom to pursue a single problem over a long period of time. With the rapidity of change in medicine, a holding pattern in basic research must inevitably lead to the decline of quality medical care, and probably in a very short space of time.

An interesting paper by Julius H. Comroe, Jr., and Robert D. Dripps entitled "Scientific Basis for Support of Biomedical Science" appeared in *Science,* April 9, 1976. The authors examine the debate between clinically oriented research and research not clinically oriented. The top ten advances in the fields of cardiovascular and pulmonary medicine in the last 30 years were identified. Knowledge essential to the discoveries was analyzed. After several years' work in screening more than 4,000 papers, 529 key articles were isolated. Further analysis of these shows that 40 percent were not *clinically oriented at the time the research was done.* The authors conclude that "a generous portion of the nation's biomedical research dollars should be used to identify and to provide long term support . . . without regard to the immediate relation of research to specific human diseases," and that "basic research . . . pays off in key discoveries almost twice as handsomely as other types of research and development combined."

The President's Biomedical Research Panel recognized that a financial commitment to research, both basic and clinical, must be made and recommended strengthening of research at academic health centers.

There are many problems facing the health community. Reasonable costs and better health services are laudable goals. But to seek these at the expense of basic research is to restrict the progress of medical science and, thus, to jeopardize high quality health care. Federal funds must be allocated so that an equilibrium can be achieved and maintained. Let us hope that our elected and appointed officials are wise enough to discern the complex interrelationships and to provide viable solutions.

David A. Smith, M.D.
Medical Editor

correspondence

Bylaws change—reasonable and just

To the editor:

The House of Delegates of the Pennsylvania Medical Society at its September 1976 meeting voted unanimously to change our Bylaws to expel unqualified physicians testifying as expert witnesses. Expert witnesses must now meet the following definition of an expert:

> An expert witness must have basic educational and professional knowledge as a general foundation for his testimony, and in addition have current personal experience and practical familiarity with the problems that are being considered and be actively engaged in the practice of the medical subject under discussion.

In simple terms we are stating that what a physician does in his practice is what he can give expert testimony about in the courtroom. No physician can possibly be an expert in something that he does not do. If a physician treats patients with myocardial infarction he should be allowed to testify as an expert in the treatment of myocardial infarction. If a physician does not treat patients with myocardial infarction then he does not qualify to testify as an expert by our definition. We think this definition is reasonable, just, and not unduly restrictive. If a physician claims to be an expert in a field in which he does not practice we feel that is dishonest and unethical and grounds for expulsion from the Pennsylvania Medical Society.

The headline in the July-August 1976 issue of *The Barrister* (the newsletter of the Pennsylvania Trial Lawyers Association) says "Physicians Move to Usurp Courts' Powers." The article complains that I did not mention the fact that Dr. Doe (the expert witness for the plaintiff in my malpractice case) was one of the outstanding pathologists in the United States. The fact that Dr. Doe may or may not be one of the outstanding pathologists in the United States is completely irrelevant. The fact that he had never observed or treated an IVP reaction is relevant. The fact that he claimed to be an expert in the treatment of IVP reactions when he had never observed or treated an IVP reaction is relevant. Any physician who makes such a claim in the future should and will be expelled from the Pennsylvania Medical Society.

By this change in our bylaws we are not attempting to usurp the courts' powers. We certainly recognize the right of the courts to determine who qualifies as an expert. We hope that the legal profession recognizes our right to set ethical standards for our members.

We are not trying to deprive plaintiffs of expert witnesses. The Pennsylvania Medical Society will furnish the courts with lists of physicians who will give expert testimony honestly, impartially, and most important, will be testifying in their own fields and will be testifying as a friend of the court.

I am confident that the courts will eventually require an expert to truly be an expert. It will not be because the Pennsylvania Medical Society has changed their Bylaws. It will be because it is so obviously right and just and because many attorneys and judges feel that the courts should change their standards on expert testimony. We are most encouraged by Judge Hoffman's minority opinion in *Ragan v. Steen*. He expressed his opinion that Pennsylvania should adopt the "enlightened view" which requires "that in order to qualify as an expert a medical witness must have some familiarity with the particular medical surgical technique involved in dispute."

All we are seeking by honest and impartial expert testimony is justice. We strongly feel that there is only one issue on which a malpractice case should be decided—was the physician negligent? If malpractice cases are decided on only this one issue the malpractice crisis will be at an end because in the vast majority of malpractice cases the physician is not negligent.

Robert W. Allen, M.D.
Secretary
Mercer County Medical Society

Anesthesiology fights back

To the editor:

In the December 1976 issue of PENNSYLVANIA MEDICINE in the Medigram section is a short item indicating that on November 19, 1976, the American College of Radiology (ACR) signed a consent order under which it will cease using a relative value scale to determine charges for services.

The action against the ACR was brought by the Federal Trade Commission (FTC). A similar suit had been filed by the U.S. Department of Justice, Anti-Trust Division, against the American Society of Anesthesiologists (ASA). In spite of the great cost of providing legal defense, the ASA is now committed to a defense of the suit.

Let me quote from Richard Ament, president of the American Society of Anesthesiologists, speaking before the Council of Medical Specialty Societies in Chicago last December:

"We think it is plain that the anti-trust suit brought against ASA by the government is an attack, not just on the RVG, but on the right of ASA, and of organized medicine, to present its views to those third parties, private or governmental, who do to a major

extent now, and who will increasingly in the future, control the economics and the very structure of medical practice. Back in 1973, when the Justice Department served a request for the voluntary production of documents on ASA, ASA furnished the government with some fifteen hundred documents. These documents indicated quite clearly that ASA had developed its first RVG in direct response to a specific request by Blue Shield. Similar requests came from government-run programs, including Champus, which was at that time known as Military Medicare. As third party payment mechanisms, both private and governmental, continued to expand, we received even more requests for help in setting up programs to contain costs and to judge the reasonableness of individual fees. While ASA never became involved in individual fee determinations, our RVG did make it possible for third parties and anesthesiologists to work together at local levels, fairly compatibly for the most part, to work out schedules under which quality anesthesia health care would be provided at reasonable costs to the continuously increasing proportion of the population served by third-party payers. This sequence of events was quite clearly shown in the documents which we gave to the government nearly three years ago.

"It was then with some surprise that we received, some two years after furnishing these documents to the government, notice that suit had been filed against us. Given the information that we knew the government had in its possession, we felt that this suit could have only one meaning. The government was questioning, indeed challenging, our right to present our views on the economics of our medical practice to those who, as it has turned out, pay for over ninety percent of our services. And the interesting and significant thing was that the suit was not brought against those who actively negotiated fee schedules or other arrangements but against ASA which had done no more than make the RVG "tool" available.

"Frankly, this puzzled us. As you know, every citizen of this country has a constitutional right to petition the government, individually or in groups. We also have the right to speak freely and to disseminate information, provided that those activities are not ruses for nefarious behavior. Yet the government seemed to have forgotten these rights when it filed this suit.

"Our first concern was, naturally, for our right to publish our RVG. Although the RVG *itself* is not of sufficient importance for us to spend many hundreds of thousands of dollars in its defense, that does not mean that it is *not at all* important to us. It is, since a tool is needed so that third parties can evaluate the reasonableness of individual physician charges. In order to obtain physician cooperation and participation, it was essential for that tool to reflect the judgment and perception of practicing anesthesiologists. The RVG became that tool. However, the RVG does not restrict the ability of individual anesthesiologists or third parties to establish their own fees or schedules of payments, since the ASA has made no effort to require the use of the RVG. Nevertheless, it did, and does, provide a rational and understandable means by which physicians and third parties could communicate and conduct business with each other. Not long after the Justice Department filed suit against the ASA, the FTC announced that it was investigating several other specialty societies for their use of relative value guides. Although these investigations purported to focus solely upon the RVGs, the consent decrees proposed by the FTC, and signed by some of the societies, indicated that FTC's real concern was even *broader*.

"In these decrees, the government insisted that the medical societies, in order to avoid the enormous expense of defending their relative value guides, refrain (1) from directly or indirectly advising in favor of or against the use of RVGs, or (2) from contributing to *any* part of any proposed relative value scale unless such contribution is made *in testimony* to a government body, or is *requested* by a third-party payer, governmental or private. Most important, *even* when the medical society supplies information on request, or gives testimony, that information or testimony which bears directly or indirectly on compensation levels is *limited* to historical data, *free of editing or interpretation*.

"These restrictions would weigh more heavily on anesthesiologists than on most other medical specialties. In determining our fees, we must consider more factors than most other specialties. Fee structure changes which reflect the evolution of anesthesiology and anesthesia techniques *frequently* must be explained to third parties, and third parties naturally turn to groups of anesthesiologists, such as ASA, for these explanations. We could not

Doctor Smith, call the IRS.

always provide such explanations simply by presenting historical data, past information free from interpretation.

"I need not remind you that the right of organized medicine to participate in decisions which concern it, whether or not those decisions be economic in nature, is a *right* which has always been important to us. We feel that at this moment in history, however, that it is more than important; it is essential. These are changing times for the medical profession. Rarely a day goes past that we do not encounter direct criticism of doctors—their competence or their fees—in the newspapers. Consumers are more vocal and better informed, and many of their leaders dislike and distrust the medical profession. In addition, the government has increasingly indicated its willingness to use its position as a large purchaser of medical services to force changes in the entire health care delivery system upon doctors. Whether or not the medical profession, the group most intimately and directly concerned with all aspects of health care delivery, will also have the opportunity to voice its concerns, is the issue which now confronts us.

"In summary then, ASA is willing to defend the Justice Department antitrust suit, not because the ASA RVG, as such, is of paramount importance to the Society or to its members. Rather, ASA believes that an active and capable defense is essential to protect the right of ASA, and indeed of all organized medicine, to participate in the decision-making processes which will chart the course of health care delivery for many years to come. This lawsuit is the first lawsuit brought against any medical society to attempt to restrain its voice in making decisions vital to medicine. It will serve as precedent for all future decisions dealing with the right of organized medicine to act, or even to speak out. I hope that all of you will wish us well in our struggle."

It is our opinion that fundamental rights of organized medicine are in "jeopardy" and will be lost if the outcome is unfavorable. Rather than accept a consent decree, we have decided to defend our rights and those of all organized medicine.

Inasmuch as you have noted the acceptance of consent decrees by other organizations, I sincerely hope that you will also note the compelling reasons of the ASA in defending this similar suit.

Thomas C. Deas, M.D.
District Director, District 6
American Society of Anesthesiologists

Researcher requests referrals

To the editor:

I am currently conducting a therapeutically-oriented study of patients with premature ventricular contractions (PVCs) and ischemic heart disease and request that such patients be referred to me at the Hospital of the University of Pennsylvania. In the study, results of two promising, non-pharmacologic treatments—heart rate biofeedback and the relaxation response—are being compared with results from an untreated control group.

Patients with at least 1-2 PVCs per minute, and a previous myocardial infarction or angina pectoris should be referred. All patients will have two 24-hour Holter EKGs before being treated. One third of the patients will be trained as out-patients in the relaxation response, and encouraged to practice it twice daily for 10-20 minutes. Another third of the patients will be given in-patient heart rate biofeedback training for 4-5 days, and thereafter be encouraged to practice the type of heart rate control (e.g. slowing) which minimizes PVCs. The last third of the patients will receive no treatment.

To complete the study each patient will be Holter monitored for two more 24 hour periods five weeks after the initial monitoring. Therapeutic outcome will be assessed by change in PVC frequency from the first pair of Holter EKGs to the second pair.

Patients' anti-arrhythmic medications will be maintained unchanged during the study. All findings will be reported to the patient's physician. There will be no charge to the patient for participation in the study.

Appropriate patients should be referred to Theodore Weiss, M.D., at (215) 662-2826 or 662-2827.

Theodore Weiss, M.D.
Assistant Professor of Psychiatry
University of Pennsylvania
Philadelphia

Sample letters from flood victims

To the editor:

I would like to thank the Society most sincerely for the non-interest loan which was most helpful at the time of the Agnes Flood Disaster. I am sure all other recipients of this benefit are equally appreciative.

Albert Schiowitz, M.D.
Plains

To the editor:

I want to express my heartfelt appreciation to the Pennsylvania Medical Society for its generosity in extending this loan to me at the time of the disastrous flood. It is a splendid example of how a large group, banded together in a common purpose, can be of great service to an individual.

R. Stanley Bank, M.D.
Harrisburg

To the editor:

I am grateful for the loan of $5,000 which, unsolicited and interest free, was extended to me in August 1973 after the flood. It was certainly a supportive and magnanimous contribution to many of us.

Samuel R. Kaufman, M.D.
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1. Goth, A.: Medical Pharmacology, Principles and Concepts, ed 7, St. Louis, C. V. Mosby Company, 1974, p. 455.

2. Schneider, R. P., and Roach, A. C.: An Antacid Tasting: The Relative Palatability of 19 Liquid Antacids. South. Med. J. 69: 1312-1313 (Oct.) 1976.

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Beware flim-flam tax plans!

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

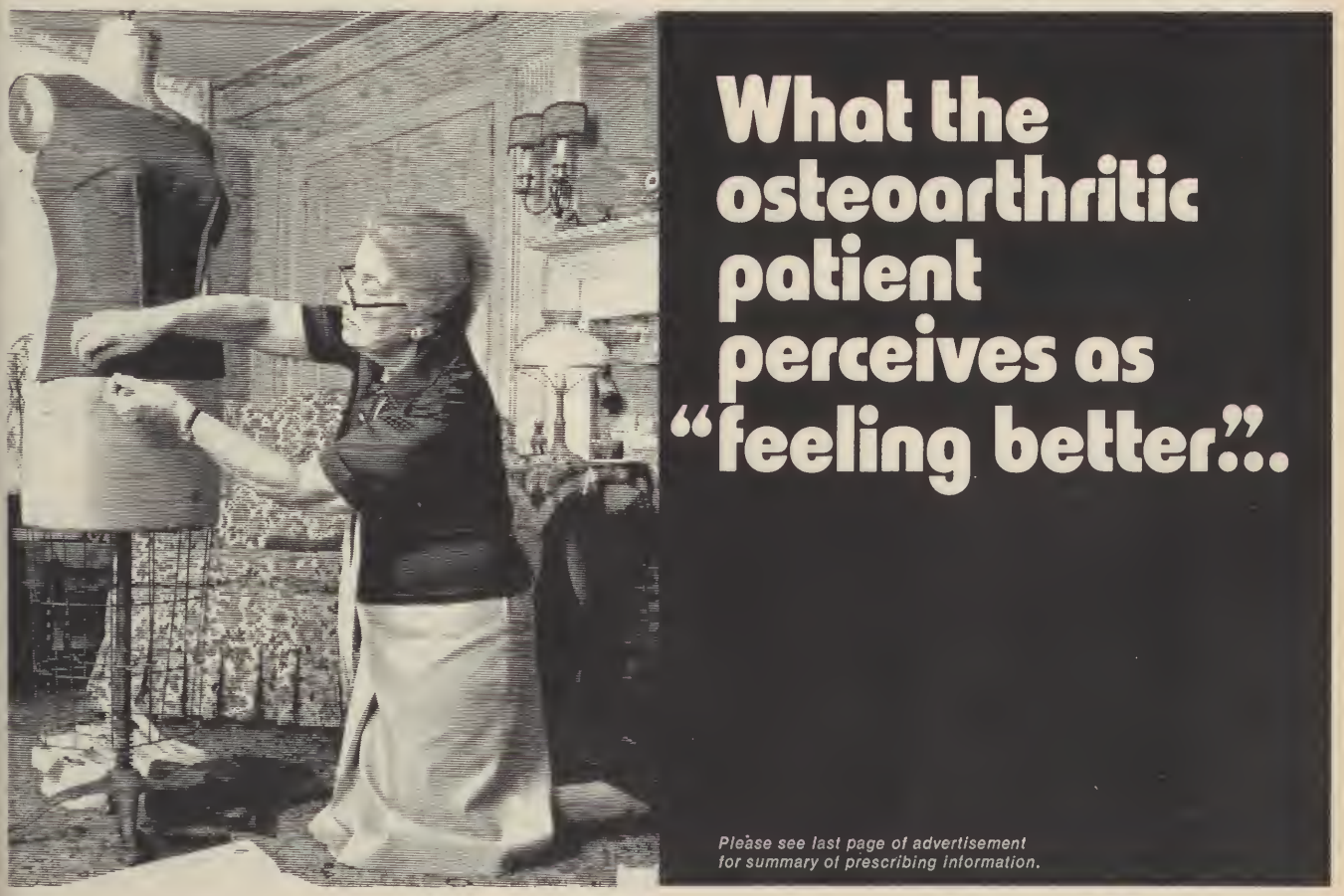
Good, even aggressive tax and estate planning is important to every physician. However, two recently promoted arrangements, which have attracted many doctors because of suggested advantages, are extremely dubious. The questionable schemes are, we believe, excellent examples of "letting the tax tail wag the dog." We hope this article will reestablish some common sense.

The first arrangement is known as the "educational benefit trust," a scheme by which a professional corporation sets aside moneys each year to fund the college educational costs of its key employes (essentially the doctors). The fund would be, according to the promotions, tax deductible for the corporation and without tax to the physician-parent.

The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

The second scheme offers even more dramatic tax avoidance. It usually operates under the name of "family trust" with the concept that a doctor can transfer all his assets, and even his "lifetime services," to a trust which will thereafter insulate him from income and estate taxation.

In our opinion, these two appealing proposals should be rejected by any sensible physician. The educational benefit trust (EBT) is encountering adverse tax treatment which responsible advisors have



expected all along. Even assuming favorable tax results, we calculate that there is little real financial advantage to the scheme. The family trust idea, however, is an out-and-out preposterous promotion; its promoters have been indicted and enjoined as fraudulent in several states.

Educational benefit trust

EBTs have been promoted for some four or five years as offering high income employes a way to cope with alarming increases in educational costs. The major promoter has been "Educo," operating out of Chicago; another program, "EDIT," operates out of North Carolina. There are others, including one promoted from suburban Philadelphia, but they are all based on the same underlying principles.

Under the EBT, a professional corporation would create a trust to finance the educational costs for children of certain "key employes." The key employes would, of course, include the physician-shareholders although it should also include one or more non-physicians to avoid the appearance of absolute discrimination. The promoters would provide the documents and planning for the trust's creation, ongoing actuarial advice as to contributions required, and administrative assistance—all for their fees.

' . . . readers should be critical of any scheme which causes them to lose flexibility and control over their own assets.'

The promoters suggest that the corporation's payments to the trust each year would be deductible by the corporation and not taxed to the doctors involved. Thus, the before-tax dollars could compound in the trust until needed for each child's college expenses; the payments would be tax-free as "scholarships."

Most responsible advisors have felt from the beginning that these tax results would not stand up under Internal Revenue Service review. Finally, the service issued its official position in a 1975 Revenue Ruling as anticipated—the payments would not be tax deductible when made and would be taxed to the employe-physician when used for his son's or daughter's benefit. Educo and EDIT, among the others, have continued to market their EBTs by claiming the ruling to be wrong and taking the issue to court. (Since this article was written, the United States Tax Court has decided a case involving an EBT promoted by Educo. It concluded that the tax treatment is entirely consistent with the IRS' position.)

Some doctors are considering the EBT despite uncertain (at best) tax prognosis. We have made an evaluation of it on purely economic terms, assuming moderate tax results which would be less than the promoters claim but better than the IRS proposes. In our view, if an EBT would not be overwhelmingly advantageous under such results, it is not worth adopting. We found that, after ten years of operation, a doctor would have more college funding available simply by investing half the annual funds (recognizing 50 percent personal tax rate) in tax-free municipal bonds!

One should further recognize that an EBT causes the doctor to *irrevocably* part with control over the moneys involved. If his child dies, becomes disabled, or fails to go to college, the moneys cannot be returned to him. Under some EBTs, if the doctor leaves his professional corporation to practice elsewhere his children cease to be beneficiaries.

Our views here are simple and to the point—to lose control over one's funds and leave them subject to contingencies beyond one's control would be absolute folly, with one possible exception—a case of overwhelmingly favorable tax and economic results. Those results are far from certain in EBTs, which, in our opinion, appeal more to the emotions involved in college costs than to logic.

Family trust

Whereas the EBT has been presented in fashion permitting reasonable evaluation, the so-called "family trust" seems little more than flim-flam designed to overwhelm the tax-naive doctor. We have reviewed the promotional materials of one such presentation and found it so wrought with tax inaccuracies and mis-citations that logical response was difficult. And, as another attorney observed to us, "The promoters make it all like quicksilver, changing a detail here and there to suggest each criticism has been remedied, but letting it all slide through."

The basic arrangement, with myriad variations, is as follows. A doctor and his spouse would irrevocably transfer virtually all their assets, including home, automobile, etc., to a trust of which the doctor would be one of the trustees. He might also enter into a so-called "lifetime services" contract with this trust so income he thereafter earns would inure to his trust. The trust would grant "units of beneficial interest" to the doctor who might give many of them to his spouse, his children or even another trust—allegedly enabling him to split his income and estate for tax purposes.

Under the family trust (variously known as "family estate trust," "estate trust," "living trust," and even "Constitutional trust") the doctor could be paid

consulting fees for some of his work while the rest would be retained and spread to the owners of the units. Furthermore, the trust would manage and maintain the home, the automobiles, etc.—all partly or wholly tax deductible as normal trustee expenditures.

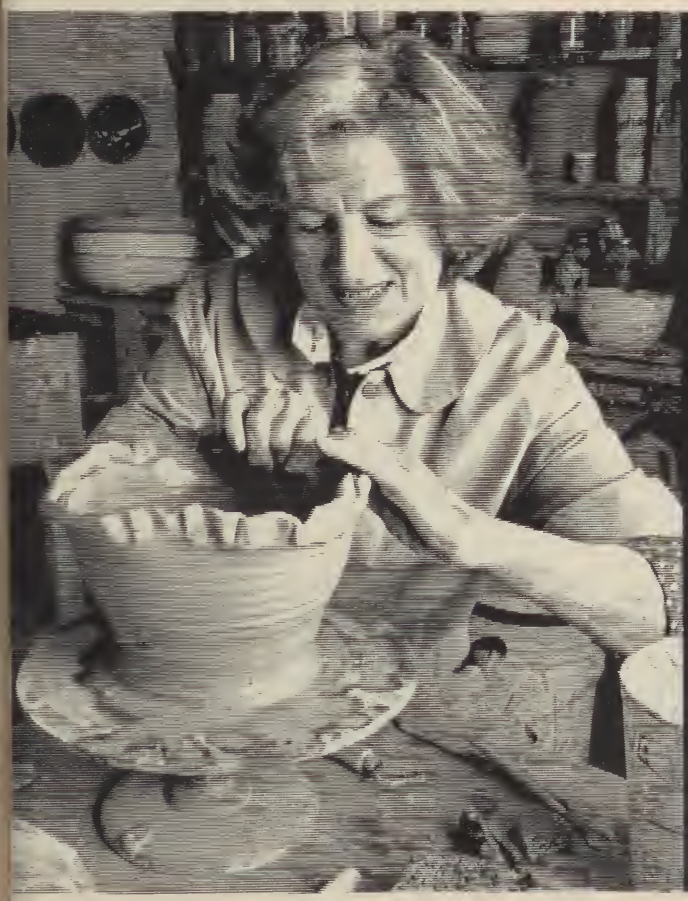
The promoters jealously guard their family trust documents and generate their incomes by charging substantial fees to help create the arrangements. Attorneys who have seen the legal papers involved, however, have found those documents to be poorly drafted and defective.

These arrangements simply will not stand up for tax purposes. They are contrary to several older court decisions and they are specifically considered by four IRS Revenue Rulings issued in 1975. Among other things, those rulings hold that all the income would be taxed directly to the doctor-grantor of the trust and that all the property would still be subject to death taxes. In our view, the rulings are clearly justified under the tax laws.

The family trust promoters have made much of the apparent fact that no one who created their trusts has yet been assessed by the IRS. There was even an article written by one doctor "daring" the IRS to take him to court. This is a specious argument, however, for in several locations every person who has created a family trust through the promoters involved presently has his tax returns held up for special investigation. The assessment step has not yet been necessary.

Perhaps most telling is the history of family trust promoters over the past couple of years. We spoke first-hand to attorneys in Denver, Colorado, where the sponsoring organization seemed to be located. We learned that actions are outstanding against the organization or its agents for fraud in at least Colorado, Wisconsin, and Texas, with injunctions against them to prevent further marketing of the trusts. Some people have suggested that such actions are merely acts to stop good new ideas from embarrassing the legal establishment, but we must point out that criminal fraud findings have convinced us.

Family trusts are presently being promoted in Pennsylvania. Physicians should be well aware of the concept and recognize its defects. We believe our readers should be extremely critical of any scheme which causes them to lose flexibility and control over their own assets in exchange for tax results which seem too good to be true. They usually are. □



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Know your taxes

Tax shelters—R.I.P.?

DONALD L. DeMUTH, M.B.A., C.P.A.
EDWARD H. ACHORN, M.A., C.P.A.
Harrisburg

Does Uncle Sam take a dollar or more for each one he lets you keep? Think Congress got rid of all tax shelters? What's left?

Gone are the days of making an oil well "investment" on December 26 and obtaining an immediate tax savings greater than the amount invested. Congress plugged many so-called tax loopholes with the Tax Reform Act of 1976.

What happened?

In the halcyon tax shelter days before the passage of the Tax Reform Act of 1976 on October 4, 1976, it was possible to get a tax deduction greater than the amount invested in certain investments. Typical examples were partnerships devoted to equipment leasing, exploring for oil or gas, farming, or producing, holding, or distributing motion pictures. The partnership would obtain a nonrecourse loan. A nonrecourse loan is a loan on which the debtor is not personally responsible for repayment. If the partnership were unable to repay the loan, the individual partners would not be liable to pay it back. The advantage of this feature will be demonstrated below.

Buying a deduction

The partnership was able to spend the money invested by the partners plus the proceeds of the nonrecourse loan on items immediately deductible for income tax purposes. The partners then could reduce their incomes for their portion of the partnership loss. The partnership loss often equalled the amount the partners had invested plus the nonrecourse loan, since no income had been earned in the first year.

For example, in a movie deal a partnership promoter would contract with a movie distributor who paid a set price plus bonus if the movie's gross exceeded a stipulated amount. Since the distributor always owned the film, the partnership's costs were totally deductible. If total production costs were estimated to be $400,000, the promoter could raise $100,000 from investors and $300,000 through nonrecourse loans (after all, he has a contract with the distributor who bought the film). If the $400,000 were spent that year on production costs and no income was received, investors would have a partnership loss of $400,000. If physician-investors were in the 50 percent tax bracket, then the $400,000 loss kept them from paying $200,000 ($400,000 loss X 50 percent tax bracket) of income taxes in that year. In essence, the partners paid $100,000 to keep from paying $200,000 of income taxes!

This is the fourth in the series, Know your taxes, *dealing with the new federal income tax regulations under the Tax Reform Act of 1976. Mr. DeMuth and Mr. Achorn are assistant professors of accounting at the Capitol Campus of The Pennsylvania State University, Middletown. For reprints write to Mr. DeMuth, The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*

Nevermore

With the new tax act Congress effectively has kept investors from receiving a tax savings in excess of the amount invested. Now, investors in movie, farming, leasing, and oil and gas partnerships are *not* permitted to receive a tax deduction in excess of the amount they have "at risk." The amount an investor has "at risk" is the money and property he contributed to the tax shelter partnership (generally the money invested) plus the amount borrowed by the partnership for which the investors are *personally liable* (loans guaranteed personally by the partners). The important provision is that investors are not allowed to receive a deduction for nonrecourse loans of the partnership.

Table I highlights the changes caused by the "at risk" provision of the Tax Reform Act of 1976 in tax shelter partnership taxation affecting physicians and other investors. Compare the tax savings to the amount invested both before and after the act. Before the act, a $100,000 investment netted a $200,000 tax saving; after the act, a $100,000 investment fetched only a $50,000 income tax saving.

Partnership loss allocation

The benefit derived from

nonrecourse loans was the most appealing point of the tax shelters for many physicians. The second attraction was that a doctor could enter a partnership at the end of the year and get a deduction for the loss as though he had been a partner for the entire year. Now, a partner is limited to the loss allocated to him only for the portion of the year in which he was a member of the partnership.

To illustrate, before the Tax Reform Act of 1976, a physician who owned a 10 percent interest in a partnership which had a deductible loss of $120,000 could have been entitled to a $12,000 share of the partnership loss ($120,000 total loss times 10 percent ownership). The length of time during the year in which he was a partner was inconsequential. Under the new act, if the investor had become a partner on December 1, and the partnership's fiscal year ended on December 31, he would now be entitled to a $1,000 loss ($12,000 share of the loss for the year times 1/12 portion of the year spent as a partner). Together with the nonrecourse provision, these two changes were the death knell to eleventh hour tax planning using tax shelters.

TABLE I
Changes Caused by "At Risk" Provision

	Before Tax Act	*After Tax Act*
Partners' Investment	$100,000	$100,000
Nonrecourse Loans	300,000	300,000
Total Investment	$400,000	$400,000
First Year Partnership Loss (assuming the entire investment was spent and no income was received)	$400,000	$400,000
Total Income Tax Deduction of the Individual Partners for the First Year Partnership Loss	$400,000	$100,000
Tax Savings (assuming the individual partners are in the 50% income tax bracket, which is the total income tax deduction times 50%)	$200,000	$ 50,000

What's left?

Before throwing in the towel and resigning yourself to increasing Uncle Sam's percentage take in your practice, there are still some investments for you to consider. While there is nothing that will give you a tax sav-

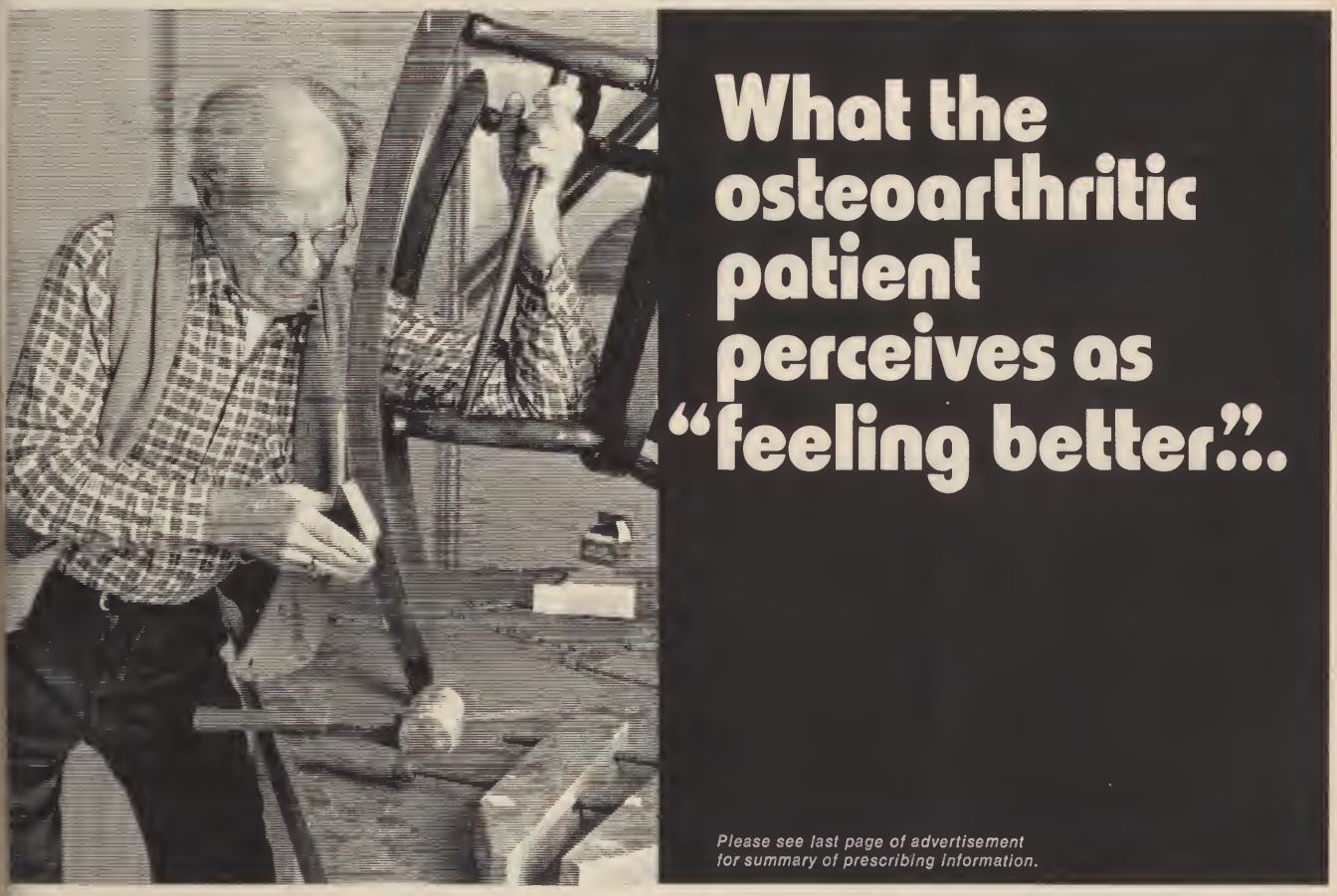

TABLE II
Cash Flow and Taxable Income of Property Venture

	Cash Flow		Taxable Income
Rental Income	$21,000	*Rental Income*	$21,000
Operating Expenses	7,000	*Operating Expenses*	7,000
Mortgage Payment	10,300	*Interest Portion*	8,800
		Depreciation	2,500
Cash Payments	17,300	*Deductible Expenses*	18,300
Cash Flow Before Taxes	3,700	*Taxable Income*	2,700
		Tax Rate	X 50%
Income Tax	1,350	*Income Tax*	$ 1,350
Cash Flow After Taxes	$ 2,350		

ings greater than the amount invested, there are vehicles which will shield some income from tax, cause income to be taxed at a lower rate, or defer tax payment for a long period of time. The most exciting possibilities are real estate investment and implementing a retirement plan.

Real estate for shelter

Income producing real estate (as opposed to raw land) offers an attractive means of acquiring a shield for current income and permits a physician to be taxed at the lower capital gains tax rate when he sells his property. The advantages can be best demonstrated through an illustration.

Gimme shelter

Suppose you find a fairly new apartment building selling for $110,000 ($100,000 for the building and $10,000 for the land), secure a mortgage with 20 years of payments at a 10 percent interest rate and borrow $88,000, putting down 20 percent of the purchase price. Your annual mortgage payments would be around $10,300. If you feel that the building will have a useful life of 40 years, depreciation will be $2,500 per year ($100,000 paid for the building divided by 40 years; the cost of land can't be depreciated). The property has gross rents of $21,000, operating expenses of $7,000 (these are management fees, utilities, heating, insurance, real estate taxes, and maintenance), and you are in the 50 percent tax bracket.

Table II shows your cash flow and taxable income arising from the venture. Notice that the entire mortgage payment cannot be deducted in computing taxable income. Only the portion representing the payment of interest is deductible; $88,000 mortgage times 10 percent interest rate equals $8,800 interest. The difference between the $10,300 paid and the $8,800 of interest ($1,500 difference) represents the portion of the mortgage balance repaid. At the end of the first year, the unpaid mortgage principal balance is $86,500 ($88,000 borrowed less $1,500 paid in the first year). Since depreciation does not require a cash outlay, it is only a deduction to compute taxable income. After subtracting the $1,350 of income taxes from cash flow before taxes, the investor has $2,350. On his $22,000 cash investment, the investor has received $2,350 *after* income taxes or almost an 11 percent after tax rate of return. To keep 11 percent of your investment after taxes, in a typical investment (bonds, certificates of deposit, etc.), one would require over a 21 percent return before income taxes for the investor in the 50 percent tax bracket!

Also, the property's cash flow has increased the owner's equity in the property to the tune of $1,500 by which the mortgage was reduced.

As illustrated, the owner receives the double benefit of a $2,350 return after taxes on his $22,000 investment (11 percent *after* tax rate of return), and his investment in the property has increased to $23,500 ($22,000 down payment plus $1,500 mortgage principal reduction).

Let us assume that the rent and operating expenses of the property rise at 7 percent per annum along with the market value of the property, and examine the return in twenty years when the mortgage is finally repaid.

The year 1997

To complete the example, examine the anticipated cash flows in 1997, twenty years from now, assuming that rental income, operating expenses, and the

TABLE III
Cash Flow and Taxable Income in 1997

	Cash Flow		Taxable Income
Rental Income (7% annual growth)	$81,300	*Rental Income (7% annual growth)*	$81,300
Operating Expenses (7% annual growth)	27,100	*Operating Expenses (7% annual growth)*	27,100
Mortgage Payment	10,300	*Interest Portion*	900
		Depreciation	2,500
Cash Payments	37,400	*Deductible Expenses*	30,500
Cash Flow Before Taxes	43,900	*Taxable Income*	50,800
		Tax Rate	X 50%
Income Tax	25,400	*Income Tax*	$25,400
Cash Flow After Taxes	$18,500		

property's market value all grow at the anticipated 7 percent compounded annual rate (Table III).

The benefits of inflation show up, provided rents keep pace with expenses and both grow at a 7 percent annual rate. Only $900 of the last year's mortgage payment is for interest; the remaining $9,400 of the mortgage principal balance is paid in the twentieth year ($10,300 mortgage payment less $900 interest equals $9,400 mortgage principal balance). The after tax cash flow of $18,500 represents an after tax rate of return of 84 percent on the investor's original $22,000 investment. At this time the mortgage is completely paid off and the property is worth more than $425,000 (assuming 7 percent annual growth)! Not bad for a $22,000 outlay 20 years earlier.

Before dismissing the notion of an apartment building almost quadrupling its market value in twenty years, find out what some apartments sold for twenty years ago. You may be surprised to find that the appreciation in this example is not uncommon.

Caveat

Before you yank all of your money out of the bank and run down to your realtor, remember that real estate investment is subject to risks as are other investments. Each property is unique and should be thoroughly analyzed. Don't accept the realtor's figures at face value. Check them out yourself or have someone else you trust do it. Ask the opinion of your accountant, banker, and lawyer. Pay a contractor to examine the structural soundness of the property. A $50 to $100 examination now could save you thousands later.

Remember, handsome returns await investors who carefully select their properties. Investigate before you invest.

Retirement plan

A retirement plan, in addition to providing for your golden years, is an effective income tax shelter. Money placed in a retirement plan is not taxed until it is distributed to you, usually during your retirement years when you're in a lower income tax bracket. Also, the earnings of the plan remain untaxed until you receive them. A solo practitioner or partner in a partnership can set aside up to the lesser of 15 percent of earned income or $7,500 in a Keogh retirement plan.[1] The tax saving as-

1. This is a simplification of the tax laws affecting retirement plans. The simplification is designed to stress the income tax shielding aspects of a retirement plan. If you are considering implementing a retirement plan, consult your accountant, attorney, or professional management consultant to learn of the total ramifications with respect to your individual situation.

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TABLE IV
Comparison of Taxable Income with and without Keogh Plan

	With Keogh Plan	*Without Keogh Plan*
Taxable Income Before Contribution to Keogh Plan	$50,000	$50,000
Contribution to Keogh Plan	7,500	—
Taxable Income	$42,500	$50,000
Federal Income Tax	$13,160	$16,880
Spendable Income:		
Taxable Income Before Contribution to Keogh Plan	$50,000	$50,000
Contribution to Keogh Plan	7,500	—
Federal Income Tax	13,160	16,880
Spendable Income After Tax Deductible Expenses	$29,340	$33,120

pects of a retirement plan apply to contributions to the pension and profit sharing plans of a professional corporation or to an individual retirement account. These plans were not discussed for simplicity of example.

Compare the taxes paid by two married physicians with $50,000 taxable income before retirement contribution—one physician has a Keogh plan and the other does not (Table IV).

The doctor with the Keogh plan could make a $7,500 contribution to the Keogh plan, provided he has at least $50,000 of practice income after expenses. This would reduce his taxable income to $42,500 ($50,000 taxable income before contribution minus the $7,500 contribution). His federal income taxes would be $13,160.

His counterpart would have to pay income tax on the entire $50,000, which amounts to $16,880, or $3,720 more!

As shown in the comparison, the physician with the retirement plan receives $3,780 less in spendable income ($33,120 without plan minus $29,340 with plan). This is an important consideration in determining whether a retirement plan is desirable for you or in deciding upon the amount that should be contributed to one.

TABLE V

Spendable Income Arising From Keogh Plan

Age at which Keogh contributions commenced	*Retirement benefits continue until age:* 80	85	90	95
35	$68,000	$60,000	$56,000	$54,000
45	32,000	29,000	27,000	25,000
55	11,000	10,000	9,000	9,000

Spendable Income Arising From Savings

Age at which savings commenced	*Savings consumed at this rate until age:* 80	85	90	95
35	$25,000	$22,000	$20,000	$19,000
45	13,000	12,000	11,000	10,000
55	5,000	5,000	4,000	4,000

Annual Benefit Occasioned By Keogh Contributions Permitted to Accumulate Tax-Free

Age at which contributions or savings commenced	*Difference in spendable income– Keogh plan vs. investment plan* 80	85	90	95
35	$43,000	$38,000	$36,000	$35,000
45	19,000	17,000	16,000	15,000
55	6,000	5,000	5,000	5,000

Retirement plan earnings shelter

The tax sheltering features of a retirement plan do not end with the initial tax savings in the year of the contribution. If the doctor not covered by a plan saves $7,500, he pays $3,720 in tax on this amount. After paying the tax, he is left with $3,780 to invest. With an 8 percent return, his investment will have earned $300 during the year. However, the $300 earned will be taxed at a 50 percent rate, or $150, and he will be left with $150 to reinvest. At this time he will have accumulated $3,930 after income taxes. If the investment earnings after taxes are reinvested at an 8 percent return before taxes and he sets aside $7,500 before taxes each year, in ten years he will have accumulated $45,400, $112,600 in twenty years, and $214,700 in thirty years.

Contrast those savings with the retirement plan which accumulates earnings tax-free. If the $7,500 retirement contribution earns an 8 percent return from investments, it will have earned $600 in the first year. This $600 will not be taxed until it is paid to the physician during his retirement. At the end of the first year, the plan has $8,100 versus the $3,930 accumulated by the doctor without the retirement plan. If he's able to contribute $7,500 each year and continue to earn an 8 percent return, in ten years the value of his retirement plan will be $108,700, which is only $3,900 shy of what the physician without the plan will have saved in *twenty* years! In twenty years, the value of the Keogh plan will total $343,200 and will be $849,600 in thirty years, almost *four* times the amount that could be saved without the retirement plan!

Remember that income taxes must be paid on the money when it is distributed. The physician who has contributed toward his retirement for ten years can receive $11,000 for twenty years before exhausting his plan's resources. If his wife is living, their income tax will be about $850, based on existing tax law. This will permit spendable income of over $10,000 a year until he is 85, assuming he retires at 65.

The physician who has tried to save on his own and has accumulated $45,400 can spend about $4,600 per year for the same twenty year period.

Table V shows the spendable income[2] of a physician who retires at age 65 after contributing $7,500 per year to a retirement plan under varying assumptions as to the time of commencement of contributions to the plan and the number of years for which retirement payments will continue.

Table V also shows average spendable income of the physician who has attempted to retire on his savings,[3] and demonstrates how much more income the doctor with the Keogh plan will enjoy during his golden years.

As the examples indicate, a retirement plan not only saves you taxes when you make the contribution, it also provides you with more than twice the spendable cash during your retirement years than you could obtain through an investment plan.

2. In determining spendable income, income taxes were computed using the 1976 income tax rates. Itemized deductions were based on the average itemized deductions for 1974 by adjusted gross income classes, the most recent data available at this writing. The physician's spouse is assumed to be his age. Results are rounded to the nearest thousand dollars.

3. Assumptions used are identical to those used for physicians with Keogh plans.

Summary

The Tax Reform Act of 1976 destroyed the most advantageous features of the traditional tax shelters (oil and gas exploration, equipment leasing, farming, and movie deals). This increases the attraction of other investments which provide current income tax savings and other future benefits, the potential for an increasing cash flow and increased property value in the case of real estate, and greater spendable income during the twilight years if a retirement plan is implemented. While Congress ended most opportunities to obtain a tax savings greater than the amount of money invested, it is still possible to shelter income from Uncle Sam's outstretched hand. Tax shelters are not dead. □

For your patients with osteoarthritis, the recommended initial dosage* is

1 Pulvule® q.i.d.

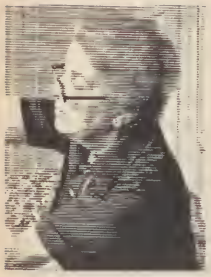
*The dosage may be adjusted in accordance with the patient's condition and changes in disease activity.

The most common type of adverse reaction reported concerned the gastrointestinal system. Dyspepsia occurred most frequently; it was observed in about one of seven patients.

DISTA 700452

Nalfon®
fenoprofen calcium

Please see last page of advertisement for summary of prescribing information.



Nalfon®
fenoprofen calcium

Indications and Usage: Nalfon is indicated for relief of the signs and symptoms of rheumatoid arthritis and osteoarthritis. It is indicated in the treatment of acute flares and exacerbations and in the long-term management of these diseases. The safety and effectiveness of Nalfon have not been established in those rheumatoid arthritis patients who are designated by the American Rheumatism Association as Functional Class IV (largely or wholly incapacitated with patient bedridden or confined to wheelchair, permitting little or no self-care).

Contraindications: Nalfon is contraindicated in patients who have shown hypersensitivity to it.

Because the potential exists for cross-sensitivity to aspirin and other nonsteroidal, anti-inflammatory drugs, Nalfon should not be given to patients in whom aspirin and other nonsteroidal, anti-inflammatory drugs induce the symptoms of asthma, rhinitis, or urticaria.

Warnings: Nalfon should be given under close supervision to patients with a history of upper-gastrointestinal-tract disease and only after the Adverse Reactions section has been consulted. Gastrointestinal bleeding, sometimes severe, has been reported in patients receiving Nalfon.

In patients with active rheumatoid arthritis or osteoarthritis who also have an active peptic ulcer, attempts should be made to treat the arthritis with nonulcerogenic drugs. If Nalfon must be given, the patient should be under close supervision for signs of ulcer perforation or severe gastrointestinal bleeding.

In subacute and chronic studies in rats, Nalfon caused interstitial nephritis, glomerulonephritis, and renal papillary necrosis. These abnormalities were dose related and began to appear at doses approximating the human dose. In chronic studies in monkeys, interstitial nephritis also occurred following administration of Nalfon. Although this was seen at doses considerably above the human dose, lower doses were not studied in this species. During the course of the clinical trials, one patient developed bilateral suppurative pyelonephritis, underwent laparotomy, went on to renal failure, and died with a diagnosis of septicemia and renal papillary necrosis. It is not known whether these events were drug related. A few patients developed mild elevations of the BUN during therapy with Nalfon. Since Nalfon is eliminated primarily by the kidney, the drug should not be administered to patients with significantly impaired renal function. It is desirable to perform periodic renal function tests in all patients receiving Nalfon.

Precautions: In chronic studies in rats, high doses of Nalfon caused elevation of serum transaminase and hepatocellular hypertrophy. In clinical trials, some patients developed elevation of serum transaminase, LDH, and alkaline phosphatase which persisted for some months and usually, but not always, declined despite continuation of the drug. The significance of this is unknown. It is recommended that periodic liver function tests be performed in patients receiving Nalfon and that the drug be discontinued if abnormalities occur.

The safety of this drug in pregnancy and lactation has not been established, and its use during these events is, therefore, not recommended. Reproduction studies have been performed in rats and rabbits. When fenoprofen was given to rats during pregnancy and continued to the time of labor, parturition was prolonged. Similar results have been found with other nonsteroidal, anti-inflammatory drugs which inhibit prostaglandin synthetase.

In-vitro studies have shown that fenoprofen, because of its affinity for albumin, may displace from their binding sites other drugs which are also albumin bound, and this may lead to drug interaction. Theoretically, fenoprofen, as well as other nonsteroidal, anti-inflammatory agents, could likewise be displaced. Patients receiving hydantoin, sulfonamides, or sulfonylureas should be observed for signs of toxicity to these drugs. In patients receiving coumarin-type anticoagulants, the addition of Nalfon to therapy could prolong the prothrombin time. Patients receiving both drugs should be under careful observation.

In patients receiving Nalfon® (fenoprofen calcium, Dista) and steroid concomitantly, any reduction of steroid dose should be gradual to avoid the possible complications of sudden steroid withdrawal.

Patients with initial low hemoglobin values who are receiving long-term therapy with Nalfon should have a hemoglobin determination at reasonable intervals.

Peripheral edema has been observed in some patients taking Nalfon; therefore, Nalfon should be used with caution in patients with compromised cardiac function.

Studies to date have not shown changes in the eye attributed to administration of Nalfon. However, because of adverse eye findings in animal studies with some other nonsteroidal, anti-inflammatory drugs, it is recommended that ophthalmologic studies be carried out within a reasonable period of time after chronic therapy with Nalfon has been started and at periodic intervals thereafter.

Since food decreases the blood levels of Nalfon, the drug should be given thirty minutes before or two hours after meals during the daytime.

When phenobarbital, which may enhance the metabolism of Nalfon, is added or withdrawn, dosage adjustment of Nalfon may be required.

Caution should be exercised by patients whose activities require alertness if they experience central-nervous-system side-effects from Nalfon.

Since the safety of Nalfon in patients with impaired hearing has not been established, these patients should have periodic tests of auditory function during chronic therapy with Nalfon.

Nalfon decreases platelet aggregation and may prolong bleeding time. Patients who may be adversely affected by prolongation of the bleeding time should be carefully observed when Nalfon is administered.

Adverse Reactions: *Digestive System*—The most common type of adverse reaction concerned the gastrointestinal system. Dyspepsia occurred most frequently, being observed in about one out of seven patients. Other adverse reactions, in descending order of frequency, were constipation, nausea, vomiting, abdominal pain, anorexia, occult blood in the stool, diarrhea, flatulence, and dry mouth.

Three instances of peptic ulceration and/or gastrointestinal hemorrhage that may have been due to the drug and four instances in which drug relationship was questionable were observed in 3,391 individuals to whom the drug was administered for periods of time ranging up to 165 weeks.

In less than 2 percent of patients, the drug was discontinued because of adverse gastrointestinal reactions.

Skin and Appendages—The most common adverse effect was pruritus, which was seen in about one out of ten patients. Other adverse reactions were rash, increased sweating, and urticaria.

In about 1 percent of patients, Nalfon was discontinued because of an adverse effect related to the skin.

Nervous System—The most frequent adverse reaction observed was somnolence, which occurred in about one out of seven patients. Other adverse effects, which occurred less frequently, were dizziness, tremor, confusion, and insomnia.

Nalfon was discontinued in less than 0.2 percent of patients because of these side-effects.

Special Senses—The most common adverse reaction was tinnitus, which was seen in about one out of ten patients. Other reactions observed, in descending order of frequency, were blurred vision and decreased hearing.

In about 0.2 percent of patients, Nalfon was discontinued owing to adverse effects related to the special senses.

Cardiovascular—The most frequent adverse effect observed was palpitations. This was noted in about one out of twenty-five patients. Tachycardia was observed less frequently.

In less than 0.5 percent of patients, Nalfon was discontinued as a result of cardiovascular adverse reactions.

Laboratory—Anemia was noted in about one out of 500 patients. Therapy with Nalfon had to be discontinued in one patient because of anemia. Increase in alkaline phosphatase, LDH, and SGOT was observed (see Precautions).

Miscellaneous—Headache was seen in about one out of seven patients. Less frequently observed, in descending order of frequency, were nervousness, asthenia, dyspnea, peripheral edema, fatigue, malaise, and dysuria. [031677]

Additional information available to the profession on request

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An ethical dilemma

Moral choice in the daily practice of medicine

GEORGE T. HARRELL, M.D.

Hershey

Concern of the general public with the ethics of health care is obvious. The press, law suits and legislative hearings, and conferences of lay and religious leaders give evidence of concern.

It is apparent that there exists a widespread lack of knowledge of the complexity of biologic processes and the limited extent of the true scientific base for the practice of medicine and the delivery of health care. The lack of understanding is exhibited by administrators of various levels of health care facilities, legislators, and religious counsellors most of whom have no biomedical background. Even medical students beginning their professional education have little grasp of the types of problems requiring practicing physicians' advice to patients and families. House officers suffer from the same deficit to a lesser extent.

The curricula both for future medical students and those in allied health fields barely raise questions on bioethical problems or mention the dilemmas and frustrations they will face in their careers. This deficit in educational background is due in part to the failure of practicing physicians and medical educators to work with liberal arts faculty, college administrators, counsellors, trustees, and governing boards.

It is imperative that doctors recognize the extent of the potential vacuum in knowledge and understanding and be prepared to inform the people involved in lay terms so that educational programs at all levels can be improved.

Dr. Harrell, vice president emeritus of The Milton S. Hershey Medical Center, The Pennsylvania State University, delivered this address at a consultation on moral choice for health care professionals held at Elizabethtown College in June 1976. Dr. Harrell has served as professor of medicine, dean of the college of medicine, director, and vice president for medical sciences at Hershey. Besides being founding dean at Hershey, he also was instrumental in starting the medical school at the University of Florida, Gainesville.

Man's beginning

Man has lived on this earth for several million years. Modern medicine, which has helped him to survive longer and live better, is barely a hundred years old.

In the past, most of man's efforts were required simply to feed and clothe himself and his family. He saw his wife die while having his infant, and most of her children perish while they were still small. He himself rarely survived three decades into young adult life.

Gradually through trial and error, he learned a few things which would help him when he was ill. These observations were passed down in folklore, becoming embedded in cultural patterns. The mystery of illness and recovery early led to association with religion.

The emergence of the physical sciences over the centuries was followed by the dim perception that living things also follow natural laws. Biology began as a science with the description and systematic classification of plants and animals. Knowl-

edge of chemistry and acceptance of the experimental method began to be applied to the understanding of normal life processes and disease.

Emergence of physicians

The first health professional, the physician, arose out of the priesthood and originally was trained by the apprenticeship method. In his earliest traditions, he was committed to pass on his knowledge; hence the use of the term doctor or teacher.

As knowledge increased and education became more formalized, the background for his professional training was in the classics with heavy emphasis on philosophy, literature, and religion. The pattern has been true in all cultures.

As it became recognized in the last century that the scientific method could be applied to approach the understanding and then the solution to human disease problems, the education of the physician became more and more based on the "hard" sciences. Scientists soon discovered that experiments in chemistry and physics could be reproduced and the outcome predicted with a narrow range of error. As a result, the intellectual movement early in this century attempted to make clinical medicine and its application to the delivery of health care to the individual patient as exact a science as the broad basic natural or more narrow medical sciences.

Natural laws

At this point the doctor encounters his first dilemma. The natural laws governing living things are not as precise as those for chemical or physical phenomena. The immutable principle of biologic variability is the reason. In nuclear physics, the rate of decay of a heavy atom, the type and extent of radiation given off, and the atomic end products can be predicted accurately within a time span ranging from milli-seconds to millenia. It is true in very recent years that an uncertainty principle has been discovered, but the range of physical variation is narrow and holds few surprises. The exact opposite is true in biology.

Living things are in a constant state of flux. Variants or entirely new species continuously arise and flourish; old ones decline and die out. The range of variation for quantifiable characteristics measured in a single species under constant conditions follows a bell-shaped curve. When data are collected on a single individual and an attempt made to apply them to conclusions drawn from a statistical study of a group plotted in a probability curve, the exercise does not meet usually accepted scientific standards. When the physician in the clinical practice of medicine applies the principle to the care of a single patient, he is in the realm of an art rather than a science.

'Traditionally, the doctor has taken some credit for his patients' recovery from illness or disease when often he has done nothing proven to be therapeutically effective.'

The next dilemma concerns the condition for collection of data from which conclusions are drawn and a course of action based. Ideally, scientific laws are derived from data collected under carefully controlled laboratory conditions which are as nearly constant as possible. Most living things in nature are in a constantly changing environment with variations in temperature, moisture, light, and other factors. Indeed, many studies cannot be done at all under controlled laboratory conditions, but must be done in the wild state.

The situation becomes more complex when people are the subjects in the studies. In addition to the physical variables, man reacts to social and behavioral factors to which he is exposed. The variables cannot be controlled.

Man's biologic, physiologic reactions can be measured, but we are only beginning to study scientifically his behavioral and social responses. We lack dependable techniques to quantitate such reactions, but they must be devised since we know intuitively and by observation that social and behavioral factors influence physiologic processes.

Physicians and medical scientists are establishing ever more accurate normal values for physiologic processes which are altered by disease. Data in disease vary over a wide range because of differences in host factors, the severity of the illness, and the multitude of uncontrollable external factors.

Man is extremely resilient in general and in time will recover spontaneously from most of his illnesses. Traditionally, the doctor has taken some credit for his patients' recovery from illness or disease when often he has done nothing proven to be therapeutically effective. The doctor has accepted credit for measures to control the spread of tuberculosis. In truth, social pressures and better economic conditions, which led to a reduction in urban crowding in tenements and improvement in nutrition, had initiated a steady decline in the tuberculosis death rate before streptomycin and isoniazid were discovered and used in treatment.

Definitions and concepts

What is health and what is illness? The concepts of people change as social and political ideas evolve. What was acceptable in Greek or Roman times when the life span was in the range of 30 years, or colonial America when it was 45, would not be approved today. Social attitudes change; alteration in personal values affects the course of diseases through disposition of resources and acceptance or rejection of medical advances.

Before the effectiveness of a new operation or therapeutic drug can be evaluated in human beings, we must agree upon an acceptable definition of health and establish scientific baselines for the normal at that level. Only then can data be compared for effect.

It is clear, even with our present imperfect techniques, that the scientific discoveries of this century and the application of them especially to the prevention and cure of the acute

infectious diseases have greatly increased the life span to the range of 72 to 75 years.

Is health simply the absence of disease, or is it a better state in which the individual has reached his potential for productive work of his own choosing in a safe environment where he is happy? Are illness and disease synonymous? Is a person unemployable and eligible for support by society when no organic disease is detectable by current methods? Patients' medical problems, such as arthritis, which lead to loss of time at work and show up in morbidity statistics, are not necessarily the same as those which appear as causes of death.

The practicing physician must work with the background of variability and uncertainty. It is obvious that for any given dilemma no single ethical solution exists which fits all clinical situations. In addition to the medical condition of the patient, his age, cultural background, place where he lives, and the level of health care available and acceptable in his community also must be considered. The physician must decide his own course of action after consultation with the patient and responsible members of the family when appropriate.

What is life?

When is a biologically living form a true person?

A woman thinks she is pregnant. Presently available tests are not reliable under a period of about six weeks. The product of human conception at that time is very tiny and impossible to sustain by any known cultural or incubation technique. It is medically easy and relatively safe at this stage to interrupt the pregnancy by mechanical means. If it is done, has a person been destroyed? Has the woman been harmed physically, emotionally, or socially, since most physiologic changes are only beginning to be evident to her and probably to no one else?

Society in general is taking an ever more lenient view that it is the woman's decision with the doctor's concurrence. The fact that more and more women are embracing this view has placed great strain on religions which consider human life sacred.

Another woman presents with a suspected pregnancy three months after her last menstrual period. She still could be aborted by a relatively simple surgical technique from a vaginal approach. A fetus can be recognized at this time, but still is not viable outside the mother's body. Changes have occurred in the mother's breasts, skin, fat, and connective tissue. Has the ethical situation changed?

Traditionally after the third trimester an abdominal operation, causing greater risk to the mother, has been the method used to interrupt pregnancy. Newer injection techniques are proving to be safer. Whether the fetus can survive depends on its size. Few smaller than two pounds ever live.

When life expectancy was short, the needs of society encouraged many pregnancies so that enough of the large family would survive to perpetuate it. Now the problem is too many people for the finite natural resources of earth. Does this fact change human values? If so, where does the doctor draw the arbitrary line and take an ethical medical stand with the patient? What does he do if the patient does not accept his advice? Does he accede to her request or, knowing she can find one on her own, refer her to another doctor?

What if an unmarried teenager is pregnant, as is becoming increasingly common? Doctors cannot decide whether adolescents are still children to be handled medically by pediatricians, or adults as they appear biologically. Girls are marrying younger, or were until the recent recession. Complications to pregnancy and labor are much more frequent and chance of infant survival is much lower in this age group than for older females.

What of an older, married woman? She and her husband have chosen not to have children. At age 30 she finds herself pregnant. The probability of congenital defects or mental deficiency in the child is greater than at age 20. At age 40, the probability of abnormalities is more than double that at age 30. Even with the risk, she wants the pregnancy to continue but he does not. If the wish is reversed and he wants the child but she does not, has the ethical situation changed? The ultimate cost to the parents in money and emotional stress can be great if a defective child is born and can be greater economically to society if institutionalization is required later.

What if the woman has a medical problem? She has sustained kidney damage from an old infection. The risk to her life is raised if the pregnancy continues, especially if the blood pressure starts to rise. The same dilemma can present with heart disease and other medically uncorrectable conditions. Most physicians and religious counsellors would sanction interruption at any stage if the mother's life clearly is endangered. Since the doctor cannot tell the patient exactly what is the probability of disaster, because of biologic variability, he can only make an educated guess. Physicians with great experience have seen determined women continue the pregnancies successfully in spite of their recommendation to interrupt them.

Another facet of the problem is the disposition of the product of conception. In spontaneous abortion or stillbirth in a hospital, it is common for the staff to dispose of the fetus by cremation with consent of a parent. What if the interruption is induced and the product of conception is presumed to be alive?

In the past year, criminal action has been taken against a reputable obstetrician who with the mother's

'When life expectancy was short, the needs of society encouraged many pregnancies. . . . Now the problem is too many people for the finite natural resources. Does this fact change human values?'

permission did a legal abortion on a fetus it was thought medically could not survive. How much was this legal action the result of pressure from religious groups in the community which oppose abortion for any cause on moral grounds?

Does recognition that the unborn fetus has a genetic abnormality alter the problem? Expert interpretation of prenatal diagnostic tests is required to detect abnormalities. Specialized training is needed for genetic counselling of parents for the statistical probability of the occurrence of a defect.

Should screening for genetic abnormalities be required, and if so, when? Chromosome abnormalities can be detected in time to interrupt the pregnancy before normal birth. The high incidence of XYY chromosomes in patients confined to mental institutions and prisons raises the question whether the abnormality should be looked for earlier. At present, not enough data are available on a random sample of the general population to decide whether or not society for its own physical and economic protection should stop transmission of defective genes.

Screening by a simple test on urine shortly after birth can detect PKU, phenylketonuria, which results in mental deficiency. Many states have passed legislation requiring such testing. The yield in cases discovered is small and raises the question whether the cost is justified.

Should the principle be extended to other metabolic defects and if so, which ones? Diabetes is increasing in incidence in the population and is a major cause of disability and death. Before the discovery of insulin, diabetics died at a young age so that the gene remained in the population pool in small numbers. Now that diabetics live longer, there is a much greater clinical incidence of the disease in their offspring and ultimately in the general population.

Some states require screening for sickle cell trait. Should perpetuation of this gene be discouraged or prohibited? The defect is not harmful under all circumstances. The presence of the abnormal hemoglobin in the sickle cells appears to explain why blacks with the defect have survived in regions where malaria is heavily endemic. Since the disease for all practical purposes has been eliminated in this country, we tend to forget that malaria is the most important illness in the history of the world and has killed more people, mostly children, than any other. Since the introduction of DDT to control the mosquito vector, the disease has declined in importance in all countries. Does that fact, coupled with the population explosion worldwide, change the ethical situation and justify interruption of pregnancy or sterilization?

Genetic engineering

An entirely new ethical problem has arisen in the field of genetics. Studies on a common bacterium found in the intestine have shown that deoxyribonucleic acid (DNA) can be manipulated to alter the characteristics of the organism. The principle is helpful to society when applied to harmful insects. The fly causing screwworm disease in cattle is controlled by sterilizing male flies with radiation; the female mates only once. If by altering a gene, sterile mutants of the mosquitoes carrying malaria or yellow fever or the tick transmitting spotted fever could be developed, man would be helped.

'DNA can be manipulated to alter the characteristics of the organism. . . . What if this principle, often called genetic engineering, is applied to the human being?'

What if this principle, often called genetic engineering, is applied to the human being? The vision of political manipulation of populations to make people obedient and subservient is frightening. What is the role of the practicing physician in setting up and enforcing ethical standards for such research at the basic level where he is not involved, as well as at the applied level where he is? Controls in one country alone will not prevent advancement of scientific knowledge worldwide. Totalitarian regimes have a record of attempting to control science, including theories of genetics, for political purposes.

Preventing conception

If any interruption of a pregnancy ethically is unacceptable, is it equally wrong to prevent conception? Should the act of procreation be reserved only for conception, as is true in almost all other species? Modern society seems increasingly to accept the premise that pleasure in the act is enough justification. Does that acceptance warrant dissemination of drugs or devices by the doctor or other health personnel to prevent conception?

If prevention of conception is accepted in principle, what technique should be used? Should the doctor make it available only to married couples, to consenting unmarried adults, or to adolescent boys and girls and if so with or without parental consent? Does the increasing incidence of gonorrhea alter the situation? Should sterilization be recommended after a given number of pregnancies and if so, how many? Should governments follow the example of India in encouraging local units to require sterilization after a given number of pregnancies or at a stated age? If this position is ethically acceptable in a poor country with a population problem and inadequate food production, is it also proper in this country? Is it better to let the population increase unrestricted with starvation and malnutrition certain in most of the world, or to have fewer people with chance of a better life by our values? In China, political pressure by peers and government has changed social values so that later marriage and fewer children are apparently accepted, at least under the present regime. Were the few states in this country which did so correct in passing laws permitting sterilization if the patient is feeble minded? Should a woman on welfare be kept from having more and more children

simply to obtain increasing economic support? Doctors have been prosecuted for operating on patients on such grounds.

What is death?

No general agreement has been reached on when meaningful life begins. Can a decision be reached on when it ends? For centuries clinical death was defined as the time when the heart stops. With the advent of modern techniques of resuscitation there have appeared new questions to answer. How long should efforts be made to restore normal rhythm? Should the electroencephalogram be used to determine death? How long should the respirator be used and tube feeding continued? Can the emotional trauma to family and friends be justified?

Physicians often emotionally consider death of a patient a failure on their part. They have been taught to take any measure available to sustain life on the outside chance that a biologic miracle might occur due to the variability in response of individuals. If the patient does not respond to extraordinary procedures, who decides to pull the plug and what criteria should be used? Does the cause of the coma affect the decision? What if the patient were the innocent victim of a hit and run accident, an attempted suicide, or had taken illegal drugs simply for "kicks."

We must also ask ourselves whether the elderly at the end of the spectrum of life have different problems; what is the doctor's ethical responsibility to keep biologic functions going by whatever means; whether he should abide by the wishes of the patient expressed in a "living will" even if the family wants him to follow extreme measures; whether it is better for a person to die in his own home, surrounded by family and familiar things, or in the highly artificial environment of the modern hospital where costly and often painful measures can be employed; whether the decision should be made solely on age, by the major disease problem, the social situation of the lonely or abandoned patient, or the economic resources of the family; and how the cost factor should be weighed.

In ancient societies, age was venerated and equated with wisdom acquired from long experience. The elderly were kept at home in the community. Now with social change, nuclear families with fewer generations are living in smaller houses and older people are placed in retirement or nursing homes. Care inevitably becomes more impersonal as the aged degenerate, their joy in living diminishes, and they lose control of body functions.

In some primitive societies, particularly nomadic ones, when the elderly could not keep up or contribute work it was accepted practice to leave them to die as the tribe moved on. Almost no cultures have sanctioned measures actively to end life, even if the individual requests it. Some physicians have admitted to giving larger than usual doses of drugs to lessen pain when faced with a terminally ill patient in great pain, as occurs with cancer of the breast or prostate which has spread to bone and offers no hope of survival.

The public considers such a procedure as humane when applied to pets and veterinary doctors are encouraged to put aged or hopelessly ill animals "to sleep." Does the withdrawal of all support, sometimes called "benign neglect" differ ethically from taking active measures when it is known medically that it will mean equally certain death?

Preservation of health

We are faced with the problem of the physician's responsibility in attempting to alter the personal life style of the patient who follows habits which are known to lead to chronic illnesses.

Within the past 40 years the chief causes of death have changed from the acute infectious diseases which we better understand to the chronic illnesses on which we lack basic biologic information effectively to treat and cure. Circumstantial evidence has accumulated which indicates that some personal habits predispose to chronic diseases which could be prevented. When life styles affect the body politic government steps in with laws. But the right of the individual to abuse his own body remains sacrosanct.

'We are faced with the problem of the physician's responsibility in attempting to alter the personal life style of the patient who follows habits which are known to lead to chronic illnesses.'

Diet is a factor in disease. Excessive processing removes parts of natural foods, such as roughage, which contain vitamins and may be necessary in their own right simply as bulk and fiber. Chemicals are added to replace the elements removed, to improve appearance and shelf life.

A very common problem is overnutrition—obesity—from excessive intake of foods. By middle age, overweight increases the chances of developing diabetes, high blood pressure, hardening of the arteries, and heart disease with the serious complications that result. We know that animal fats and excessive sweets are prime offenders. Should laws be passed to change current accepted standards for grading of foods such as the fat content of meat if individuals will not control intake themselves?

Alcohol in continued excess is known to produce cirrhosis of the liver. The tremendous economic loss to industry and the individual from chronic alcoholism has only recently been publicly recognized. Discussion continues as to whether it is a disease or a defect in personality which is controllable by nonmedical measures. Society once tried to prevent the problem by the ill-fated experiment of national prohibition. Only change in personal life style seems to

be effective. Peer groups, such as Alcoholics Anonymous, often are more effective than medical advice in inducing change.

Smoking, particularly of cigarettes, is now generally accepted as a major factor in causing cancer of the lung. Government is unwilling to outlaw tobacco, and indeed subsidizes its production. This political inconsistency is one of the frustrations doctors face daily.

'A source of great concern in recent years involves the ethics of human experimentation. . . . The problem involves the relative value of the welfare of mankind as a whole versus the rights of the individual.'

Self medication with legal over the counter drugs is a problem whose magnitude is not appreciated. Doctors often do not know what their patients are taking. Because of biologic variability, some people will react to any drug which may be taken safely by most others. Little is yet known of the effect of one drug on another when taken simultaneously. We know that tranquilizers or sleeping pills plus alcohol can kill directly or by impairing driving ability. Mood altering drugs are consumed in huge quantities. Properly used under a doctor's prescription they have reduced the hospital stay in mental institutions. Obtained illegally and abused they cause harm.

The doctor must decide: what to do when his patient does not follow his recommendations; whether or not to notify the patient's employer if the patient has an illness which may impair his functioning, especially if he operates or is exposed to dangerous machinery; when he should notify the marriage partner or a parent who does not know the minor child is consulting the physician; and whether or not to notify the motor vehicle administration and have a driver's license lifted. A very high incidence of fatal automobile accidents involve alcohol and/or drugs. This problem directly involves the confidentiality of the doctor-patient relationship which the physician is trained not to violate.

We must consider what is the role of the doctor in allocation of scarce resources for treatment. How does he select the patient who receives dialysis of the blood when kidneys have failed? In acute drug poisoning in a young person, no problem is posed. What about the aged with no chance of permanent resumption of function? What about the middle aged person who might be kept alive till a proper donor for the transplant comes along? Who decides which patient gets the kidney or other organ when the supply is far less than the current demand?

Cases of sterility in a married couple present problems of whether or not preserved sperm from a bank of donors should be used; who should select the donor; whether or not the wife should have a choice of the characteristics she would like to see in her child; if it is ethical to utilize the technique of embryo implantation, and if so, who should furnish the egg and sperm. The legal problems these measures raise have not been faced.

A source of great concern in recent years involves the ethics of human experimentation. It is accepted that patients to be involved should know of the proposed experiment. Because of the scientific complexity of much research, can there be any such thing as true informed consent? Are sick people, simply because they are ill, able to make such a judgment objectively—especially if confined in a hospital where the environment itself creates the impression of a serious life and death matter.

Who can give permission for experiments on a child? Considerable controversy was raised several years ago over the use of mentally deficient children in an institution who were, with parental written consent, given a mild endemic strain of hepatitis in an attempt to break up transmission to other patients and to staff. The ultimate objective was to develop a vaccine and eventually it was achieved.

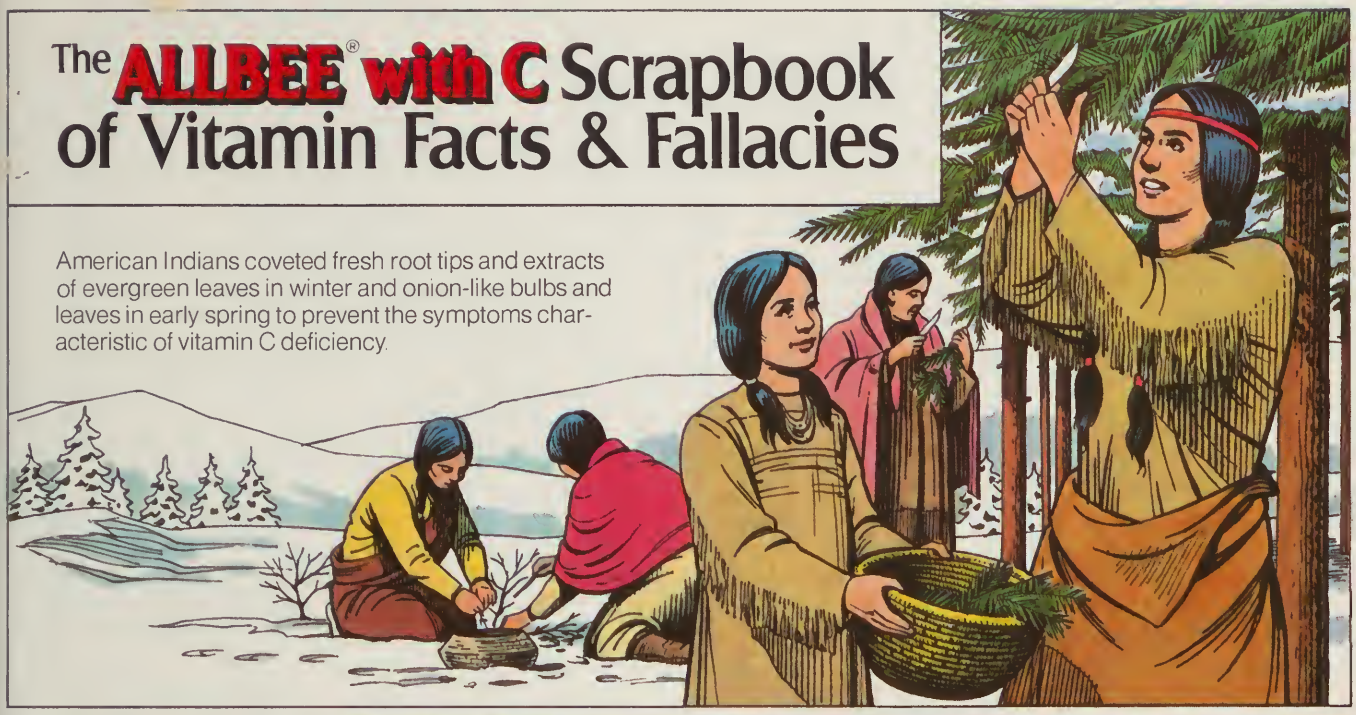
We are faced with the questions of whether persons legally committed to mental institutions and who are wards of the state are ethically fit subjects for research and whether prisoners can truly give voluntary consent in the constant air of coercion and control.

The problem involves the relative value of the welfare of mankind as a whole versus the protection of the rights of the individual. Unless research is done on human beings, how can the cause and ultimate cure of some diseases such as cancer in man ever be accomplished? It should be recognized that every doctor is conducting a clinical research experiment whenever he uses a new diagnostic or treatment method or drug. Any drug will be harmful to some patient regardless of how thoroughly it has been tested in animals. In the case of cancer chemotherapy, the drugs of necessity must be very toxic to be effective. So far, doctors are reluctant to test them on normal, healthy volunteers to establish safe doses and discover side effects. Radical surgery for cancer is being used less than formerly, because of its deforming results in the patient, which often prevented him from living in a reasonably normal fashion postoperatively.

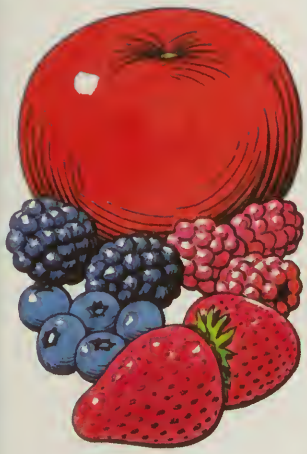
The list of subjects which could be considered seems endless. The ones mentioned have not been discussed from all angles as thoroughly as they deserve. Though approached through the eyes of a physician, the same ethical problems will be faced by all workers in the health field as more are trained to do parts of the job formerly considered solely the responsibility of the doctor. The educational process, backed up by an informed society, should help prepare young people, both lay and professional, to make such decisions in the future. The solution to these ethical and moral problems goes beyond the bounds of technical training.

Physicians have a responsibility to help improve educational programs and public understanding. Better education of the public and health professional students should help society face and make difficult decisions which increasingly are moral and ethical in nature. □

The ALLBEE® with C Scrapbook of Vitamin Facts & Fallacies

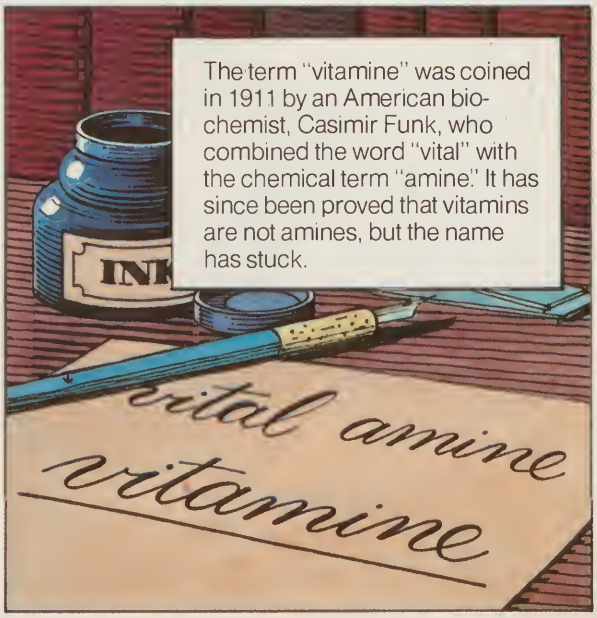


American Indians coveted fresh root tips and extracts of evergreen leaves in winter and onion-like bulbs and leaves in early spring to prevent the symptoms characteristic of vitamin C deficiency.

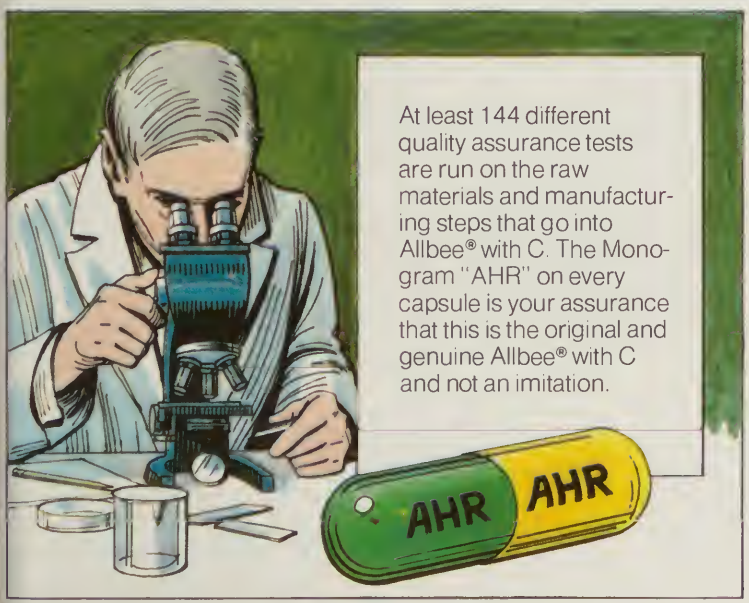


A tomato is botanically classified as a berry!

It is ironic that many of the vegetables highest in vitamin C and riboflavin are considered unappetizing by many people. These include turnip greens, kale, chard, mustard greens, spinach, water cress, broccoli and brussels sprouts.



The term "vitamine" was coined in 1911 by an American biochemist, Casimir Funk, who combined the word "vital" with the chemical term "amine." It has since been proved that vitamins are not amines, but the name has stuck.



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Atropine sulfate	0.0194 mg	0.0194 mg
Hyoscine hydrobromide	0.0065 mg	0.0065 mg

Indications: Based on a review of this drug by the NAS/NRC and/or other information, FDA has classified the following indications as possibly effective: adjunctive therapy in the treatment of peptic ulcer; the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

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Historical note

Distribution of poliovirus in a small community

W. D. SCHRACK, JR., M.D., D.P.H.
Harrisburg

In 1909 Landsteiner and Popper[1] demonstrated the etiologic agent of poliomyelitis as a filtrable virus present in nervous tissue. Kling, *et al.*,[2] in 1912 isolated the poliomyelitis virus from the human intestinal tract. Demonstration was repeated in a single fatal case in 1913 by Kling and Levaditi.[3]

In 1913 the late Dr. W. H. Frost published reports of his now classical studies of acute anterior poliomyelitis.[4] Dr. Frost had conducted the studies during 1910 in Iowa; 1911 in Cincinnati, Ohio, and Covington, Kentucky; and in 1912 in Buffalo and Batavia, New York. Conducting the studies enabled him to outline the epidemiology of poliomyelitis so accurately that most of his conclusions are still accepted today. today.

His description of abortive cases, suspected abortive cases, and possible abortive cases states:

"Abortive cases, in which, although the patients recovered without having exhibited definite paralysis, the clinical symptoms of poliomyelitis were sufficiently characteristic to justify a diagnosis of poliomyelitis. In this class are included also some cases in which the clinical manifestations were not definite, but in which the serum showed protective properties against the virus of poliomyelitis."

In the discussion of the reports, he states that rigid conclusions could not be made, but that the evidence from all other sources together with that from his studies appeared to have a fairly definite significance.

The following is a brief summary of his findings and tentative conclusions published in 1913: (1) the disease is caused by a specific infective agent, a virus, found under natural conditions only in man; (2) the virus is found in the secretions of the respiratory and gastrointestinal tracts of acute cases, of convalescents, of abortive cases, and of certain healthy carriers; (3) transmission is by more or less direct personal contact; and (4) the geographical distribution of the disease is world-wide. He indicates that final judgment as to the accuracy of his conclusions would, of necessity, be withheld until extensive serological surveys of suitable samples of representative population groups could be accomplished.

Trask, *et al.*, in 1938[5] isolated the virus from stools of one patient obtained on the second, eleventh, and twenty-sixth day of the disease. In three other abortive cases, poliomyelitis virus was isolated from nasopharyngeal washings.

The development of tissue culture technics after the discovery by Enders, *et al.*, in 1949[6] that poliomyelitis viruses could be propagated in nonnervous tissue culture has made available an inexpensive, efficient method for the cultivation of all three types. Subsequent studies have established on fairly firm grounds the relatively widespread distribution of poliovirus in asymptomatic persons in the temperate zone, particularly during the summer months.

Dr. Schrack is former director, Division of Communicable Diseases, Pennsylvania Department of Health, Harrisburg.

After oral polio vaccine was licensed for use in the United States, the Public Health Service stockpiled quantities of monovalent vaccine for epidemic control in selected areas under specific conditions. The decision to provide oral polio vaccine for epidemic control was based on the assumption that poliovirus is widely distributed in a community in the face of the occurrence of cases. The vaccine was available for any community in which three cases of poliomyelitis had occurred, two of which had been confirmed by laboratory studies and the type determined.[7]

In Patton, Pennsylvania, in August of 1962, poliomyelitis occurred and the conditions were fulfilled.

The study

Patton is situated in the north-central part of Cambria County, approximately 80 miles east of Pittsburgh. Patton is an incorporated borough and, at the time of the 1960 census, the population was 2,880.

Two of the cases in Patton had been studied and identified as Type I poliovirus infections. The third case was reported to the State Department of Health on Tuesday, August 14, 1962. Type I oral polio vaccine was requested and made available by the Public Health Service and plans were made to administer it on Friday, August 17.

As no oral polio vaccine had been administered in the southcentral part of Pennsylvania, the outbreak provided an opportunity to demonstrate the distribution of poliovirus in a community in which three clinical cases had been identified.

On Tuesday evening the Public Health Nurses of Cambria County

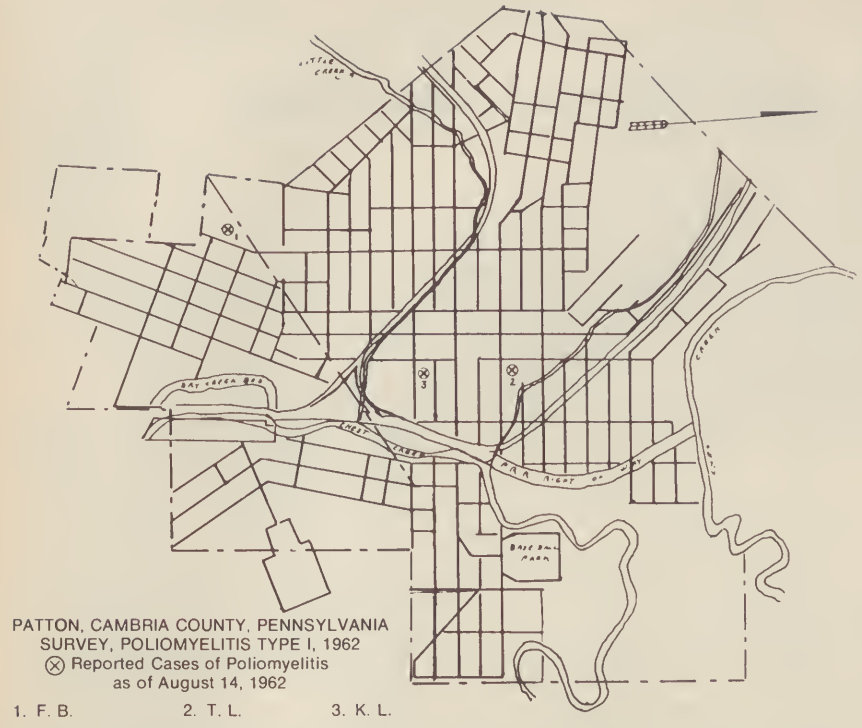

Figure 1. Reported cases of poliomyelitis Type I as of August 14, 1962, in Patton, Cambria County.

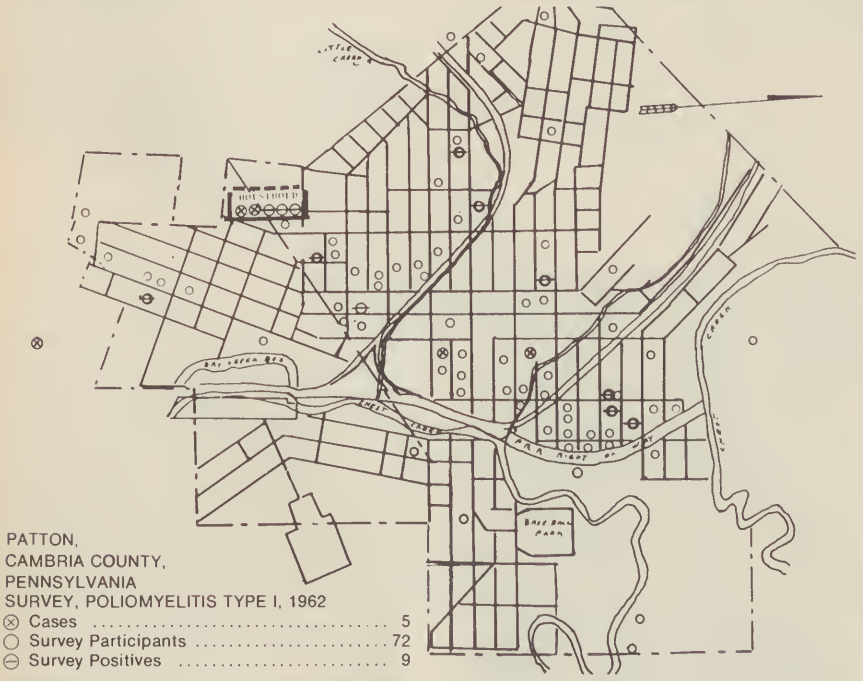

Figure 2. Patton area survey for Type I poliomyelitis, August 15-16, 1962.

were requested to obtain stool specimens from 50 or more persons in Patton who were not ill and who had had no known contact with any case of poliomyelitis. Such an undertaking required the wholehearted cooperation of the residents of the area and demanded a great deal from the nurses who attempted to carry out the request. In addition, it was necessary that all specimens be collected prior to the morning of Friday, August 17, when vaccine virus would be administered and begin to spread in the community. Between Tuesday night and Friday morning, the nurses collected stool specimens from 73 persons with no known contact with poliomyelitis. The specimens were frozen in dry ice and shipped to the health department's Virus Diagnostic Reference Laboratory, located at the Children's Hospital in Philadelphia; 72 of the specimens were received in the laboratory in satisfactory condition.

On Friday, August 17, residents of Patton received 2,486 doses of Type I oral polio vaccine. In addition, 18,000 residents from the surrounding area received vaccine on August 17 and 18.

Figure 2 is a map of Patton and shows the location of the homes of the first three cases. Two additional cases of poliomyelitis were recognized, bringing the total to five. In Figure 3, in addition to the five cases, the locations of the homes of the persons who participated in the survey are shown and the results of the virus studies are indicated.

Of the survey participants who were without symptoms and from whom specimens were collected August 15 and 16, nine were found to be excreting Type I poliovirus. The characteristics and the vaccination status of these nine persons are presented in Table I. The youngest was five months old and the oldest fifteen years. None had ever received polio vaccine.

Table II presents pertinent information and the characteristics of the cases of poliomyelitis which occurred in this community. Some of the problems in the diagnosis of poliomyelitis are illustrated by two of the five cases in the outbreak. The illness in the fatal case (F.B., Table II), a nine year old white male, originally was thought to be lymphocytic choriomeningitis. When his sister's illness was recognized as poliomyelitis and Type I poliovirus was isolated, the diagnosis in the case of the boy was reconsidered and changed to poliomyelitis. Concomitantly, from stool specimens from the other three members of the household, Type I poliovirus was isolated. This is indicated in the box labeled "Household" in Figure 3.

The fifth case, which occurred in a

TABLE I

Patton, Cambria County, Pennsylvania
Poliomyelitis Type I - 1962
Survey Positives

No.	Initials	Age	Sex	Vacc. Status IPV	Vacc. Status OPV
1	J.D.	9	M	2inj.	None
2	R.T.	8	F	3inj.	None
3	J.F.	7	M	1inj.	None
4	M.H.	2	M	None	None
5	W.H.	12	M	None	None
6	R.H.	7	M	3inj.	None
7	B.H.	2	F	None	None
8	B.S.	15	F	3inj.	None
9	R.B.	5mo.	M	2inj.	None

23 month old child, was discovered at the time of a home visit by one of the public health nurses. The family of the patient was one of those requested to submit specimens as part of the original survey. The specimen from this child was positive. At the time of a followup visit it was noted that the child had lost the use of one of her legs. Her mother was advised to take the child to a physician. On examination, the patient was found to have a flaccid paralysis. The clinical picture and the isolation of poliovirus were the basis for the diagnosis. The case probably would have gone unrecognized for several months had the survey not been made.

From single specimens collected under field conditions in an emergency situation, slightly more than 12 percent of the participants were found to be excreting Type I poliovirus. This is a demonstration of the remarkable inapparent distribution of poliovirus and provides support for the recommendation that monovalent oral polio vaccine be used in an endeavor to control epidemic poliomyelitis.

Other studies have shown the sero-conversion of persons with no history of poliomyelitis. It appears that this type of inapparent or subclinical infection accounts for the increasingly higher percentage of demonstrable neutralizing antibodies found in successively older age groups.

Since 1962, the distribution and the administration of oral polio vaccine has resulted in the dramatic decline in the incidence of clinical poliomyelitis. In 1963 in Pennsylvania, there were 110 cases of polio, one-fourth of the nation's 449 cases.

Since 1963, only six cases have been recognized in Pennsylvania: one in 1966; three in 1967; and one each in 1969 and 1974. One of the 1967 cases occurred in a 35 year old white male who had received vaccine, but had acquired hypogammaglobulinemia; the other two patients were non-white children aged 9 months and 2 years, respectively, neither of whom had ever been given polio vaccine. The case in 1969 involved a two year old white male who had never received vaccine. In 1974 the patient was an eleven month old non-white female, who had not been immunized, but was in close contact with a child who had received oral polio vaccine.

Based on a 1974 survey of 10 percent of two year old children in the state, it is estimated that only 80 to 81 percent of two year old children have been adequately protected against poliomyelitis. As wild viruses are still circulating, it is imperative that all children be protected with a sufficient number of properly spaced doses of oral polio vaccine. □

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TABLE II

Patton, Cambria County, Pennsylvania
5 Cases Poliomyelitis Type I—1962

Date Morbidity Reported	Initials	Age	Sex	Color	Date of Onset	Date Isolation of Polio I Reported
8- 9-62	H.S.B.	7	F	W	7-15-62	8-13-62
8- 9-62	T.L.	13	M	W	7-24-62	8-13-62
8-13-62	K.L.	8	F	W	8- 2-62	8-27-62
8-13-62*	F.B.	9	M	W	7-15-62	——
10-22-62	K.K.	23mo.	F	W	7-15-62	8-25-62

* 7-20-62 Expired
7-30-62 Reported as lymphocytic choriomeningitis
8-13-62 Changed diagnosis to poliomyelitis

Skin grafting

Diminishing the stigmata of lupus erythematosus

WILLIAM P. GRAHAM, III, M.D.
STEPHEN H. MILLER, M.D.
STEVEN M. LAPIDUS, M.D.

Hershey

The problems of skin grafting of patients who are receiving corticosteroids and the success of grafting patients with lupus erythematosus who have received injuries have been described.[1,2] The actual use of skin grafting to eliminate areas that harbor the stigmata of lupus erythematosus has not been promulgated.

Two patients illustrate the potential use of split thickness skin grafts to improve appearance in areas of skin involved by lupus erythematosus.

Figure 1. Preoperative photograph showing changes in palmar and thumb skin secondary to lupus.

Figure 2. Contracted thumb web and recurvatum deformity of the index finger.

Case reports

A 64 year old white female accountant who had been a victim of discoid lupus for years sought consultation regarding the extensive involvement of the palmar and thenar skin of her minor hand by the cutaneous changes associated with lupus. She periodically used local steroid creams for "flare ups" characterized by increased scaling, cracking, and pruritis. Several years previously she had experienced a staphylococcal osteomyelitis following an attempt to correct a thumb contracture of the involved hand. In addition to the palmar cutaneous involvement, she had a recurvatum de-

This paper was prepared in the department of surgery, division of plastic surgery, The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey. Dr. Graham is professor of surgery, and director of the division of plastic surgery for Penn State, and chief of the division of plastic surgery at Hershey. He is a consultant in plastic surgery at Elizabethtown State Crippled Children's Hospital and the Lancaster Cleft Palate Clinic. Dr. Lapidus completed his plastic surgery residency at Hershey in 1974. He then joined the Army and is now assistant chief of plastic surgery at the Madigan Army Medical Center in Tacoma, Washington. Dr. Miller is associate professor of surgery and associate chief of the division of plastic surgery at Hershey, and a consultant in plastic surgery for the Elizabethtown State Crippled Children's Hospital.

formity of the index finger with locking in extension at the proximal interphalangeal joint. The thumb web was contracted and the thumb shortened with an arthrodesis of the distal joint (Figures 1 and 2).

At the patient's insistence, an attempt at grafting was done, excising the palmar skin from the volar aspect of the wrist to the middle palmar crease, ulnarly to the midaxial line and radially to the base of the thumb. The pretendinous bands of the palmar fascia were resected and the graft secured peripherally with running sutures and a tie-over dressing. At the same time, a reconstruction of Landsmeer's ligament was performed through a midaxial incision of the index finger to correct the recurvatum.[3]

A complete take of the graft ensued and two subsequent grafting procedures were done on the same hand, one to resurface the thumb and expand its web space and the other to complete the replacement of the distal palmar skin. The patient has had no evidence of involvement of the grafted skin and the lack of erythema and scaliness makes the hand more cosmetically presentable. Improved function has been gained through correction of the recurvatum deformity of the index finger (Figure 3).

Figure 3. Postoperative photograph demonstrating replacement of involved skin.

A 28 year old black female was seen in consultation for alleged facial scarring (depigmentation) resulting from injuries sustained by burns in an automobile accident several years previously. The depigmented areas involved the malar and frontal areas with some isolated spots on the cheeks. A biopsy revealed changes compatible with lupus erythematosus. A linear depigmented area in the central forehead was deeply dermabraded and overgrafted with a moderately thick split thickness skin graft. The "take" was acceptable and at the patient's request, further attempts were made to dermabrade and overgraft the nose and malar areas. Some graft was lost due to the accumulation of blood beneath the graft, but the patient's eyes improved to the point that at this writing she wishes to undergo further dermabrasion and grafting.

Both of the patients had demonstrated discoid lupus erythematosus. At the time of surgery, neither were receiving systemic steroids; however, based on the experience of Tuerk[1] and Warrenfeltz, *et al.*,[2] steroid therapy should not be a deterrent to grafting.

This report is presented to acquaint interested surgeons in the possibility of skin grafting areas which are unsightly or distressing to the patient as a result of discoid lupus erythematosus. □

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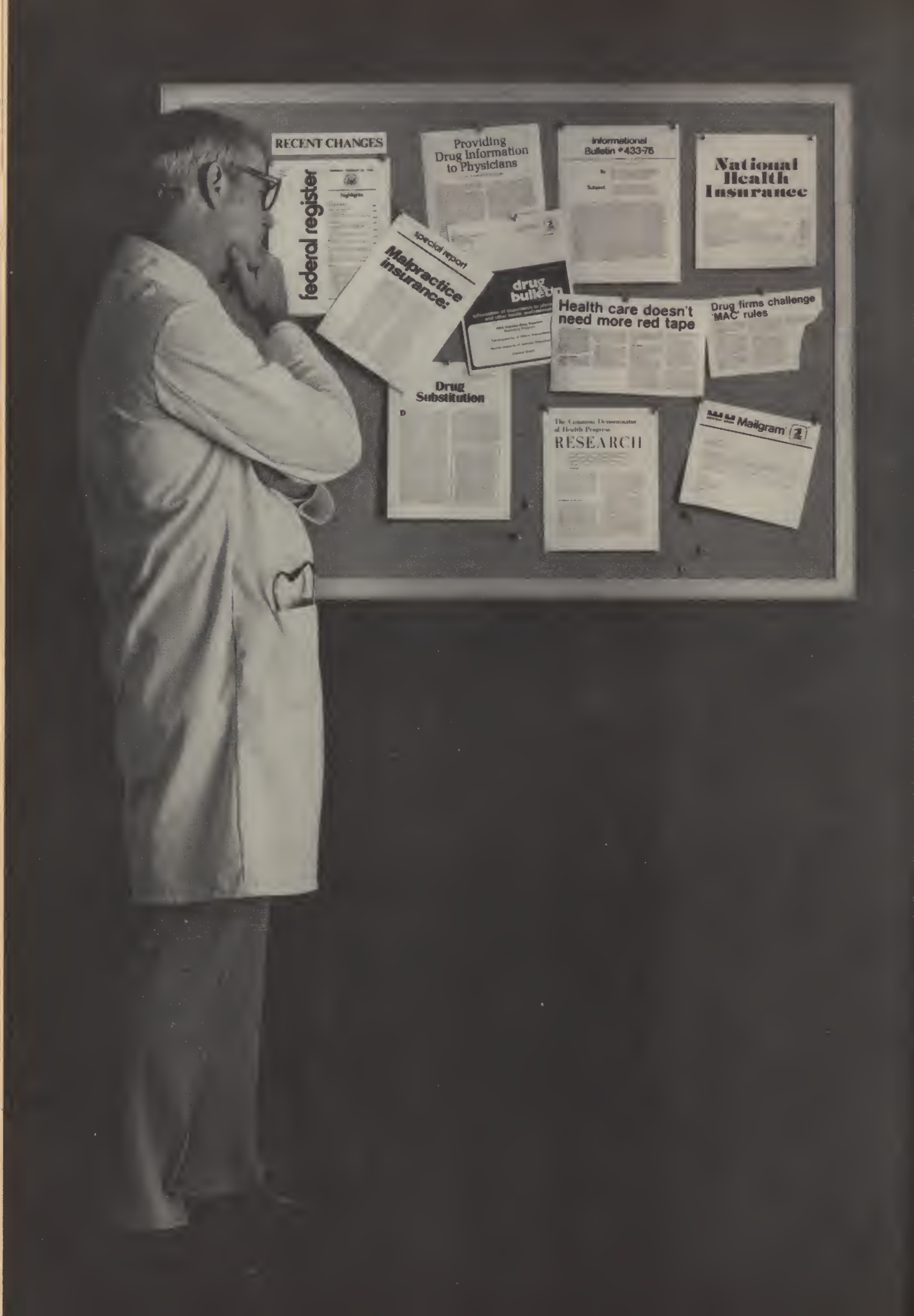
education

This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.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Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original FDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

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obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **John E. Baltzer,** Shickshinny; Johns Hopkins University School of Medicine, 1947; age 54; died February 24, 1977. He was in the private practice of family medicine and affiliated with Nanticoke State General Hospital.

• **George H. Benz,** Pittsburgh; University of Pittsburgh School of Medicine, 1937; age 64; died March 23, 1977. He had practiced medicine for 36 years and was senior staff physician in internal medicine at the St. Joseph's Hospital division of the South Hills Health System.

• **Richard S. Brown,** Lewistown; Jefferson Medical College, 1952; age 52; died January 16, 1977. A general surgeon, he was president of the Mifflin-Juniata County Medical Society in 1964, secretary of the county society the following year, and served on several committees over the years.

• **Edward W. Collins,** East Stroudsburg; Temple University School of Medicine, 1912; age 88; died March 16, 1977. An otolaryngologist, he was formerly on the staff of Episcopal Hospital and on the faculty of the University of Pennsylvania School of Medicine. He retired in 1969 after 57 years in medicine.

• **Lamar H. Davenport,** DuBois; University of Pennsylvania School of Medicine, 1926; age 76; died February 21, 1977. He had practiced medicine and surgery in the DuBois area for more than 50 years.

• **Sebastian A. Donghia,** Vandergrift; George Washington University School of Medicine, Washington, D.C., 1937; age 64; died February 18, 1977. He had practiced medicine in Vandergrift since 1945.

• **Marian Dziamski,** Rydal; Hamburg Medical School, Hamburg, Germany, 1951; age 52; died May 22, 1976. He practiced radiology in Philadelphia.

• **Benjamin G. Feen,** Cherry Hill, New Jersey; Medical College of Georgia, Augusta, Georgia, 1931; age 71; died October 15, 1976. He was a retired captain in the United States Navy and specialized in industrial medicine.

• **Abraham J. Kaufman,** Carbondale; Jefferson Medical College, 1931; age 70; died March 3, 1977. He had practiced medicine in Carbondale for over 40 years and was serving as the community's mayor, a position he had held since 1967.

• **Marjorie R. Law,** Kingston; Woman's Medical College, 1923; age 81; died March 17, 1977. She had practiced medicine for more than 50 years and for many years specialized in pulmonary diseases.

• **Edgar F. Lillicrapp,** Sarasota, Florida; Hahnemann Medical College and Hospital, 1939; age 64; died February 16, 1977. He had practiced medicine in Hatboro for 34 years.

• **Valentine R. Manning,** Philadelphia; Temple University School of Medicine, 1938; age 64; died February 21, 1977. He served the Philadelphia County Medical Society as treasurer and secretary, and was a past president of the Pennsylvania Society of Colon and Rectal Surgery. He had taught proctology at the University of Pennsylvania Graduate School of Medicine and Temple University School of Medicine.

• **Solomon S. Mintz,** Jenkintown; Hahnemann Medical College and Hospital, 1941; age 64; died February 26, 1977. He was a cardiologist at Albert Einstein Medical Center, Daroff Division, and University of Pennsylvania Graduate Hospital. He was former director of medical education and post graduate education at Einstein.

• **Otto C. Reiche,** Stroudsburg; Medico-Chirurgical College of Pennsylvania, 1910; age 94; died March 4, 1977. He had practiced ophthalmology for 55 years.

• **Ulrich D. Rumbaugh,** Kingston; Jefferson Medical College, 1923; age 90; died February 24, 1977. He was former head of the physical therapy department at Wilkes-Barre General Hospital and later practiced physical medicine in Kingston for 35 years until his retirement in 1957.

Henry A. Gorman, Lewisburg; University of Pennsylvania School of Medicine, 1909; age 88; died February 17, 1977. He was former chief of the chest clinic at Philadelphia Veterans Administration Hospital and superintendent of Hamburg State Sanitorium.

Leon H. Warren, Rutland, Vermont; University of Pennsylvania School of Medicine, 1931; age 73; died February 11, 1977. Formerly of Germantown, he was a retired forensic physician and dermatologist and lecturer in dermatology at Temple University School of Medicine.

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But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

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2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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BOARD HOLDS SPECIAL MEETING A special meeting of the Board of Trustees was held June 5 to consider a negotiated settlement with Argonaut Insurance Co. The proposed settlement resulted from action taken by the Board at its May meeting, when it requested counsel to investigate the possibility of negotiating on the pending court actions with a view to ending them, permitting Argonaut to be released from its master agreement with the State Society. Negotiations are pending after rejection by the Board of the initial offer by Argonaut. Trustees agreed to return to their districts to sample local opinion regarding a possible settlement which would require activation of the Society's captive insurance company. The Board will consider the matter again on or before August 24, the date of the next scheduled meeting.

PMS SUCCESSFUL IN VEHICLE CODE MATTER Society executives have met with officials of the Department of Transportation and appear to have convinced them that Section 1518 of the Vehicle Code, scheduled to become effective July 1, is a violation of patient confidentiality and specifically a violation of the confidentiality section of the Mental Health Act. PennDOT has agreed to seek an amendment which would delete Section 1518, which says: "All physicians...must report to the department in writing...every person over 15 years of age diagnosed as having any specified disorder or disability within 15 days." PennDOT officials also have said a moratorium on enforcing Section 1518 would be issued if the amendment is not adopted before July 1, 1977.

CLINICAL LABORATORY RULES UPHELD The Society is increasing activity seeking the passage of S.B. 233, which specifically excludes physicians' office laboratories from the Clinical Laboratories Act, in the wake of a June 3 Supreme Court decision. The Court upheld the right of the Department of Health to license and regulate office laboratories of private physicians, ending court actions initiated by the Society more than two and a half years ago. The Society held that it was never the intent of the Legislature to cover physicians' office laboratories in the Act.

PMS INTERVENES IN ISO RATE FILING The State Society had intervenor status in hearings June 7 by the Insurance Department on a rate increase request of the Insurance Services Office (ISO). ISO's filing requests to increase by 20.1 percent the difference between premium levels for base rates for medical malpractice insurance ($25,000/$75,000) and the coverage required by Pennsylvania law ($100,000/$300,000). ISO represents a number of insurance companies for the purpose of rate making.

CHIROPRACTORS BRING SUIT The State Society is one of eight defendants in a class action suit filed May 18 by the Pennsylvania Chiropractic Society in U.S. District Court, Philadelphia. The suit charges restraint of trade and claims the medical profession denies chiropractors access to hospital x-ray and laboratory services.

INTERNS AND RESIDENTS TO MEET The Interns and Residents Steering Committee told the Board of Trustees that it is planning an initial statewide meeting of interns and residents during the Society's Annual Business Session in Lancaster, October 25-27, 1977. Committee members, who met with President William J. Kelly, M.D., and President Elect John V. Blady, M.D.,

during Officers' Conference, are J. Patrick Tokarz, M.D., Hershey; A. Patrick Jonas, M.D., Hershey; and Richard J. Kusick, M.D., Allentown. The Society has over 550 intern and resident members.

PMS DEMANDS IMPLEMENTATION OF MEDICAL PRACTICE ACT The Board of Trustees voted May 18 to demand that the Bureau of Professional and Occupational Affairs and the State Board of Medical Education and Licensure begin implementation of the disciplinary sections of the Medical Practice Act by July 1. The Board further asked for a monthly fiscal accounting regarding the use of the more than $2 million collected from physicians for this purpose. The Board appointed LeRoy C. Erickson, director of educational activities for the Society, official representative to the state medical board.

BOARD ADOPTS LAETRILE POSITION The Board of Trustees on June 5 adopted the following statement: "Laetrile (apricot pits) has no scientific basis for the treatment of cancer. Laetrile is not recognized by any acceptable body of qualified experts in the field of drug research or cancer treatment as a safe and effective drug. The legalization of Laetrile may exploit the victims of cancer by offering false hope for the hopelessly ill. The only people to be helped by the legalization of this drug would be its promoters who prey on the misguided beliefs of some cancer victims and their families."

SUPPORT VOTED FOR INCREASED FUNDS FOR SCHOOLS The Board of Trustees voted May 18 to support the request of Pennsylvania's medical schools for an increase in the state's capitation, which has not changed since 1971. The Council on Governmental Relations and the Deans' Committee will cooperate in this effort.

GENERIC DRUG ACT INCREASES PHONE BILL The Pennsylvania Department of Health on May 24 added three additional toll free hot lines to keep up with the volume of calls on the new Generic Drug Act which became effective the day before. The number is 800-692-7254. The department is allowing a 45-day transition period during which time old prescription blanks may be used, as long as the format described in the Act is handwritten in as follows: two signature lines with "substitution permissible" on the right and "no substitution" on the left.

SOCIETY TO OPPOSE HOSPITAL RULES The Board voted May 18 to oppose the Department of Health's proposed hospital regulations in their present form, citing 50 deficiencies in them. Secretary of Health Leonard Bachman, M.D., who was present at the meeting, was asked to appoint a committee representing PMS, the Hospital Association of Pennsylvania, and the health department to negotiate changes before final adoption.

PMS TO SUPPORT ACADEMY OF O&O The Society will file an amicus curiae brief in Commonwealth Court supporting the Pennsylvania Academy of Ophthalmology and Otolaryngology. At stake is the academy's application for the Medical Eye Care Foundation of Pennsylvania. The application was disapproved by the health and insurance departments because optometrists were not included. The academy is appealing.

SURVEY FINDS SOCIETY IN GOOD HEALTH Dr. Charles D. Pringle, Penn State professor who analyzed data gathered in the survey recommended by President Kelly in his inaugural address, reported to the Board on May 18. Several Society units will study survey results and report back at later meetings with recommendations for the Board's consideration.

Pennsylvania Medicine

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JUNE 1977 Volume 80, Number 6

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Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

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Announcing Memberloan a unique financial service available to members of the Pennsylvania Medical Society on a preferential basis.

This recently endorsed program provides a vital financial service that members can use to resolve any number of important financial needs.

Although complete details about the plan will be mailed to our members in the coming weeks, we want you to be aware of some of the special features and benefits of this new service.

- Memberloan is issued on your signature—there's no collateral required. The amounts available range from $5,100 to $25,000.
- The convenient one-step application/note form can be completed in the privacy of your office or home. The entire transaction is handled by mail.
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72	18,000	370.90	8.704.80	26,704.80	14%
60	12.000	279.21	4.752.60	16,752.60	14%
48	6.000	166.98	2.015.04	8.015.04	15%
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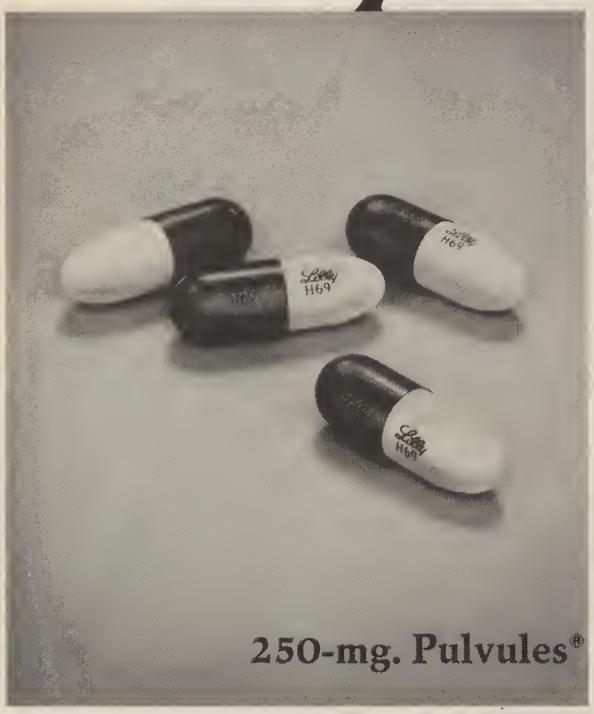

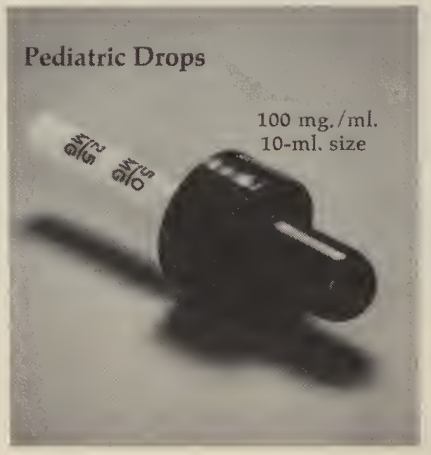

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Officers' Conference presents overview of current issues

The 1977 Officers' Conference brought together physician leaders and government officials in a series of interviews, panel discussions, and question and answer sessions, packing into a 24-hour period an overview of the problems facing the profession today.

R. William Alexander, M.D., of Reading was chairman of the committee which engineered the program. Serving with him were Drs. J. Mostyn Davis, of Shamokin; George R. Fisher, of Philadelphia; Paul F. Kase, of Harrisburg; John P. Mraz, of Erie; William J. Kelly, president of the Society, of Pittsburgh; and Orlo G. McCoy, representative of the Board of Trustees, of Canton.

Below and on the next page are scenes from the conference.

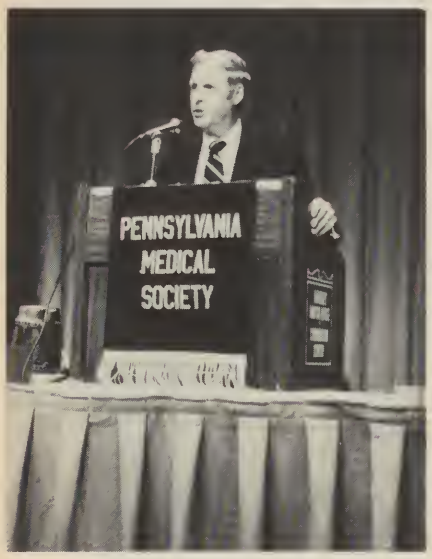
CONFERENCE Chairman R. William Alexander, M.D., listened as Harley M. Dirks, assistant director of the AMA's Department of Congressional Relations, discussed national issues and legislative prospects.

THE ROLE of the AMA and reasons for active participation were discussed by William Y. Rial, M.D., of Swarthmore, vice speaker of the AMA House of Delegates and member of the AMA Board of Trustees.

DISCUSSING state legislation in an informal interview setting were Senator W. Louis Coppersmith, of Johnstown, chairman of the Senate Health and Welfare Committee, and Michael J. Levis, M.D., of Pittsburgh, chairman of the Society's Council on Governmental Relations.

THE SOCIETY'S legal counsel, Fred Speaker, briefed officers about the various legal actions in which the Society is currently involved.

STATE and county society officers and their guests were entertained at dinner by Dr. Murray Banks.



REPRESENTATIVE Richard A. McClatchy, Jr., of Rosemont, appeared on the panel which discussed nursing homes. Representative McClatchy is owner-operator of a nursing home.

GOVERNMENT red tape was the topic when Thomas L. Hooker, deputy secretary of the Department of Public Welfare, was interviewed by Henry H. Fetterman, chairman of the Council on Medical Service.

POLICING the profession was the subject of the interview of Richard C. Lyons, M.D., of Erie, chairman of the State Board of Medical Education and Licensure, by James A. Raub, M.D., of Sewickley, chairman of the Council on Education and Science.

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Every day almost everyone listens to the radio. They wake up, drive, cook, work, eat, and even sleep with it.

Radio and television are the public's prime sources of news today. Depending on whose estimates you use, the broadcast media provide 70 to 80 percent of the public's information. Consequently, public relations efforts geared solely to newspapers miss something—most of the public.

If county societies take the time to learn a few simple rules, radio will offer public relations advantages no other medium can match.

Radio is far more accessible than television. Pennsylvania has nearly 350 radio stations but only 25 television stations. Every county medical society has access to at least one radio station, while most have several within their boundaries.

Production of quality public relations programming for radio

DR. SMITH

can cost thousands of dollars for dramatized spots; but it can cost a county society absolutely nothing if its members are willing to contribute their time. Physicians have something the public desperately wants—medical information. If they are willing to offer their time, they will probably find a station to give its time and handle the production.

Radio programming can serve two purposes. It can provide the public with needed health information, at the same time improving medicine's image by identifying the county medical society with a public service.

Radio shows

Each week more than 60 stations in the state carry a five minute health news show called "Today's Health." Hosted by David A. Smith, M.D., medical editor of PENNSYLVANIA MEDICINE, the show has an estimated audience of over 300,000. Written and produced by the staff of the State Society, the show is co-sponsored by the medical society of the county in which it is aired. "Today's Health" offers information on medical advances, health tips, and explanations on how the body functions.

"Today's Health" is available free to any county medical society. Sponsorship involves no cost, just the effort of placing the show on a station. Once the station agrees to carry "Today's Health" each week, PMS will see that the tape is delivered on time. For a sample tape and script, contact Bob Lamb at the State Society headquarters.

WCHE radio in West Chester produces a weekly show, called "Chester County Commentary," featuring Robert Poole, M.D., of the Chester County Medical Society. He discusses a variety of medical topics including amniocentesis, venereal disease, or the malpractice crunch. "Chester County Commentary" is a good example of what can be done on radio at the local level. It is produced by WCHE at no cost to the county society.

Public service spots

The two above examples are one type of public service

DR. POOLE

programming; another is public service spots. Spots are usually 30 or 60 seconds in length and used the same way as commercials.

During 1976 the PMS Committee on Quackery produced six 30 second spots. Distributed to nearly every station in the state, the spots were used to dispel some of the current myths about nutrition. At least one of the six spots was aired in every major radio market in the state.

Public service spots can be prepared on a local level. Some radio stations accept a script which their own announcers will record or read live on the air. Or a county society may arrange to record the spots, either at the station or through a commercial producer. The State Society is ready to give help to county societies who want it.

Besides radio talk shows and public service spots are other types of programming such as one time specials on a topic of particular interest to the community or "call-in" shows allowing listeners a chance to ask their own questions.

Radio must be a vital part of county societies' public relations efforts. They have a unique resource available to no one else—M.D. membership. It is time to use that resource and go "on the air." □

Legislative program mix of affirmative, preventive action

MICHAEL P. LEVIS, M.D.
Pittsburgh

As the Pennsylvania Legislature approaches the half year mark in 1977, it can point to very little in the way of accomplishment in the first quarter of the current two-year session. Legislators took their time handling the business of the budget. The Senate finally passed its version, S.B. 770, on April 27 and sent it to the House, where consideration could take another two months. The House of Representatives is leaderless because of the trial of House Speaker Herbert Fineman, indicted on charges he took money to influence professional schools on certain admissions.

Interest groups, however, are having legislation introduced, and at the very least, it is being referred to the proper committees, in most cases, that is. One bill in which physicians have an interest, S.B. 679, which would permit professional corporations to seek malpractice coverage if they wish from the Catastrophe Loss Fund, was first referred to the Senate Committee on Public Health and Welfare. While this caused some delay in action on the bill, on April 26 that committee released the bill and it was properly referred to the Senate Insurance Committee, which is expected to act soon and report it to the floor.

This is only one of a number of amendments to Act 111 of 1975, the medical malpractice act, which the Society plans to have introduced when the session is really under way.

The others, all studied by the Council on Governmental Relations as well as by the Board of Trustees and the ad hoc committee to study malpractice insurance are:

1. Three year statute of limitations;
2. Limitation of payment for pain and suffering to grievous impairment;
3. Provision that punitive damages be sent to the State Board of Medical Education and Licensure rather than the plaintiff;
4. Permission for the patient to choose binding arbitration without appeal to the court;
5. Elimination of PSRO norms, standards and criteria; and
6. Provision that courts may order that an award to the plaintiff be made in periodic payments rather than in a lump sum.

No timetable for the introduction of these resolutions has been established, but as they are introduced further details on the actual legislation will be publicized.

Comprehensive health planning

It is expected that the Shapp Administration will cause to have introduced again this session comprehensive health planning legislation similar to S.B. 10 and H.B. 853 of the previous session. These bills attempted to impose on Pennsylvania hospitals not only certificate of need, which the State Society can support, but

(Continued next page.)

Dr. Levis, a Pittsburgh surgeon, is chairman of the State Society's Council on Governmental Relations, a past president of the Allegheny County Medical Society, and an alternate delegate to the American Medical Association House of Delegates. Long involved in political action committee work, he is vice chairman of the executive committee and a member of the Board of Directors of the Pennsylvania Medical Political Action Committee and serves on the Board of Directors of the American Medical Political Action Committee.

Legislative program
(Continued.)

also such bureaucratic power-grabbing as rate review and disclosure of salaries of hospital based physicians. State Society lobbying efforts successfully stopped this legislation in previous sessions, and the Society is prepared to make the same effort in 1977-78 if it is again introduced. This is the kind of legislative activity which takes diligent effort on the part of the responsible staff persons. Preventing bad bills from becoming law is essential, and in this regard the Society has enjoyed success.

Laboratory law amendment

The Society already has had introduced an amendment which will clarify the position of laboratories in physicians' offices, which the Department of Health attempted to regulate under the Clinical Laboratory Act of 1974. The State Society has pending a suit regarding that portion of the regulations on the basis that they exceeded the legislative intent of the Act. Now S.B. 233 would specifically exempt physicians' office laboratories used solely for the diagnosis and treatment of their own patients.

Ambulance services law

Last year saw the enactment into law of two bills putting into effect emergency medical services councils throughout Pennsylvania. Their passage marked the culmination of an effort begun by the Society with the publication of a "White Paper on Emergency Medical Care" in June 1971. A third bill, S.B. 339, which would regulate ambulance services and require minimum standards for operators and equipment, has Society support and is needed to standardize the delivery of emergency medical services in Pennsylvania.

In support

The Council on Governmental Relations has studied, and the Society supports, certain legislative concepts, some of which are in bill form and some not as yet formulated. Among these is proposed legislation to safeguard the confidentiality of health care information. In line with action by the 1976 House of Delegates, the Society will have introduced and will support legislation to prevent disclosure of patient records.

In the same manner the Society will have introduced and will support a bill changing the definition of stillborn from a fetus of 16 weeks' gestation to one of 28 weeks' gestation.

A bill introduced in April, S.B. 586, concerning the physician's assistant, will have Society support. This legislation gives the State Board of Medical Education and Licensure authority to certify both the training and the practice of the physician's assistant.

In opposition

It is expected that much legislation will be introduced which Society policy dictates must be opposed, such as inclusion of chiropractic in Blue Shield. As such legislation is introduced the Society's best efforts will be put forth to protect the general public. One piece of legislation of this nature, H. B. 711, has been introduced. It would amend the Workmen's Compensation Act to give employes free choice of "healing arts practitioners," and is a move to have chiropractic services paid for under the workmen's compensation program.

The Council on Governmental Relations plans periodic reports to the membership on legislation. Look for them in future issues of PENNSYLVANIA MEDICINE.

Whalen lowers rates, gives 1975-76 dividend

Malachy Whalen and Company has made two changes in the Pennsylvania Medical Society Individual Life Program. The company has reduced by an average of 9 percent the annual premiums for physicians 35 and older and increased the non-medical limit to $100,000 through age 40 and to $50,000 for ages 41 to 44. The rates and contract are guaranteed by the Travelers Insurance Company to age 70.

Malachy Whalen, which also administers the Pennsylvania Medical Society Group Life Plan for Professional Corporations, has announced an 11.5 percent dividend for the 1975-76 policy year.

For details about either program call Malachy Whalen and Company collect at (412) 281-4050.

St. Paul lowers premiums on claims-made policies

Because of a decrease in malpractice insurance claims during 1976, the St. Paul Fire and Marine Insurance Company has reduced malpractice insurance rates in 17 states. The reduction will affect about 80 percent of physicians insured by St. Paul. The new rates have been filed with the state regulatory officials for approval.

St. Paul reports that in 1976 claims frequency was down 11 precent from 1975, possibly due to expanded loss prevention efforts by medical societies, hospitals, and individual physicians, as well as improving doctor/patient communications.

The effect of St. Paul's rate changes on an insured doctor's annual malpractice premium will vary from state to state. In five states the premium paid at renewal time will be higher than last year's but lower than the insured doctors would have paid under a normal claims-made premium increase. In 12 states the rate reduction will be large enough to offset the normal increase; doctors in those states will be paying less than they paid last year.

Measles 'epidemics' spur immunization campaign

A 500 percent increase in the incidence of measles in Pennsylvania during 1976 has caused the Pennsylvania Department of Health to launch a special immunization campaign for children ages 10-18.

According to the health department, a total of 3,682 cases of rubeola were reported in the state in 1976 while only 611 cases were reported in 1975. Reported through April 1977 were 2,119 cases. A recent, nationwide study of local epidemics, which was conducted by the national Center for Disease Control in Atlanta, indicates that Pittsburgh is among 14 localities with the worst reported measles epidemics.

The greatest increases in number of measles cases occurred among middle, junior, and senior high school students. Most susceptible are those who have no history of the disease and those who have never been immunized with live vaccine. Also at risk are people immunized prior to 1965 and children under 12 months of age.

Secretary of Health Leonard Bachman, M.D., told the Society's Board of Trustees at the May 18 meeting that 200 of the state's 500 school districts have requested and are receiving assistance with immunization programs this spring. Another 200 requesting assistance from the Department of Health will hold immunization campaigns in the fall. The other 100 districts are not planning any action. He said that school district reports indicate 90 percent of children entering school are immunized, but only 78 percent of the districts are reporting.

The state health department began its immunization campaign in mid-April by urging schools to send information and consent forms to parents in order to determine the number of children susceptible to measles. The department asked school districts to begin immediate voluntary immunizations and offered the supplies and technicians needed to administer vaccines in order to immunize as many children as possible before the end of the 1976-77 school year.

According to the *Morbidity and Mortality Weekly Report (MMWR)* of the U. S. Department of Health, Education, and Welfare (April 8, 1977, Volume 26, Number 14), 16,348 cases of measles were reported in the United States during the first 12 weeks of 1977—a 62 percent increase over the 10,075 cases reported during the corresponding 12 week period in 1976. A total of 39,585 cases were reported in 1976 compared to 24,374 in 1975.

Data obtained from states reporting measles cases by age show that an increasing proportion of cases are occurring among older age groups. Studies from 1973 show that of the cases reported by age 35 percent were among children 10 years of age and older while in 1975 that age group had 48.8 percent of the cases. *MMWR* offers the explanation that the increase among older children may be due to "gradual accumulation of susceptibles over the years during which measles transmission has been significantly suppressed."

According to *MMWR*, 95 percent of the children innoculated at the appropriate age with live, further attenuated vaccine develop antibodies. Possible reasons for the observed vaccine "failures" include: (1) vaccinating at less than optimal age when maternal antibodies may interfere; (2) vaccinating with simultaneous use of gamma globulin and further attenuated vaccine; or (3) using impotent vaccine after improper storage or handling.

MMWR reports that a study of 1,248 cases from 14 recent outbreaks revealed that 40.9 percent gave a history of prior vaccination, while 59.1 percent had no history of vaccination or prior illness.

The *MMWR* report notes:

"The observation that an apparently large proportion of measles cases occurred among persons who were vaccinated does not necessarily suggest any problem with vaccine potency, inadequate immunologic response, or waning immunity. On the contrary, the only direct measurement of protection conferred by immunization is the computation of a 'vaccine efficacy rate' derived by comparing attack rates among the vaccinated with attack rates among the unvaccinated in measles epidemics. Results of such computations for recent epidemics demonstrate efficacy rates of 90 percent or more indicating that measles vaccine is highly effective, though not perfect.

Colon/rectal surgeons hold scientific meeting

The Pennsylvania Society of Colon and Rectal Surgery will hold a scientific meeting June 17 at the Union League, Philadelphia.

Scientific presentations comprising the program will include: "Electromyography of the Anal Sphincter," by William Staas, M.D., of Thomas Jefferson University Hospital; and "Value of Biofeedback Training in Anal Sphincter Dysfunction," by Ian Sills E. Gibbons, M.D., of Hahnemann Medical College and Hospital.

Officers of the society are: Valentine R. Manning, Jr., M.D., Philadelphia, president; Buchard E. Winne, M.D., Toledo, Ohio, president elect; Gerald Marks, M.D., Philadelphia, vice president; James A. Sheets, M.D., Allentown, secretary; and W. Davy Smith, M.D., Media, treasurer.

State Society led way in emergency care legislation —

The Pennsylvania Medical Society can take major credit for motivating activity which culminated in the signing of H.B. 1603, the "Emergency Medical Services Act," by Governor Milton J. Shapp, on November 30, 1976.

In the spring of 1971, the Society's Commission on Emergency Medical Services released for publication a document on which it had been working for two years, the White Paper on Emergency Medical Services, which appeared in the June 1971 issue of PENNSYLVANIA MEDICINE. Over 10,000 reprints received wide circulation throughout the state as well as nationally. The paper became an important resource for those working on legislation on emergency medical services. Many of its recommendations became a reality with the signing of H.B. 1603, now Act 265 of 1976.

William E. DeMuth, Jr., M.D., chairman of the Society's Commission on Emergency Medical Services, said at the time of the Act's signing:

> "With the passage of this and other bills during recent legislative sessions, the long awaited statewide system of emergency medical services is now coming to fruition. These developments are most gratifying not only to us as physicians whose patients benefit, but also to the Pennsylvania Medical Society, which sounded the call to recognize and correct the deficiencies in emergency health care delivery in the Commonwealth. Now the results of our leadership are being realized."

The Act establishes Emergency Health Services Councils throughout the state, defining one as "an organization not for profit which is recognized by the Department of Health as representative of the health professions and major public and voluntary agencies, organizations, and institutions concerned with providing emergency health care." According to the Act, the Councils, 15 in all, are to develop and implement comprehensive emergency medical programs within their areas.

"From the department's vantage point," said H. Arnold Muller, M.D., medical director of the Health Department's Division of Emergency Health Services, "the Act complements the State Emergency Medical Services System plan of 1975, in that it provides a Commonwealth grant mechanism for emergency health services, and seeks to insure and encourage an orderly process in emergency health systems development."

Comprehensive plans ordered

Each council is to prepare a comprehensive emergency plan for its area within one year of receiving its grant. These emergency medical services systems must provide personnel, facilities, and equipment in the areas to handle every emergency, whether it is a single patient crisis or a natural disaster.

The new law authorizes the Secretary of Health to assist in training emergency medical personnel through grants and contracts to schools of medicine, nursing, and osteopathy, teaching hospitals, and other institutions. The department may also help in the purchase of ambulances, ambulance equipment, communications equipment, and some equipment for hospital emergency rooms. State funds for such purchases may not exceed 50 percent of the cost under the first grant or 25 percent in succeeding grants.

Systems details listed

The Act spells out in some detail an acceptable emergency medical services system. Requirements include:

1. An adequate number of health professionals, allied health professionals, and other health personnel with appropriate training and experience;
2. A plan to provide continuous training, including clinical training to the system's personnel;
3. A central communication system which: a. utilizes emergency medical telephonic screening to determine the appropriate emergency service response, b. utilizes the universal emergency telephone number, 911, and, c. has a direct communication network connection with the personnel,

Erythromycin successful against 'Legion' bacillus

Recent findings by the Pennsylvania Department of Health suggest that erythromycin may be the drug of choice against the bacillus isolated from victims of "Legionnaire's Disease."

The health department announced May 11 that a 53 year old Elk County man, who had developed the disease in March, responded favorably when treated with the antibiotic.

Prior testing by the health department laboratory in Philadelphia had shown that guinea pigs given lethal doses of the bacillus recovered when treated with erythromycin. Those findings were backed up by previous evidence obtained by the federal Center for Disease Control in Atlanta which included *in vitro* determination of antimicrobial susceptibility, and protection studies using embryonated hen's eggs.

Health officials believe that infection by the bacillus occurs at a low level and in the past has probably been misdiagnosed as pneumonia. Patients with unusual or questionable cases of pneumonia may now be tested for "Legionnaire's Disease."

years of effort show results in 1976

facilities and equipment of the system and with other appropriate systems.

4. An adequate number of ground, air and water vehicles of appropriate design criteria. The operators and other personnel of these vehicles must meet appropriate training and experience requirements.

Act 265 also orders that systems be able to transport patients with special problems to specialized critical care facilities, that duplication be kept to a minimum, that all phases of each system will have standardized patient data, that systems must educate the public in such matters as first aid and cardiopulmonary resuscitation, and that progress under the Act must be reported to the Legislature.

Because of the special needs of rural areas, the Legislature earmarked up to 20 percent of any appropriation for areas outside a Standard Metropolitan Statistical Area.

Emergency personnel defined

Governor Shapp also signed on November 30, 1976, H.B. 730 into Act 264 of 1976. This law defines types of emergency personnel and stipulates the kinds of services they may perform.

It defines "emergency medical technician-advanced" (EMT-advanced) as a technician trained in advanced programs of emergency cardiac and non-cardiac care. Under the supervision of a physician these technicians may: (1) administer parenteral medications and solutions, (2) perform gastric and pharyngeal suction by intubation, (3) establish and maintain an airway by endotracheal intubation, and (4) perform defibrillation.

Another category is the "emergency medical technician-ambulance" (EMT-ambulance). This individual must have completed an approved course of instruction in emergency care and transportation of the sick and injured or must have demonstrated comparable knowledge and skills in emergency care. Ambulance technicians may "render emergency medical care including pulmonary resuscitation *but not the delivery of medications, intubations, or the use of defibrillating equipment.*"

"From the state's perspective," said Dr. Muller of Act 265, "finally an EMT-ambulance and [EMT-advanced] have been legally defined and their scope of activities has been described. The Act places the [EMT-advanced] under physician control and in so doing it relieves both the paramedic and the physician from liability for civil damages resulting from the action of instruction, respectively, unless there is gross or willful negligence."

The one issue still to be addressed by the Legislature is the licensing and standardizing of ambulance services. Such legislation was introduced in 1977 and has been passed in the Senate. S.B. 339 now awaits House action.

State psychiatrists hold annual meeting

Primary prevention of emotional illness by intervention at crucial points in human development was the subject of the scientific portion of the Pennsylvania Psychiatric Society's annual meeting April 15-17 at the Hotel Hershey, Hershey.

Among the participants in the program, emphasizing the individual child and his family, were: H. Allen Handford, M.D., Villanova, director of Children and Youth Services, Office of Mental Health, Department of Public Welfare; and Ruth Kane, M.D., of Pittsburgh, who is chief of children and adolescent services at St. Francis General Hospital's Mental Health/Mental Retardation Center, and project director in primary prevention under a grant from the National Institute of Mental Health.

William P. Camp, M.D., medical director of Friends Hospital in northeast Philadelphia, was installed as president during the business portion of the meeting. Other officers are: Carmela de-Rivas, M.D., Wayne, president elect; John M. Donnelly, II, M.D., Ardmore, secretary; and Joseph M. McGrath, M.D., Harrisburg, treasurer. Morton Johan, M.D., Pittsburgh, is immediate past president.

DRS. CAMP AND JOHAN

PSYCHIATRISTS' SCIENTIFIC SESSION

Blue Shield stops benefits notices for non-participants

Leif C. Beck, LL.B.
Vasilios J. Kalogredis, J.D.
Bala Cynwyd

Pennsylvania Blue Shield has discontinued the practice of sending Explanation of Benefits notices to non-participating doctors.

This administrative change, effective April 22, applies to both paid and rejected claims. Only the subscriber (patient) will be notified of the disposition of the claim.

The change in policy is understandable as it will save Pennsylvania Blue Shield thousands of dollars in postage, forms, envelopes, etc. However, it will force non-participating physicians to look critically upon their insurance and collection followup systems.

In our recent article in PENNSYLVANIA MEDICINE ("Insurance form system critical for non-participants," February 1977) we discuss the benefits notice as a key element of our system. Now that Blue Shield no longer notifies non-participants, new steps must be instituted.

We had suggested that an office call the patient upon receipt of the benefit notice—the best followup method (assuming the patient had not already paid the bill). If immediate telephone contact could not be made, the office could send automatically a preprinted note informing the patient of the office's knowledge of payment.

In this "post notice era" a non-participating office must establish a different procedure. We recommend that each office critically determine the average amount of "swing time" between the filing of a Blue Shield claim and the receipt of payment by the subscriber. Once this very important figure has been reasonably determined, a working system can be established.

The completed and filed insurance forms can be placed in a "suspense" file or notebook in chronological order (*by filing date,* which should be stamped on each form). Assuming a four week turnaround time, when the four weeks are up (which can be determined easily by leafing through the file or notebook) the office can call or write (if necessary) the patient as under the notice system.

65-Special rates raised June 1

Pennsylvania Blue Shield has increased by $11.40 annually the premium for the 65-Special Program. Effective June 1, the monthly rate for subscribers increased from $4.10 to $5.05 and is expected to generate $8.9 million annually.

The Insurance Department stated that Blue Shield was forced to increase the rate because of rising costs and increased utilization of the 65-Special Program. According to Insurance Commissioner William J. Sheppard, total dollars spent for physicians has increased by about 206 percent—an increase matched by the cost of hospital care. People 65 and older, who comprise only 11 percent of the population, visit their doctors 40 percent more frequently than other Americans.

"Initial office visit fees exclusive of any additional treatment costs have risen well in excess of 50 percent since 1969," said Sheppard. "For the elderly and for Blue Shield this means that 20 percent copayment responsibility of medicare recipients translates into a 50 percent greater dollar outlay—at a minimum—for office visits."

Blue Shield's original request for a $9.8 million rate hike was denied in December by Commissioner Sheppard because the filing failed to provide a subsidy of rates for 65-Special subscribers. The revised filing incorporates an approximate $1 million subsidy.

ACP offers self-assessment program

The American College of Physicians (ACP) will sponsor 23 courses providing an intensive review of the spectrum of medicine. The five day (30 hour) courses will be offered in 23 locations across the United States during the months of August, September, and October.

Two of the courses are scheduled to be held in Pennsylvania: Philadelphia, Marriott Motor Hotel, September 26-30; and Pittsburgh, William Penn Hotel, October 3-7.

Course instruction will be based on a 283 page syllabus that encompasses developments in internal medicine during the past five years. The faculty of each course will consist of professors from various medical schools in the respective areas. Course material will complement self-learning activities of the ACP Physician's Medical Knowledge Self-Assessment Program IV (MKSAP IV) and may be used in preparation for the American Board of Internal Medicine recertification examination to be held in the fall.

Courses will begin at a high level as participants are expected to have studied the MKSAP IV for several months prior to attending a course.

For a catalog on the courses write: Registrar, ACP-MKSAP Courses, American College of Physicians, 4200 Pine Street, Philadelphia, PA 19104.

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1. Goth, A., Medical Pharmacology, Principles and Concepts, ed. 7, St. Louis, C. V. Mosby Company, 1974, p. 455

2. Schneider, R. P., and Roach, A. C.: An Antacid Tasting: The Relative Palatability of 19 Liquid Antacids, South Med. J. 69: 1312-1313 (Oct.) 1976.

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Warnings: Patients with severe cardiac disease should be given this medication with caution.
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Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.
Overdosage should be avoided in patients severely ill with ulcerative colitis.

Adverse Reactions: Varying degrees of drying salivary secretions may occur as well as mydri and blurred vision. In addition the follow adverse reactions have been reported: nervo ness, drowsiness, dizziness, insomnia, headac loss of the sense of taste, nausea, vomiting, c stipation, impotence and allergic dermatitis.

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Legal counsel reports

Chiropractic twisted by court again

FRED SPEAKER
Harrisburg

Pennsylvania Commonwealth Court has ruled[1] that chiropractors have a limited ability to practice generally and are not entitled to use acupuncture.

The case came to the Commonwealth Court when a doctor of chiropractic's license was suspended for violation of a regulation of the State Board of Chiropractic Examiners which states that "acupuncture is not within the scope of the practice of a chiropractor."[2] The court, with one judge dissenting, affirmed that determination.

Judge Theodore O. Rogers, writing the majority opinion, notes that the court decided that, since acupuncture is not within the general definition of chiropractic, it did not have to decide whether acupuncture is surgery. He goes on to outline several arguments against chiropractors which give aid and support to those who believe that chiropractic is a lesser and limited practice of the healing arts:

"Nothing in the material following the first sentence deviates from or expands its definition of chiropractic science as limited to the relationship between articulations and the nervous system. Nothing in . . . [the statute] suggests that chiropractic includes treatment of the nervous system independent of treatment of misaligned or dislocated vertebrae or other articulations. Nothing in this record indicates that acupuncture is, or is intended to be, a treatment of misaligned or dislocated vertebrae or articulations. Indeed, the appellant writes in his brief that 'it is impossible to state conclusively the effect of acupuncture on misaligned or displaced articulations.' Except for the inclusion of the word 'conclusively,' this is an accurate statement of the only conclusion on this vital point which could be made on the basis of this record.

"While the appellant only hints that he may depend on the phrase 'the furnishing of necessary patient care for the restoration and maintenance of health' as support for the chiropractor's engaging in treatment not relating to articulations, we think it appropriate to note that the quoted phrase does not authorize chiropractors to engage in the general practice of the healing art, which is permitted only those licensed under The Medical Practice Act . . . which specifically excludes chiropractic from its application. . . .

"The appellant also says that the denial to chiropractors of the right to practice acupuncture is discriminatory and violative of their constitutional guarantee of equal protection. The same complaint was made in *Howe v. Smith,* 203 Pa. Superior Ct. 212, 199 A.2d 521 (1964), concerning the refusal of the Commonwealth's representative to accept certificates from chiropractors concerning physical fitness of certain motor vehicle operators. In rejecting the complainant's argument the Superior Court, while acknowledging as do we, that many chiropractors have extensive knowledge and training, nevertheless concluded that the equation of chiropractors and physicians is not yet realistic because of a real distinction between them in terms of required education and training, licensing and scope of practice; and that the classification made by the Legislature was constitutional. *See also Pennsylvania Department of Transportation v. Pennsylvania Chiropractic Society,* 22 Pa. Commonwealth Ct. 483, 349 A.2d 509 (1975).

"Finally, we discern no public interest requiring that chiropractors practice acupuncture and, indeed, there is evidence in this record that acupuncture can cause immediate and serious medical problems requiring the attention of a physician.[3]"

A late check with the Commonwealth Court indicates that this decision will not be appealed. Accordingly, it is another in a growing line of judicial decisions which establish that chiropractic has seriously limited authority in the healing arts. □

Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.

1. Commonwealth of Pennsylvania v. Schatzberg, Commw. Ct. A.2d, 978 C.D. 1976 (March 28, 1977).

2. 49 Pa. Code §5.3

3. Id. at 3-7, slip opinion.

Legal counsel reports

Major tort changes—will lawyers make them?

FRED SPEAKER
Harrisburg

During the past several months, America's attorneys have moved to control some of the adverse social implications of the medical malpractice insurance crisis. And, although it seems strange to some physicians, many of the efforts of their legal brethren promise results that will be of significant benefit to the medical profession.

Of course, it is true that the efforts to bring about major changes in the tort system have been, and will be, strongly opposed by many influential attorneys. But the process of reform is being advanced, also by attorneys.

Last August, at its annual meeting in Atlanta, the House of Delegates of the American Bar Association (ABA) considered and debated at length significant changes in the present law affecting medical malpractice and liability insurance. A series of recommendations was offered by the ABA's Commission on Medical Professional Liability, chaired by Lyman M. Tondel, Jr., a lawyer from New York City. The commission, composed of lawyers, physicians, and representatives of the insurance industry, proposed recommendations dealing with confidentiality and immunity of medical disciplinary boards, establishment of joint underwriting associations (JUA), binding arbitration, and significant tort changes.

The ABA House of Delegates adopted without debate a policy advocating state laws authorizing the creation of a JUA to assure the availability of coverage of medical malpractice claims. In addition, the House of Delegates adopted resolutions urging that immunity and confidentiality be granted medical licensure boards and supporting the call for binding arbitration; the resolutions were adopted after a long series of attempts to amend or defeat them. The resolution supporting binding arbitration states in part:

Arbitration should be entered into, if at all, on a voluntary basis with full knowledge that the arbitration panel's decision is final and binding; once entered into, arbitration should be final and binding. The question of the time at which an arbitration agreement should be entered into is not concluded hereby and shall be considered at a later date.

It should be clear that this resolution must help in persuading the legislature to allow physicians and patients to agree to make arbitration binding and final. This is part of the current State Society legislative program.

The final resolution adopted by the ABA touched the most important issue, tort reform, and effectively delayed action pending widespread comment on the proposals to the commission. The commission had recommended in its interim report adoption of a resolution stating that the ABA:

. . . recognizing that many proposed tort law changes are sound aside from any effect they might have on insurance premiums, supports the substance of the recommendations set forth in Appendix C with respect to tort law and procedure as they relate to medical malpractice claims.

Despite the ABA's delay of adoption of this resolution, consideration of tort reform has not been stopped. It will be considered by the ABA House of Delegates this summer. Accordingly, the specific recommendations should be examined by Pennsylvania physicians.

Many of the recommendations are inappropriate for Pennsylvania, as they already have been adopted in the Commonwealth. Of the 17 recommendations for legislative action, seven favorable ones fall into this category. They include provision for itemized verdicts,[1] decreasing maximum schedule for contingency fees,[2] establishment of pools of medical expert consultants,[3] reduction of award by advanced payments,[4] plaintiffs not permitted to allege the total amount of damages claimed,[5] prohibition of liability for an oral promise to cure,[6] and support of the AMA's position on the use of *res ipsa loquitur*.[7] An eighth recommendation has already been adopted in Pennsylvania; it is likely to be the only one opposed by a majority of doctors and may be challenged successfully. It calls for the pre-trial exchange of experts' reports. This is required under the rules of

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1. See, e.g., Greet v. Arned Corp., 412 Pa. 292 (1963); Mottla, 6 Standard Pennsylvania Practice, Chap. 27, §§50-61 (1960).

2. Health Care Services Malpractice Act, 40 P.S. §1301.604.

3. Action of PMS Board of Trustees and Counselors, March 10, 1976.

4. Health Care Services Malpractice Act, 40 P.S. §§1301.512-3.

5. Rule 1044, Rules of Civil Procedure.

6. Health Care Services Malpractice Act, 40 P.S. §1301.606.

7. Pennsylvania actually has a more restrictive limitation of the attempted use of the res ipsa loquitur *doctrine [See,* e.g., Collins v. Hand, *431 Pa. 378 (1968)].*

procedure adopted[8] earlier this year by the administrator for Arbitration Panels for Health Care.

A ninth recommendation, already partially adopted in Pennsylvania, reduces awards by the amount of collateral source payment received. In Pennsylvania, Act 111 provides that there is a reduction when *public* source payments are received.[9]

Of the remaining eight recommendations, one—that patients should have access to their medical records without suit—probably should not be opposed by organized medicine. Five of the remaining ones have goals similar to those of organized medicine. They concern:

Notice of intent to sue—a prospective malpractice plaintiff must give reasonable (three to six months) notice before bringing suit.

Non-taxable awards—the jury must be informed that an award that includes lost earnings is not subject to income taxation.

Periodic payments—legislation must be enacted permitting the payment of future damages to be made in periodic installments. This is part of the current PMS legislative proposal.

Punitive damages—such damages should not be permitted in medical malpractice cases. The current Society legislative practice includes a provision that if punitive damages are awarded they are to be paid to the State Board of Medical Education and Licensure.

Informed consent—the recommendation to the ABA includes the following language:

In obtaining a patient's consent, the physician should disclose those risks which a reasonable physician *in the same or similar locality would disclose; provided that a patient who asks for additional information has a right to be further informed by the physician, and a patient who asks not to be told of risks has a right not to be informed (emphasis added).*

This provision would be more favorable than the present provision in Pennsylvania which requires a physician to disclose the risks and alternatives that a *reasonable patient* would consider material.[10]

The final two recommendations touch two of the most sensitive areas of tort law. They do not advocate a sufficient level of reform, but they do contain the seeds of argument to substantially improve Pennsylvania law. With respect to the statute of limitations, it is recommended that:

An action for malpractice should be commenced within two years from the time the incident which gave rise to the action occurred, or within one year from the time the existence of an actionable injury is discovered, whichever is longer. Except for cases involving a foreign object or fraudulent concealment, no action should be brought more than eight years after the occurrence of the incident which gave rise to the injury. Where a foreign object has been left in the body, a patient should have one year after the object is discovered in which to bring an action.

Under Act 111, the legislature has decreed that a physician will escape liability for any action started more than four years late,[11] although the Catastrophe Loss Fund will be liable thereafter. The State Society is seeking to reduce the statute of limitations to an outside limit of three years, and in its efforts to support the limitation has run into opposition from lawyers who argue that any limitation is unfair. It is implicit in the recommendation to the ABA that limitations are not unfair, so the argument now becomes what limits should be applied.

The final recommendation involves a limitation on the amount of awards. The recommendation to the ABA states:

Economic Loss: No dollar limit or recoverable damages should be enacted which can operate to deny a plaintiff in a medical malpractice action full compensation for economic loss.

Non-Economic Loss: The commission takes no position on whether it is appropriate to place a ceiling on the recovery of non-economic loss.

Unlike the commission, the Society does take a stand on placing a ceiling on the recovery of non-economic losses. Believing that it presents the greatest single opportunity for meaningful reform, the Society has prepared draft legislation which would eliminate recovery for non-economic losses unless the patient has been grievously imparied. The impact of the commission's statement that it takes no position on this subject is a major improvement over the stand taken by most lawyers thus far, arguing that there can be no limitation whatsoever.

The progress of the commission package thus far—to the point of its consideration by the ABA—is most encouraging. Adoption of the package by the ABA would have a remarkable influence on legislative consideration. Accordingly, it seems imperative for physicians, who are most directly affected by the malpractice crisis, to attempt to promote passage of the package.

Physicians may take immediate action by contacting Pennsylvania members of the ABA House of Delegates[12]—or friends who know them—and urge a positive reaction.

Attorneys are on the threshhold of great reform in the tort system. Doctors should help them step across. □

8. 37 Pa. Code §171.51(e) (4); 7Pa. Bull. *389 (Feb. 5, 1977).*

9. Health Care Services Malpractice Act, 40 P.S. §1301.602.

10. Health Care Services Malpractice Act, 40 P.S. §1301.103.

11. Health Care Services Malpractice Act, 40 P.S. §1301.605.

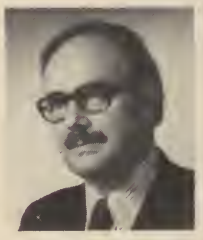
12. William Fuchs, 1418 Packard Building, Philadelphia 19102; Irwin Benjamin, 22 S. Third Street, Harrisburg; Frederick H. Bolton, 100 South Street, Harrisburg 17108; Joseph Gallacher, 312 Scranton Electric Building, Scranton 18503; Carl E. Glock, P.O. Box 2009, Pittsburgh 15230; Lewis H. Van Dusen, Jr., 1100 PNB Building, Philadelphia 19107.

MDs in the news

The Lancaster City and County Medical Society recently honored its oldest member, Elizabeth Bricker, M.D., who celebrated her one hundredth birthday April 25. Dr. Bricker graduated from Pennsylvania State University in 1900 with a degree in biology. In 1903 she graduated from the Woman's Medical College and began to practice medicine in Lititz. Ten years later Dr. Bricker entered government service with the Pennsylvania Department of Labor and Industry as a public health and preventive medicine physician. She retired in 1935 as chief of the department's hygiene section and returned to Lititz. Dr. Bricker graduated from the Woman's Medical College 51 years after the college graduated its first class of eight women. At that time, in 1852, the Pennsylvania Medical Society would not recognize female physicians and went so far as to forbid its members to consult professionally with them. By 1871 the Society allowed consultation but not membership, and in 1888 female physicians were accepted as members.

Michael H. Geller, M.D., Allentown, was recently appointed chief of radiology at Allentown and Sacred Heart Hospital Center. He has been associate director of radiology since 1974.

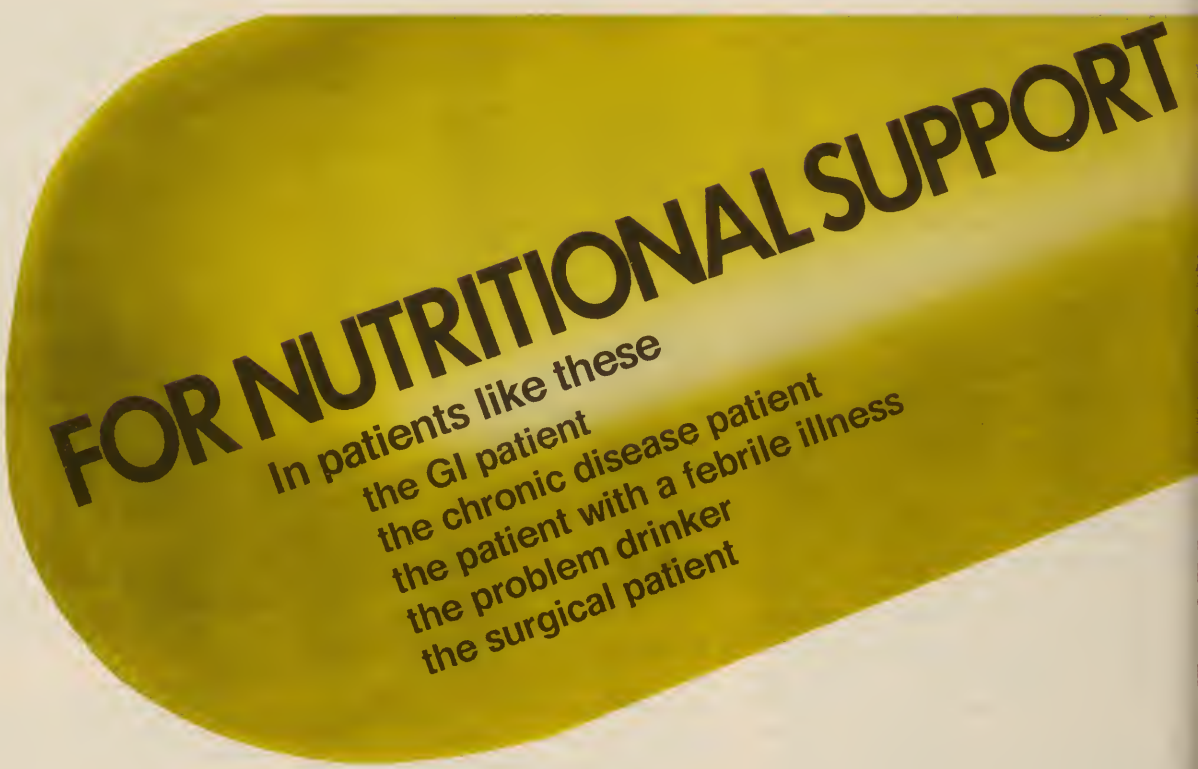
Two faculty members of the Medical College of Pennsylvania were recently elected to offices of the newly founded Philadelphia Colposcopy Society. They are **Albrecht W. Schmitt, M.D.,** Penn Valley, clinical associate professor of obstetrics and gynecology, who was elected president; and **Dorothy Barbo, M.D.,** Roxborough, associate professor of obstetrics and gynecology, who was elected member of the board of directors.



DR. SCHMITT

DR. BARBO

William C. Beck, M.D., was elected recently as president elect of the Association for the Advancement of Medical Instrumentation. Dr. Beck, who will assume the presidency in 1978, is president of the Donald Guthrie Foundation for Medical Research, Sayre.



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A Carnation A Day: A Pro-Life Doctor's Story *is an account of the life and career of Mario Castallo, M.D., an obstetrician-gynecologist with a lifelong commitment to the preservation of human life. Dr. Castallo, now an honorary clinical professor of OB-GYN, at Jefferson Medical College, Thomas Jefferson University, served on the faculty of Jefferson from 1933-71. In his book Dr. Castallo tells about: his first glimpses of the primitive methods which his father, a country doctor, used to practice medicine; his days in medical school and his difficulty in obtaining an OB-GYN residency because of his religion, Catholicism; and his recent experiences in taking a stand on the right to life of the unborn infant.* A Carnation A Day *is the story of Dr. Castallo's lifelong attempts to comfort the afflicted and afflict the comfortable.*

The following physicians were recently certified as diplomates in their respective specialties: **Paul A. Bialas, M.D.,** Pittsburgh, and **William H. Shoff, M.D.,** Harrisburg, by the American Board of Internal Medicine; **Pat Bruno, M.D.,** Sunbury, by the American Academy of Pediatrics; **Henry W. Shoenthal, M.D.,** New Paris, and **Adam Trybus, M.D.,** Hollidaysburg, by the American Board of Family Practice; and **Paul H. Douglass, M.D.,** York, **Ernest Y. Normington, II, M.D.,** Allentown, and **Peter W. Ross, Jr., M.D.,** Bloomsburg, by the American Board of Obstetrics and Gynecology.

Four physicians at Methodist Hospital, Philadelphia, recently received new medical staff appointments. They are: **John R. Prehatny, M.D.,** director of surgical service and chief of department of general surgery; **Robert E. Kozub, M.D.,** chief of the department of cardiology; **Paul L. Lewis, M.D.,** director of the pathology service and clinical laboratories; and **Joseph F. McCloskey, M.D.,** associate director of the pathology service and clinical laboratories.

DR. PREHATNY

DR. KOZUB

DR. McCLOSKEY

DR. LEWIS

Kenneth W. Diddle, M.D., was named recently as medical director of Jeannette District Memorial Hospital. Dr. Diddle is in the private practice of internal medicine in Jeannette.

MDs in the news

Among the physicians recently named fellows of various specialty organizations are the following:

American Academy of Forensic Sciences—**Richard P. Bindie, M.D.,** Pottsville.

American College of Cardiology—**Muhammad Munir, M.D.,** Pottsville.

American College of Physicians—**A. Thomas Andrews, M.D.,** Harrisburg; **A. Rab Chowdhury, M.D.,** Reading; **Charles F. Grammes, M.D.,** Danville; **Lawrence K. Harris, M.D.,** Muhlenberg Park; **Maurice J. Lewis, M.D.,** Harrisburg; **Bruce R. McKay, M.D.,** Sayre; and **Thomas C. Michaelson, M.D.,** Phoenixville.

American College of Radiology—**R. William Alexander, M.D.,** Reading; **Stephen C. Bruno, M.D.** Pittsburgh; **Ronald J. Clearfield, M.D.,** Lower Burrell; **Howard E. Fink, Jr., M.D.,** Camp Hill; **Milton A. Friedlander, M.D.,** Camp Hill; **Marvin E. Haskin, M.D.,** Philadelphia; **Carl M. Kaplan, M.D.,** Pittsburgh; **Andrew W. Koch, M.D.,** Lancaster; **James W. Lecky, M.D.,** Pittsburgh; **Frederick J. Munson, M.D.,** Bethlehem; **Howard M. Pollack, M.D.,** Cheltenham; **Norman S. Williams, M.D.,** Pittsburgh; and **Lionel W. Young, M.D.,** Pittsburgh.

American College of Surgeons—**Robert C. Hunsicker, M.D.,** Bethlehem.

John J. Shane, M.D., recently assumed the chairmanship of the advisory committee of the Samuel W. Miller Memorial Blood Center, a volunteer donor community blood center responsible for supplying blood and blood components used in the seven hospitals in Lehigh and Northampton Counties. Dr. Shane is director of laboratories at Quakertown Community Hospital and professor of pathology at Hahnemann Medical College and Hospital.

J. Shue Hamman, M.D., was elected president of the American College of Utilization Review Physicians, Inc., at its national meeting held recently in Philadelphia. Dr. Hamman is an obstetrician-gynecologist practicing in Harrisburg and Mechanicsburg and is clinical instructor at the Pennsylvania State University College of Medicine at the Milton S. Hershey Medical Center.

Simple self-indulgence during retirement is not enough for everyone and it was not enough for Leonard F. Bush, M.D., after his 1974 retirement as executive director of the Geisinger Medical Center in Danville. As Dr. Bush told The Lutheran *(Volume 15, Number 3, February 2, 1977), "Because I have such a young wife and I'm so active myself, we decided we'd do something worthwhile each year in retirement." So, during 1975 and 1976 Dr. Bush and his wife, Jean, spent six weeks as unpaid volunteers at Bach Christian Hospital in Qalanderabad, Pakistan. Conditions at Bach were enormously different from those Dr. Bush left at Geisinger. Before performing surgery, Dr. Bush himself had to administer the anesthesia. He said, "It had been 35 years since I performed hernia operations or bowel resections or delivered babies. It was a great experience to get back into that kind of medicine again." Except for four years with the Army Medical Corps during World War II, Dr. Bush spent his whole medical career at Geisinger, first as an intern in 1934, then as chief of orthopedics, and finally as executive director from 1958 to 1974. Dr. Bush said he doesn't think he and his wife do anything special, " . . . but it does something special for us."*

Randolph C. Blodgett, Jr., M.D., recently received the distinguished service award of the Central Pennsylvania Chapter of the Arthritis Foundation. Dr. Blodgett is immediate past chairman of the medical and scientific committee of the chapter. He is director of the department of rheumatology at Geisinger Medical Center, Danville.

The following physicians were recently appointed to new posts at the University of Pittsburgh School of Medicine: **Donald H. Reigel, M.D.,** associate professor of neurosurgery; **Oscar McNaughton Reinmuth, M.D.,** department chairman and professor of neurology; and **Kook Sang Oh, M.D.,** professor of radiology and pediatrics.

Dorothea D. Glass, M.D., medical director of the Moss Rehabilitation Hospital, Philadelphia, was recently elected to the Board of Directors of the American Lung Association of Philadelphia and Montgomery Counties. Additionally, Dr. Glass recently served as an alternate delegate to the White House Conference on Handicapped Individuals, held in Washington, D.C., May 23 to 27.

Richard A. Newman, M.D., was appointed recently as medical director of the new psychiatric unit at Paoli Memorial Hospital, Paoli. Dr. Newman is former senior consultant to the division of education and associate professor of psychiatry at Hahnemann Medical College and Hospital.

Warren A. Katz, M.D., Penn Valley, has written a recently published textbook entitled *Rheumatic Diseases-Diagnosis and Management.* Dr. Katz is clinical professor of medicine and chairman of the division of rheumatology at the Medical College of Pennsylvania and serves as chairman of the Governor's Task Force on Arthritis.

Robert E. Cooke, M.D., was recently chosen president of the Medical College of Pennsylvania, to assume the position July 1. Currently vice chancellor for health services at the University of Wisconsin, he will replace Jeanne D. Brugger as president of the medical college.

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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editorials

Hymenoptera cause more deaths than rattlesnakes

Fatal reactions to insect stings account for approximately thirty to forty documented deaths per year in the United States. Undocumented or undiagnosed cases probably add to this figure. Each summer, especially during the months of June, July, and August, a significant portion of our population is exposed to the very real danger of death by acute allergic reaction to insect stings.

Hymenoptera—bees, hornets, wasps, and yellow jackets—constitute the most serious and widespread problem although hypersensitivities to other insects such as flies, mosquitoes, and ants do occur. The spectrum of reactions varies from mild local to generalized systemic. Systemic reactions represent a true medical emergency.

One of the difficulties in dealing with insect sting allergy is that there is no sure method of diagnosis prior to the sting. Skin testing with whole body extracts has not proven to be entirely reliable, producing a high percentage of both false positive and false negative responses. Normal reactions to stings may vary from mild local pain and swelling to extensive local swelling involving perhaps a whole extremity. Additionally, while the first sting may produce only severe local reactions, the next sting could be fatal. A systemic or anaphylactic reaction is signaled by dizziness, nausea, generalized itching or weakness, followed by decrease in blood pressure, dyspnea and unconsciousness which usually occurs within minutes. However, there are reported cases of delayed reactions where no immediate local or generalized symptoms appear. Many individuals sensitive to hymenoptera do not exhibit other allergies or drug sensitivities thus indicating that sting allergy probably is not limited to the identifiable atopic population.

Varying accounts of the efficacy of immunotherapy have been reported in the literature. Promising studies are being conducted utilizing pure venom in hyposensitization. Immunotherapy is usually instituted for patients who have had systemic reactions requiring medical treatment even if those symptoms were mild. Duration of therapy is about three years but may continue for longer periods.

At present, prevention and medical treatment should be stressed. The association of avoidance by insects and immunotherapy is an unexplained phenomenon and as such should not be relied upon as absolute protection. It has been noted that insect repellants are of little value when dealing with hymenoptera. The best protective measure is to keep away from insect contact. Sting kits, which can be prescribed by a physician, should be readily available but it should be remembered that this is a first aid measure. Prompt medical treatment should be sought.

Both the physician and the public need to be better informed about allergic reactions to hymenoptera stings. Early diagnosis, treatment, first aid, and preventive measures must be emphasized. Since hymenoptera are responsible for more deaths than rattlesnakes, it is important that the physician possess adequate knowledge of the hazard so that he may recognize the problem and act promptly. He should be versed in the methods of prevention and know when to advise consultation with an allergist.

The summer months carry a particular hazard to persons who are hypersensitive to stinging insects. Children, especially, should be guarded as much as possible from the danger because their risk of contact is greater than that of other groups. All known preventive measures should be employed and therapy obtained immediately in case of a sting. Awareness of the problem of stinging insects is the key to prevention of many needless deaths which occur each year.

David A. Smith, M.D.
Medical Editor

Public denied prepaid medical eye care

State Secretary of Health Leonard Bachman, M.D., last year confused the public and astounded the medical community when he publicized widely the disease "pantosomatitis."

Now the secretary of health has done it again. This time the implications of his actions are deadly serious.

In April, Dr. Bachman handed down a decision that must be brought to the attention of the medical community because of its far reaching consequences. That decision, concurred in and adopted by the Insurance Department, denied the Medical Eye Care Foundation of Pennsylvania a Certificate of Authority as a non-profit medical service corporation. The reason for this denial was that optometrists had not been included to participate as providers of medical eye care. They must be, according to Dr. Bachman, because their service, he said, is equivalent to a physician's. Thus, citizens of the Commonwealth who choose to consult an eye physician for medical diagnosis of their eye problems and for primary medical treatment are denied the opportu-

nity to use an organization designed specifically to arrange for prepayment for those services. This decision was rendered despite the fact that optometry has its own plan for prepaid optometric services.

Dr. Bachman claims that the foundation plan is "inflationary to the public" and would "further fragment a health care system that is already irrational and chaotic"! He states that such a plan would be "inflationary" because groups will "in most instances be paying for expertise that is not professionally required." In effect, Dr. Bachman has decreed that eye patients should not receive primary care from physicians.

Dr. Bachman admits, on one hand, that "ophthalmologists are the most highly trained class of providers that render primary care of the eyes" and that optometrists are "less highly trained." He then concludes that the services are equivalent! He feels that ophthalmological care is too expert for the public, and the medical program would be misleading to health consumers.

Dr. Bachman appears not to have grasped the fundamental distinction between the services of a physician and those of a non-physician. This distinction has been recognized by courts (e.g., Washington State Supreme Court) and other governmental authorities. The attorney general of Michigan, when asked whether different examination fee schedules for ophthalmologists and for optometrists could be used by state agencies, answered ". . . your questions . . . contain an assumption that the services of ophthalmologists and optometrists may be identical when, in actual fact, each of these professionally trained persons are engaged in performing different services. Differences arise not only from procedures employed, which may or may not be identical, but also from differences in knowledge, skill, training, approach, and professional responsibility." It takes no stretch of imagination to see the implication regarding medicine in general (e.g., audiology and otology, psychology and psychiatry, chiropractor and physician, etc.).

Which branch of medicine will next be found to be too expert, and therefore inflationary, when the physician renders primary care?

George J. Gerneth, M.D.
Pittsburgh

correspondence

Stop the bleeding

To the editor:

An editorial entitled "Stop the Bleeding" appeared in the *Ambler Gazette,* March 10, 1977, edition. I think the editorial should be noted as an indication that some of the news media are trying to help the medical profession. We certainly should give recognition to those who do.

The editorial follows.

Robert A. Buyers, M.D.
Norristown

When malpractice insurance joined the growing list of national crises two years ago, the Pennsylvania Legislature came up with some Bandaid legislation. Now malpractice is an open wound again, with dire implications for the medical and economic life of the community.

The problem with the malpractice legislation, which was designed to reduce the costly court cases which were escalating medical costs for everyone, was the same as the problem with no-fault automobile insurance. In both cases the lawyers fought to protect their interests first. In both cases they won and we lost—and we have the bills to prove it.

At the time the malpractice insurance act took effect, Pennsylvania Insurance Commissioner William Sheppard estimated that it would be at least two years before it had a major impact on malpractice rates or insurance bills. The implication was that both might go down. Well, it has not been two full years yet, but it is clear that this "medicine" is only going to aggravate the malady, not provide relief.

Doctors, who are among the most dedicated professionals in society, are distraught over what the malpractice situation is doing to their own practices and their patients. There is no question that malpractice does occur and that patients must have some recourse for legitimate claims. Meanwhile doctors must continue to do all they can to upgrade standards and minimize malpractice. But there is also no doubt that malpractice claims have represented some of the greediest, most unreasonable money grabs that a judicial system given to the get-as-much-as-you-can dictum has seen. The insurance companies and lawyers are secure, if not respected. The doctors and patients suffer.

Richard A. Smith, M.D., president of the Chester County Medical Society, says that "the average cost of claims paid per doctor is $176, but the average premium is many times higher than that. I'd like to know where all the money is going."

So would we, and that is one question that must be openly addressed in hearings scheduled for early April. Malpractice insurance has gotten out of hand and is bleeding all of us, with astronomical costs hastening the day of socialized medicine. Legislators, doctors, and concerned, responsible people and agencies have got to begin working more closely together to find a remedy before we are all victims of malpractice consumption.

A wife speaks out

To the editor:

The local West Chester newspaper often announces the filing of malpractice suits against physicians without followup reports when the physicians are later vindicated.

Following is a letter to the editor by a physician's wife in response to a newspaper account of a suit brought against her husband. Her letter appeared in the March 3, 1977, edition of the West Chester *Daily Local News*.

Robert Poole, III, M.D.
West Chester

As I read in local newspapers the report of a legal suit filed against my husband, it occurred to me, rather sadly, that in the 15 years of dedicated service to this community, his only presentation by you has been negative. A loving wife's view can only be prejudiced, but I would appreciate the opportunity for several comments on the current issue of alleged malpractice suits, a bitter subject for me.

During our 25 years of marriage, one of my husband's greatest sacrifices has been at the expense of family. He has responded immediately to the need of every patient, at any hour of day and night, in snow, hail, wind, rain, sometimes leaving behind a desperately sick child or wife, or perhaps ignoring his own illness.

He has worked for the residents of our community 24 hours on some days, sparing nothing of himself. For a really personal insight, I could count on one hand the times he has missed church attendance on Sunday, in spite of a totally sleepless night. Over the years he has contributed heavily to a multitude of local organizations, including Boy Scouts, marching bands and athletic organizations in seven local schools, and every known charitable organization in this county.

In addition to his contributions as a medical doctor and good citizen, using his gentle wisdom and undying loyalty, he has faithfully assisted me in the rearing of six thoroughly decent children.

It would seem that the newspapers and the community at large owe to my husband and many others like him in our midst a debt of gratitude and some kind of grateful recognition.

At my urging, and in sad acknowledgment of a harsh reality, and for the protection of our family, my husband will probably leave medical practice as soon as our children are educated. He should be a doctor to the day he dies because he has had a lifetime love-affair with medicine and by the general consensus of most patients and colleagues, he is a great doctor. But the risk is too high for us, the public greed, criticism and ingratitude defeat us.

Some year, soon I hope, when the snow blows and the wind howls, some young mother-to-be will be on her way to have her baby, and the experienced and understanding doctor that I married will snore the night through beside me. Whoever is there to deliver her, his qualifications and attitudes, are the worry of future Americans. We tried.

Bernardine A. Abbott
West Chester

Unusual diagnosis

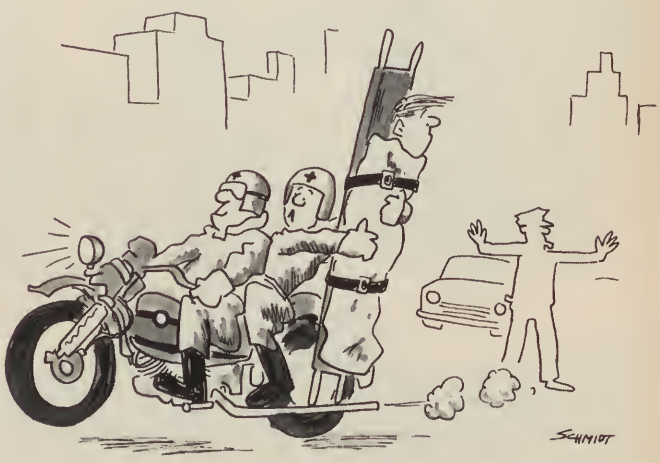
To the editor:

A 76 year old woman presented to the emergency room at Armstrong County Memorial Hospital, having been referred from a nearby nursing home. In the nursing home she had been agitated and treated with tranquilizers, which diminished the agitation but did not improve her general condition. The emergency room doctor, in common with the medical nursing staff of the nursing home, thought that she was showing a reaction to tranquilizer medication and gave her an injection of Benadryl to counteract it.

She was admitted to the psychiatric floor where the staff immediately noted that she was unable to close her mouth. A diagnosis of dislocated jaw was made; an oral surgeon was called in to reduce the dislocated jaw. The patient's agitation immediately subsided.

The woman's agitation seems to have been a result of the undiagnosed dislocated jaw. Had the dislocation remained untreated much longer, the woman probably would not have survived. In the case of an elderly person who is unable to close her mouth, the diagnosis of dislocated jaw should be entertained.

R. R. McLeod, M.D.
Kittanning



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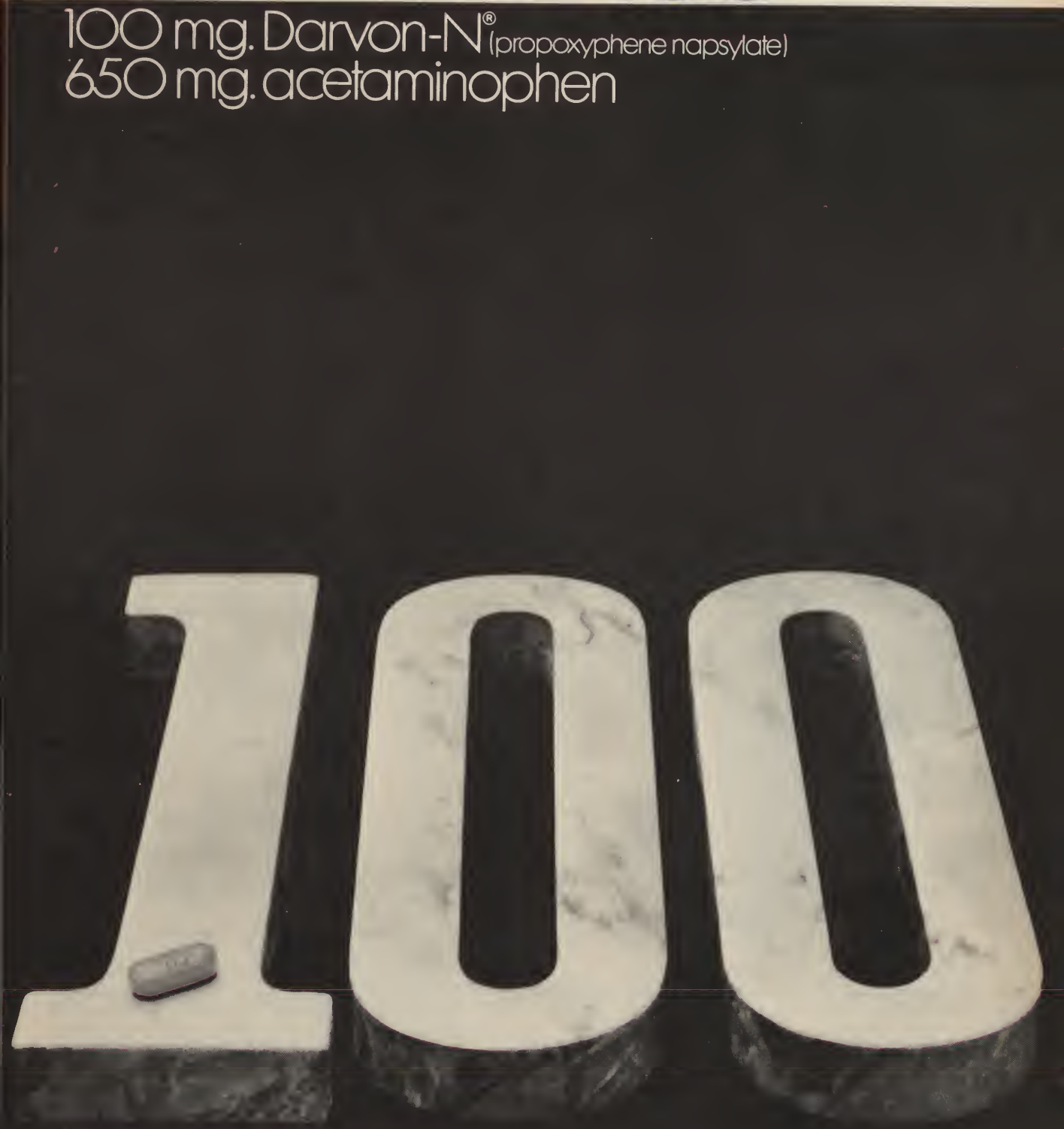

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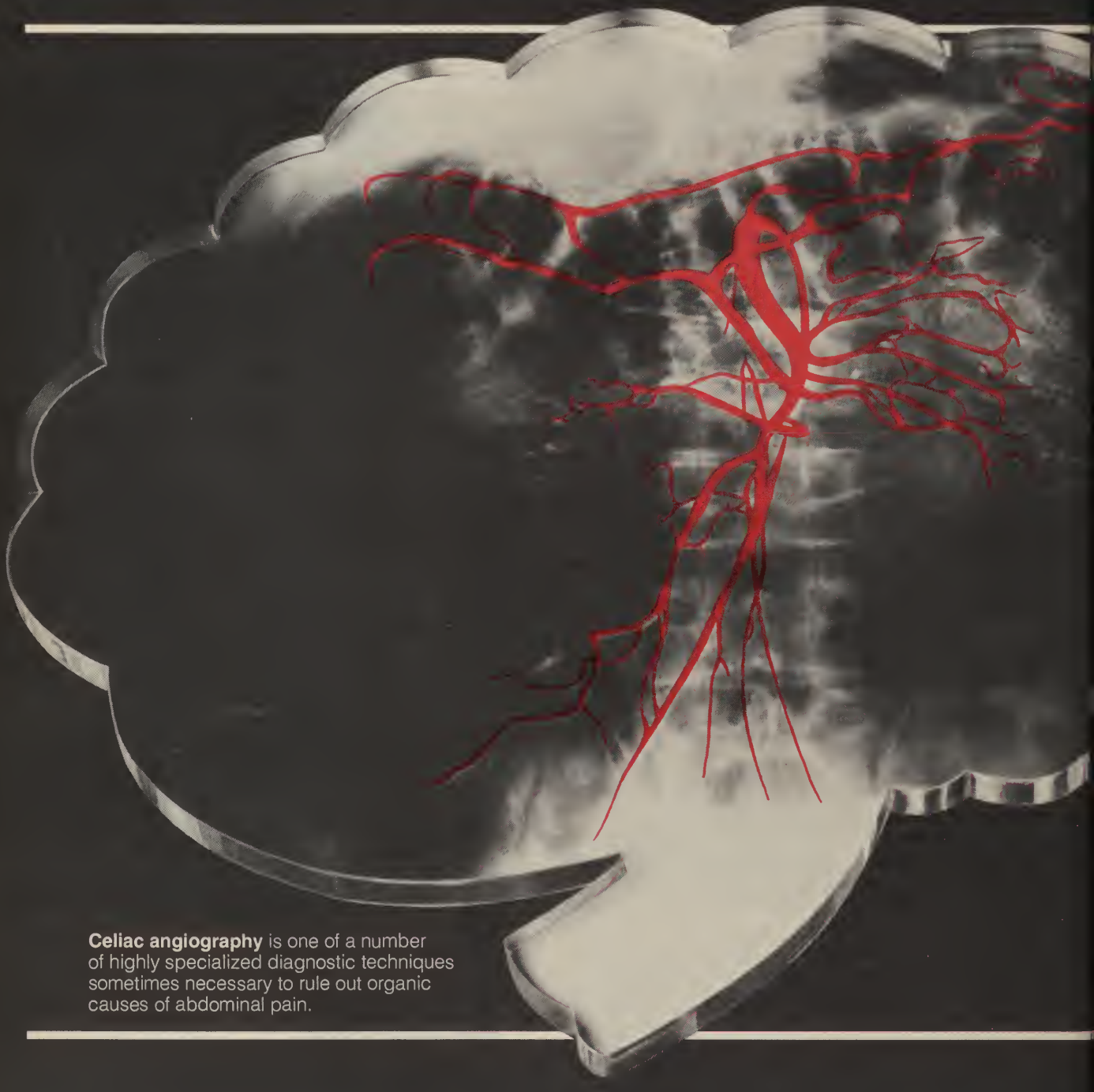

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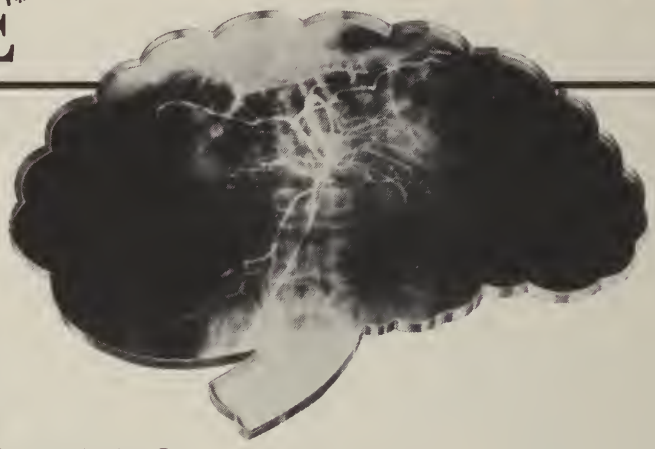

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Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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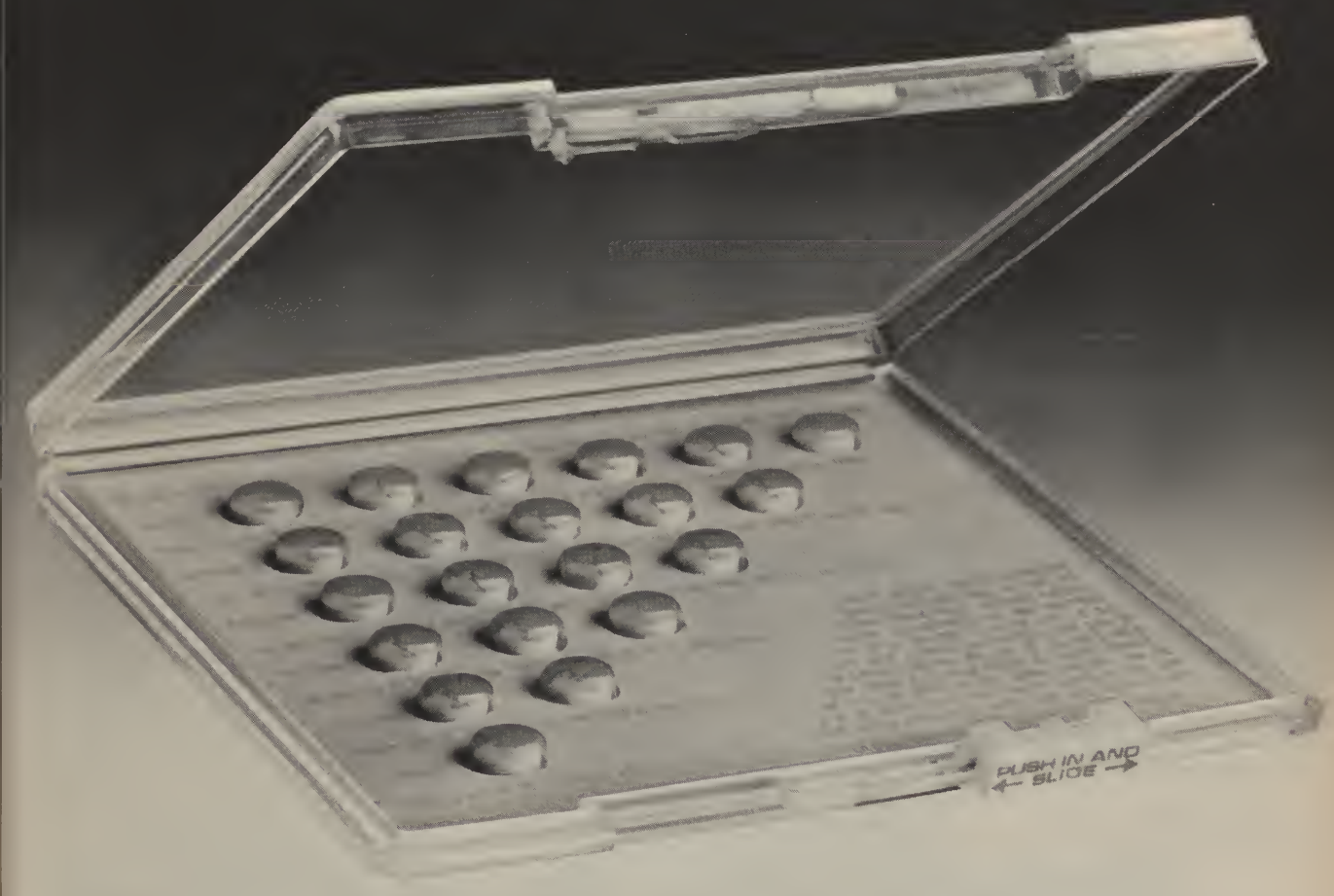

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Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K+ frequently; both can cause K+ retention and elevated serum K+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

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Management of office personnel is an important part of any medical practice. It can make or break a medical office's effectiveness.

Leadership needed

An important part of management is the need for leadership as a method of influencing the office assistants to perform in a productive manner.

In the smallest of offices, the physician himself often accepts the management challenge. However, even in offices with as few as two employes, it is often most desirable to have one of the office assistants fill the management role. Whoever fills the management role must be able to direct and/or modify the actions of others to gain their cooperation in doing a proper job.

Leadership methods—According to present management thought, leaders can influence their associates in several ways.

1. One view holds that effective leaders are considerate, warm, and supportive to their subordinates. Such leaders are in a sense accruing debts. A return of the favors so supplied is sought. Such favors become the basis of influence for the leader.

2. Other effective leaders utilize participative decision-making as a control mechanism. Involving everyone in the problem analysis as well as the derived solution results in better information generation and increases everyone's commitment to the implementation of the policy.

Flexibility is another important aspect of leadership. One must be able to consider contingency approaches to situations as they present themselves. Every circumstance is unique and must be individually handled.

Self-esteem important—An important factor in evaluating an individual's capacity to serve as a good leader is self-esteem. Those who best influence others possess a significant degree of this quality. Self-esteem is hereby defined as an individual's evaluation of his own abilities; it expresses an attitude of approval or disapproval and indicates the extent to which he believes himself capable of doing a job and making a significant contribution to something.

This valuation has been well defined as "the degree to which an individual's successes approach his expectations in those areas that are important to him."

One of the reasons those possessing a high degree of self-esteem are best able to influence others is their own sense of personal security which is not violated in interpersonal exchanges. In any organizational setting (including a medical office) such people are effective as leaders because they exhibit the same confidence toward subordinates that they have in themselves.

The Golden Rule—Another important part of personnel management is the Golden Rule. For management purposes, the rule (which is found not only in Christianity and Judaism, but in Confucianism, Buddaism, Islam and others) should be interpreted to mean: "To manage as you want to be managed and to supervise as you would want to be supervised."

Although it seems too obvious to have to be expressed, the most basic psychological need of a human being is to be treated as a human being. The best leaders are those who follow the Golden Rule in their management roles.

Motivation of assistants

Motivation is a complex, internal process. Each

The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

person has psychological and physiological needs that frequently change in strength, duration, and priority. They affect how the individual interacts with the environment. It is not true that one person can motivate another. But one can create the climate and provide the alternatives which will encourage an individual to be motivated in the desired direction.

Motivational concepts—There are several basic concepts and philosophies which physicians and/or office managers should apply to provide the best leadership and motivation for their employes.

1. Praise should be given when appropriate and as often as possible. There is no better way to make a person feel important than to sincerely compliment him. A compliment is recognition of the fact that the other person has done something deserving a "thank you."

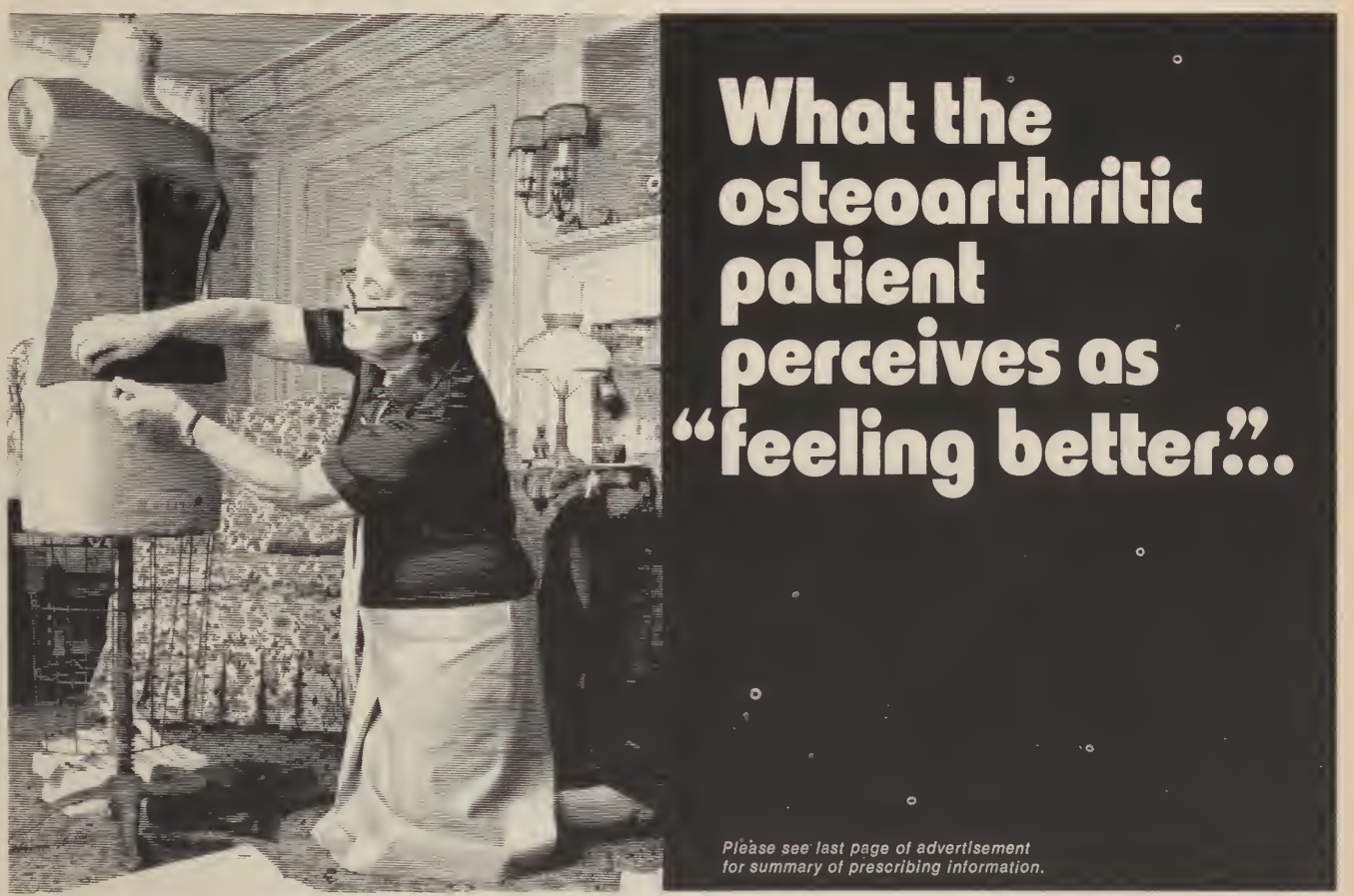
"Thank you" are two of the most powerful words in the English language. How simple they are to say for a job well done; unfortunately they are too seldom said.

2. A doctor (or manager) should make himself available for frank and unhurried discussions of staff problems and complaints. We are finding more and more practices in which an office manager fills this role. This does not mean that the doctor does not get an opportunity to listen to the staff's ideas. However, it does delegate much of the preliminary work to someone in a managing role who can devote time to it on a daily basis.

3. Staff members should never be publicly belittled or criticised. This is a basic principle of human relations recognized by all but too often ignored. People have defense mechanisms that work immediately upon criticism by someone else. A doctor must be sensitive to the feelings of his staff. To publicly belittle or criticise staff members can do nothing for their self-esteem. It also hurts them in the eyes of the other members of the staff and patients who may be present to hear the belittlement.

4. Get the assistants involved in their work. They should have some claim and say in how things are being done. This includes such things as involvement in office meetings and an active role in the decision-making process as it specifically affects them (e.g. what type of calculator, pegboard, typewriter, etc., would you prefer to work with?)

5. Discuss basic operating policies with members of your practice before putting them into effect. This will help gain employes' commitment to the policies. People are fearful of change. Most often it is because they have not been involved in working out the details of the change. It is a real putdown to an individual when someone tells her things are going to be done differently without having first allowed her to take part in that decision. In our



more time with the office manager and doctors) to determine and seek out their thoughts.

We are repeatedly impressed by the amount of information and ideas we secure from the staff people. They know the office because they work there every day. Our consultation with the office employes

'One view holds that effective leaders are considerate, warm, and supportive to their subordinates. . . . Other effective leaders utilize participative decision-making as a control mechanism.'

is often the first opportunity they have ever had to express their opinions and recommendations to a willing listener. Every office should take advantage of this in-house source. In many situations office staff meetings (which will be described later) and other forms of direct communication benefit the practice.

6. An office should review performance periodically—at least once a year and in many instances every six months. They should be tied in to salary reviews. There is no better way to convince an employe that an employer is interested in her progress than to spend some time with her to systematically review work performance. Everyone wants to know how well she is doing. We all like to know how we compare with others and what our superiors think of us. A review also gives the employe the opportunity to privately express her views about things.

7. A written personnel policy manual is an important part of personnel management. Every medical office should have one, even if there is only one non-physician employe. A copy should be given to each of an office's present employes and to each new employe. It should be kept up to date, reflecting any new changes in benefits, responsibilities and the like. It is amazing how many times we have visited offices in which the assistants knew nothing about personnel rules or specifically about the benefits they were receiving. A typical example is an unincorporated practice with a Keogh Plan about which the employes really know nothing except that "there is some sort of a retirement plan." A medical office providing such a benefit should point it out to the employes in order to take advantage of the goodwill that can be generated.

Not having policies in writing can create feelings of discrimination and inconsistency. Many assistants do not even know what their rights are regarding vacation, sick pay, and the like. That can only cause confusion and in many cases embarrassment for the practice and the individual. A doctor should make something big of such a policy manual since it is also very important to the employes.

8. Each office should have written job descriptions for each employe clearly setting forth their primary and secondary responsibilities in that office. Generally the job is best assigned to the office manager since it is an excellent exercise in critical evaluation of the office's needs and how they may be best allocated among the staff.

A written operations manual for all of the procedures in the office is also very helpful. It can be of assistance in properly training new staff consistently and quickly. This is another excellent way a doctor may convince his staff that he is interested in their welfare. The office is trying to make it easier for them to do well so that they will look good in the eyes of the doctors, patients, and fellow staff.

It is not difficult to develop an operations manual. Each staff person can be asked to list exactly what she does (every single little thing that she does)—the job description. Then she can be asked to explain how she does each task listed in the job description; that is the operations manual.

The office manager (or in the smallest offices, the doctor) can review the notes of each staff individual to design a more specific and detailed operations manual.

9. It is also important to provide each individual with as much status as her aptitude and interest will permit. It is important to convince each person in the office that what she does is important and that the office could not manage without her performance.

10. The best possible physical working conditions should be provided. This may seem too elementary to even mention; however, we have seldom seen an office that cannot be improved from this aspect. This is sometimes a problem in the business office. Quite often, in laying out an office facility, the practice has inadequately provided for business space.

Confinement and insecurity combined will often lead to tremendous on the job stress, a potential for enormous losses of productive time. Periodically, the doctor should view his business office with an objective eye to see how it can be improved. Additional space might be provided; perhaps a rotation of work stations should be established; maybe a draft could be eliminated; maybe chairs are too high or too low.

Fresh atmosphere often helps to improve work situations. If people are sitting on top of each other and do not have room to breath or think, there can be difficulties. We have seen instances in which moving to newer and bigger quarters has resulted in a happier and more productive office, caused in part by the improvement in physical conditions.

consultation work we allow anywhere from one-half to one hour with each staff member (with a little

Too often assistants have been assigned to do collection followup calls or insurance forms work without adequate privacy or space. Under such circumstances, the individual is not able to produce as she should. Many times, upon our recommendation that she be provided some private space and time during the week, the results have been dramatic. With less interruption and more privacy one can work better. An employer who agrees to such a transition shows the employe that her function is considered important enough to make such a step.

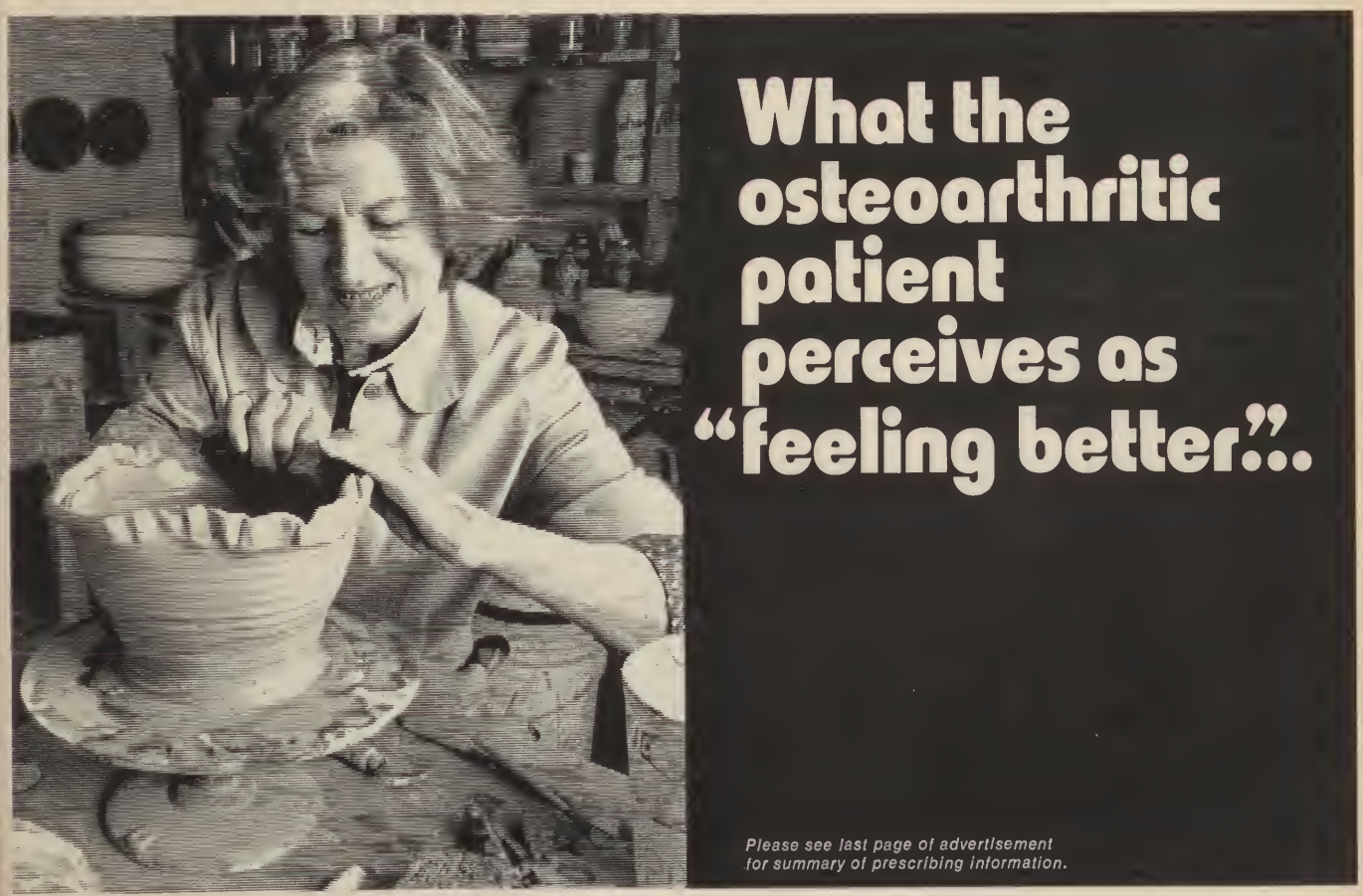
11. One should provide the best possible equipment and systems to make work efficient and satisfying—another basic often ignored. Too often we have seen a staff member typing daily with an old, slow, beat-up manual typewriter. There are inefficient filing systems, calculators, adding machines, telephone systems, and the like. Assistants who feel they are working with awkward or outdated equipment or systems may begin to believe that their employer does not consider their work to be important enough to merit efficient equipment.

12. It is important that an office's pay plan be understood and that the pay scale be competitive within the community. Merit raises are dramatically more important than straight across the board, cost of living increases. Unfortunately, the majority of medical office assistants have no real understanding or knowledge of an office's policy on pay raises. Often part of the problem is that the physicians and/or office manager have no set policy behind their raises.

We believe very strongly that pay raises should be tied in directly with the periodic review and evaluations discussed above. Unfortunately, too many offices give all of their employes the same raise in a given year "because it is easier." We believe very strongly that to do this is one of the biggest destroyers of office motivation. If two individuals are working together and one is producing and the other is not, the harder worker will undoubtedly question her own efforts upon seeing her co-worker receive equal pay raises.

Furthermore, an inferior worker who receives the same raise as everyone else often does not realize she is doing a bad job since the raise has indicated to her that the office is satisfied with her performance. This is unfortunate and should be avoided (and can be through periodic review and merit raises).

In many of our office surveys we have found a group to be very dissatisfied with one or more of its employes. A real threshhold issue in some of the surveys is the doctors' feeling that they may want to



let one of their employes go. Unfortunately, the doctors will often be embarrassed and fearful of doing it if they "have just given her a raise." Examples such as this illustrate how a pay plan can be misunderstood.

It is very important that salaries be reviewed at the end of every year. If a set policy is established (which it should be) and set forth in an office policy manual, it must be followed by the doctors. This is important since it guarantees the assistants that they will be reviewed while at the same time protecting the doctors from continually being "whip sawed" by the staff for raises throughout the year.

Some practices feel that it is more systematic and consistent to set review on different anniversary dates for each person in the office.

'Effective leaders are able to create high performance standards for subordinates by expressing confidence in their abilities. . . . a pessimistic attitude makes good performance more difficult.'

Other offices set a specific time of the year during which all persons in the office receive raises. We prefer the latter approach since it is simpler. It allows the office to concentrate on salary raises at one key point in the year and decreases the potential for forgetting someone. We recognize that this may mean some people will be getting raises after only having been employed for several months. Obviously, this is a factor involved in determining the scope of the raise as compared to someone who has been there the entire year. That is how such possible discrepancies could be made up.

The doctor or office manager should know the definitive pay scales in the community. If one wants superior performance one must pay superior salaries. This is important. We are delighted to see someone getting paid well if she is doing a good job. We believe that the best run offices should feel the same way.

Unfortunately, more ill-will probably can be generated by the poor handling of a pay plan than anything else. Although what employes really want out of a job is an important consideration, there is no question that pay continues to be one of the highest items on the list.

13. As much authority and responsibility as an office manager's or doctor's nature can stand should be allocated to assistants. The aptitudes of the individual office people also determine how much responsibility they can handle; however, it is a real mistake for the office manager to try to do everything. What often happens is that the most capable person in an office becomes the office manager, having "worked her way up the ranks." Since she "does everything better than everybody else" she will often hesitate to delegate. This is not a healthy situation. First of all, that individual cannot possibly do everything; second, she is putting the other employes in a vacuum, in a sense knocking them down in their own eyes and in the eyes of others.

14. A very important part of delegating responsibility is to encourage one's assistants to seek ways to expand their capabilities and offer them tangible assistance for new learning. An office should send people to courses, encouraging night classes and the like. If they learn more, they will be better able to handle things in an office. Employes should have access to a good library of books, magazines, casettes and other learning aids.

15. A leader's expectation of staff members affects their individual performances in the office. People often behave as others expect them to. Effective leaders are able to create high performance standards for subordinates by expressing confidence in their abilities. Leaders who fail to develop positive expectations cause subordinates to accomplish less as a pessimistic attitude makes good performance more difficult.

An important point to remember is that subordinates will not be influenced by the leader's expectations unless the expectations seem reasonable and realistic. Goals that are too high or too low will have little impact.

16. The best way to learn is by example. This obviously is not a new concept. It is very hard to sell an idea in which one does not believe. Lack of credibility in one's actions belies his words.

Conclusion

Physicians and office managers have a tremendous challenge—to match people with routines they enjoy and put them in a position where they can motivate themselves to do a better job. As physicians and office managers approach the challenge they should keep in mind three key considerations:

1. Even if "reasoning" may be compelling, the way a person feels usually affects his conduct more than the way he thinks.

2. Unless a subordinate is allowed to believe that his boss is human enough to understand failure, he will often fight back with every weapon at his command.

3. If one expects people to act on what he says, his conduct must show that he believes in it.

Many of the points in this article are of such a common sense nature that they seem unnecessary to mention; but in our experience we have found that often they are not followed. Physicians and medical office managers should consider the items listed above since they are crucial to the proper handling of office personnel. □

Know your taxes

Investment tax credit can reduce federal income taxes

EDWARD H. ACHORN, M.A., C.P.A.
DONALD L. DeMUTH, M.B.A., C.P.A.
Harrisburg

One of the biggest aids in equipping or modernizing an office is the investment tax credit. Congress intended that this tax saving device encourage investment. Since it is a credit against tax and does not reduce other deductions, it is an important tax saving device. Why not understand it and use it?

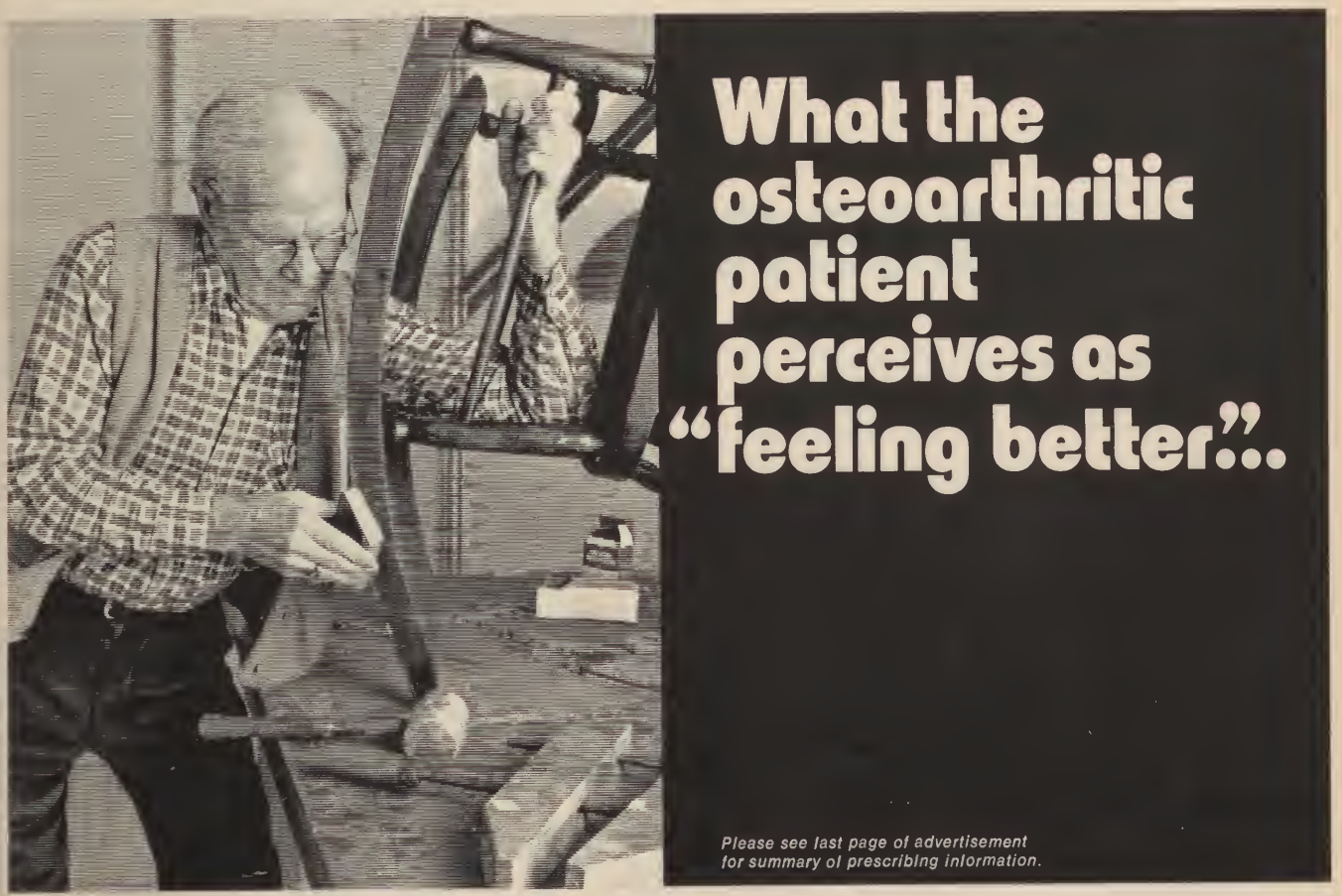
A simple example illustrates the importance of the tax credit. Assume that Dr. Taxed has purchased office equipment costing $20,000. The equipment, for depreciation purposes, has a life of 10 years. This investment entitles him to a tax credit of $2,000, and it has no effect on depreciation to be allowed.

Let us consider the following questions:

Who is entitled to the credit? Any taxpayer investing in property: a partnership, a corporation, a Sub-Chapter "S" Corporation, an individual, an estate, or a trust.

What type of property qualifies? Types of property which qualify are: (1) Tangible (touchable) personal (not real estate) property (e.g., examination room equipment). (2) Other Tangible property (not a building or components) used as an integral part of: (a) manufacturing (e.g., drill press); (b) extraction (e.g., mining equipment); (c) production (e.g., oil refinery); and (d) furnishing of transportation, communications, electrical energy, gas, water, or sewage disposal services (e.g., car, bus, telephone

This article is part five of Know your taxes, *a series dealing with federal income tax regulations and the Tax Reform Act of 1976. Mr. Achorn is assistant professor of accounting and management and Mr. DeMuth is assistant professor of accounting at the Pennsylvania State University's Capitol Campus in Middletown. For reprints write Mr. Achorn at Pennsylvania State University, Capitol Campus, Middletown, PA 17057.*



equipment). (3) Elevators and escalators. (4) Research facilities (e.g., microscopes and test equipment). Property used to furnish lodging in general does not qualify although there are exceptions.

The technical term for property which qualifies is "Section 38 Property." It may be new or used. There is a $100,000 limit on used property. Be careful as sales and leasebacks in general do not qualify.

As is usually the case, different rules apply if you are married but filing separately.

When does the credit apply? It applies in the year the asset is placed in service.

Does the credit have an effect on allowable depreciation? None whatever. An asset normally will be depreciated the same, whether or not the credit is taken.

Does life of the asset(s) have an effect? The portion of the cost of an asset which qualifies is as follows: with a three to five year life the portion qualifying is 33⅓ percent; with a five to seven year life the portion is 66⅔ percent; and if seven years or more, 100 percent qualifies.

Does the amount applicable vary if there is a trade-in? The credit is figured on the basis of the property. Let us look at a complex example. Assume Dr. Taxed had purchased some office equipment five years ago (January 1, 1972) for $7,000. He had assumed a life of seven years, used straight line depreciation, and assumed no salvage value. On January 1, 1977, he traded the equipment for new equipment of a similar type at a cost of $10,000, seven year life, and was allowed a trade-in value of $3,000. Table I shows how the situation would be handled.

In this case, Dr. Taxed has recaptured a credit of $163.31 and has a $900. credit allowed. Thus, his tax will be reduced by a net $736.69.

Is there a limit on the credit? Yes, the tax credit may not exceed the tax liability. If the liability is in excess of $50,000, the credit may not exceed $50,000 + 50 percent of the excess liability over $50,000. For example, if the liability is $75,000, the limit would be $50,000 + ($25,000 @ 50 percent) or $62,500.

If I have more credit than I can use, is it lost? No, it may be carried back three years (to offset prior years' taxes and secure a refund), and forward seven years (a credit against future taxes). Situations in which credits exist for multiple years might create confusion about which credit is used first. The Tax Reform Act of 1976 has clarified the situation by specifying the method to determine priority. (The first year is used.)

Am I obligated to keep the asset for its life if I take the credit? No, but there are consequences. Based on the current tax law, if you have kept the asset seven years, you have earned the full credit. On the other hand, if you have only held the asset five years, and had originally taken the full seven years' credit, you would have to return one-third of the credit by adding it to your tax liability in the year of disposal of the asset. The process is known as recapture. Let us consider the following example: Dr. Taxed buys a new x-ray machine for $30,000, elects to take the full investment credit of $3,000, and establishes a life of seven years. After five years he trades the machine for a new one. In this case, one-third of the investment credit is to be recaptured (1/3 X $3,000 = $1,000), that is, added to his tax liability.

To contrast, assume Dr. Taxed buys a new machine for $30,000. He elects to take the full investment credit of $3,000. He establishes a life of ten years. After seven years he trades it for a new machine. In this case, no investment credit is to be recaptured. The difference is that in the first example Dr. Taxed keeps the asset only five years, while in the second example he keeps the asset for the full seven years to earn the full credit.

What are some examples of the assets usually qualifying for the credit? Assets used in your prac-

TABLE I

Investment Tax Credit—Trade-In Value

Old Asset	
Original Cost	$7,000.00
Depreciated to date ($7,000 X 1/7 X 5 Years)	5,000.00
Adjusted Basis 1/1/77	2,000.00
Trade-In Allowance	3,000.00
Excess Trade Allowed	1,000.00
New Asset	
Purchase Price	10,000.00
Excess Trade (Above)	1,000.00
Basis of New Asset	9,000.00
Recapture	
Old Asset—Section 38 Allowed ($7000 X 100%)	7,000.00
Section 38 Earned ($7000 X 66⅔%)	4,667.00
Section 38 Property to Be Recaptured	$2,333.00
Investment Credit to Be Recaptured (7%)	$ 163.31*
Investment Credit Allowed	
Section 38 Property (New Asset Basis Above)	9,000.00
Investment Tax Credit Allowed (10%)	900.00

**Congress has repeatedly changed the rate of the credit as well as the life. In this example, the appropriate rate is 7 percent.*

tice, such as autos, office equipment, computers, medical equipment, furniture, and fixtures, etc., but no real estate.

Can I get credit when I lease equipment and autos? Yes; however, when you sign a lease, be certain the leasing company either passes the credit through to you or reflects the credit in your rates.

I hear a lot about employe stock option plans (ESOP); are they important? Generally, an additional tax credit of 1.5 percent is allowed on qualifying property if the employer places the added credit into an employe stock option plan to buy the employer's stock. Since most professional corporations do not permit ownership by nonprofessionals, this is probably not a factor; there must be nondiscriminatory treatment for all employes.

Are there any complications if I incorporate? If the property remains in the practice and you retain a substantial interest, it will not be subject to recapture. On the other hand, if you sell an interest in a partnership or subchapter "S" corporation, it would be subject to recapture. Additionally, if you convert the asset to personal use (such as an auto), it would be subject to recapture rules.

Can I manipulate the credit by sale and leaseback? Probably not. No credit is allowed the purchaser of used property if it is made by the person from whom it was acquired or a related person. This would include a leaseback of used property, or a purchase of used property by a lessee.

Now that some of the more general questions have been answered, let us follow an example:

Dr. Taxed buys a new computer for his office for $40,000. He is charged $1,000 for freight and $1,000 for installation. He pays the amount in full in 1977 during which year he places it in service. He estimates the life to be seven years, after which the computer will have no salvage value.

Dr. Taxed's total investment is $42,000. He (or his partnership or professional corporation) can deduct $4,200 from the tax liability. The fact that he paid cash or financed it has no bearing. The fact that the life of the computer is seven years means he can take the full credit. If he disposes of the computer sooner, part of the credit should be recaptured.

The important point is that he receives a $4,200 credit against his tax. If he is in the 50 percent marginal bracket, this is the equivalent of $8,400 in before tax dollars. Can you afford to pass that up?

In conclusion, a word of caution: Seldom does it make sense to do something simply to secure a tax break. The equipment purchase must make good business sense. To do otherwise is to put yourself in the same shoes as the wife who comes home bragging to her husband that she saved $1,000 by buying a lifetime supply of soap powder, but has to rent a warehouse to store it. □

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Case report

Bone marrow transplantation in acute leukemia

CHRISTIE LAMPING, M.D.
JEFFREY RAUB, M.D.
ISADORE BRODSKY, M.D., F.A.C.P.

Philadelphia

Experimental use of bone marrow in the treatment of various disease states has its roots deep in medical history. As early as 1891, bone marrow was administered, apparently by mouth, to patients with what was probably leukemia. In 1894, Billings presented evidence arguing for the worth of orally administered marrow suspensions in the treatment of iron deficiency anemia, but not pernicious anemia or leukemia. By 1923, saline extracts of red bone marrow and spleen had been reported to be powerful hemopoietic stimulants when administered concomitantly, either intravenously or orally.[1]

In 1939, Osgood, *et al.*, reported the case of a young woman with end-stage aplastic anemia who was given several cubic centimeters of her husband's bone marrow intravenously. She died five days later of apparent infection with no signs of marrow engraftment.[2]

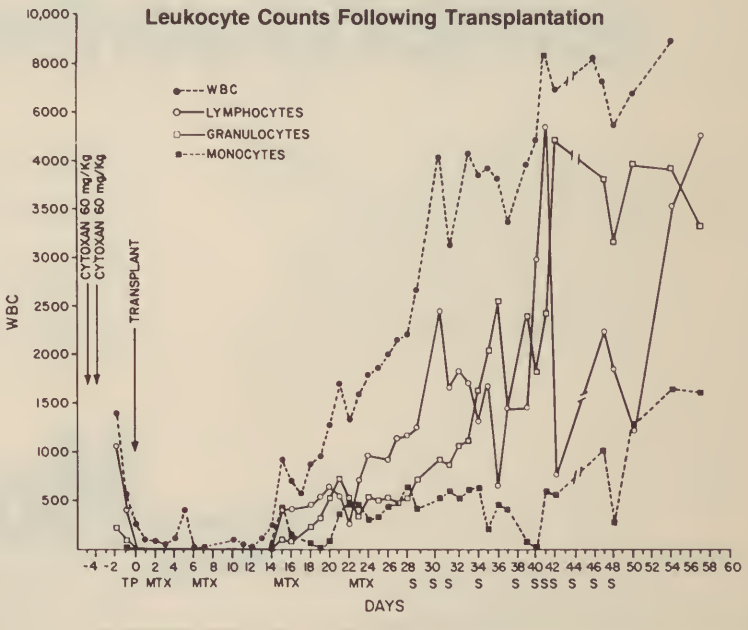
Uniformly poor results in transplant efforts ended in diminished further attempts. In the mid 1950s, experiments with mice showed that transplantation of marrow is possible.[3] The experiments initiated the era of bone marrow transplantation, and the first significant human marrow grafts in 1958.[4]

Thomas has characterized the ensuing period as follows: Phase I lasted approximately five years and was noted for its general lack of success. Phase II began at the end of 1968, and owed its evolution to advances in histocompatibility typing, extensive canine experimentation, and improved methods of patient support during transient marrow aplasia. The latter would include platelet and granulocyte transfusions, reverse isolation or laminar air flow techniques, and more effective antibiotics.

Dr. Lamping is assistant professor of medicine at Hahnemann Medical College and Hospital and director of the bone marrow transplant program at Hahnemann's Cancer Institute. Dr. Brodsky, associated with the Cancer Institute, is a professor of medicine at Hahnemann. Dr. Raub, formerly with the Cancer Institute, is currently associated with Robert Packer Hospital, Sayre. *The bone marrow transplantation discussed in this paper was supported by a Program Project and Medical Oncology Grant.*

Since 1969, major transplant centers have developed in Seattle, Boston, Baltimore, Los Angeles, and other cities, and have dealt primarily with end stage aplastic anemia and the acute leukemias. While preconditioning regimens for marrow recipients have varied from one institution to the next, the Seattle group, under the guidance of Thomas, *et al.*, has achieved a 20 percent long term survival figure for their series of leukemic patients. Their regimen includes Cytoxan 60 mg/kg on each of two successive days, plus some form of intrathecal CNS prophylactic

TABLE I
Leukocyte Counts Following Transplantation



chemotherapy. On the day of the transplant, 1000 rads of total body irradiation is delivered at a dose rate 5-6 rads/minute. Bone marrow from a donor who is human leukocyte antigens (HLA) identical and mixed lymphocyte culture (MLC) nonreactive is then infused intravenously. Between 400 and 800 cc of marrow is required. Thomas has presented an excellent review of the literature and summary of his results.[5, 6]

At Hahnemann Medical College and Hospital, marrow transplantations have been performed since January 1976. The following is a case report of our first patient who survived for 170 days before succumbing to recurrent acute leukemia.

Case report

A 19 year old white female, found to have acute lymphoblastic leukemia in July 1974, entered Hahnemann Medical College and Hospital on January 17, 1976, after her third relapse.

Complications encountered during the 18 months prior to the admission included interstitial pneumonitis in October 1974, occurring during a period of post-chemotherapy marrow suppression, and heptatitis in April 1975.

Because the duration of her most recent remission did not exceed three months, further chemotherapy had little to offer toward long term survival. Histocompatibility testing had shown the patient to be HLA identical and MLC nonreactive with a 10 year old male sibling.

Physical examination on admission showed generalized pallor and free ecchymoses over the lower extremities, but was otherwise unremarkable. Hemoglobin and hematocrit were 8.3 and 27 respectively. The white count was 5600 cells/cm^3 with a preponderance of lymphocytes and some blast forms. The platelet count was 19,000. A bone marrow aspirate revealed hypocellularity with frequent blastic forms. A lumbar puncture was normal.

Preparations were made to proceed with the transplant. On day −4, the patient was placed in total reverse isolation; cytoreductive chemotherapy consisting of Cytoxan 60 mg/kg was administered on this and the following day. In addition, 45 mg of cytosine arabinoside (Ara-C) were given intrathecally. On day 0, 1000 rads of total body irradiation (TBI) were administered.

Simultaneously, bone marrow was aspirated from the donor's anterior and posterior iliac crests under general anesthesia, with a yield of 525 cc (9.066×10^9 cells.) The marrow was filtered, added to a tissue culture medium according to the protocol as outlined by Thomas and Storb,[7] and given intravenously following TBI and reinstitution of reverse isolation. No immediate untoward effects were observed.

Following cytoreduction, TBI, and marrow infusion, a period of 9 to 21 days may elapse before the engrafted marrow begins to function. As Table I illustrates, our patient became essentially agranulocytic, with the total white blood count reaching a nadir of 11 cells/cm^3 on day 9. During this period, daily white cell transfusions, utilizing the Haemonetics continuous-flow centrifugation, were administered. This method, believed

(Continued on page 51.)

For your patients with osteoarthritis, the recommended initial dosage* is

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Indications and Usage: Nalfon is indicated for relief of the signs and symptoms of rheumatoid arthritis and osteoarthritis. It is indicated in the treatment of acute flares and exacerbations and in the long-term management of these diseases. The safety and effectiveness of Nalfon have not been established in those rheumatoid arthritis patients who are designated by the American Rheumatism Association as Functional Class IV (largely or wholly incapacitated with patient bedridden or confined to wheelchair, permitting little or no self-care).

Contraindications: Nalfon is contraindicated in patients who have shown hypersensitivity to it

Because the potential exists for cross-sensitivity to aspirin and other nonsteroidal, anti-inflammatory drugs, Nalfon should not be given to patients in whom aspirin and other nonsteroidal, anti-inflammatory drugs induce the symptoms of asthma, rhinitis, or urticaria

Warnings: Nalfon should be given under close supervision to patients with a history of upper-gastrointestinal-tract disease and only after the Adverse Reactions section has been consulted. Gastrointestinal bleeding, sometimes severe, has been reported in patients receiving Nalfon.

In patients with active rheumatoid arthritis or osteoarthritis who also have an active peptic ulcer, attempts should be made to treat the arthritis with nonulcerogenic drugs. If Nalfon must be given, the patient should be under close supervision for signs of ulcer perforation or severe gastrointestinal bleeding.

In subacute and chronic studies in rats, Nalfon caused interstitial nephritis, glomerulonephritis, and renal papillary necrosis. These abnormalities were dose related and began to appear at doses approximating the human dose. In chronic studies in monkeys, interstitial nephritis also occurred following administration of Nalfon. Although this was seen at doses considerably above the human dose, lower doses were not studied in this species. During the course of the clinical trials, one patient developed bilateral suppurative pyelonephritis, underwent laparotomy, went on to renal failure, and died with a diagnosis of septicemia and renal papillary necrosis. It is not known whether these events were drug related. A few patients developed mild elevations of the BUN during therapy with Nalfon. Since Nalfon is eliminated primarily by the kidney, the drug should not be administered to patients with significantly impaired renal function. It is desirable to perform periodic renal function tests in all patients receiving Nalfon.

Precautions: In chronic studies in rats, high doses of Nalfon caused elevation of serum transaminase and hepatocellular hypertrophy. In clinical trials, some patients developed elevation of serum transaminase, LDH, and alkaline phosphatase which persisted for some months and usually, but not always, declined despite continuation of the drug. The significance of this is unknown. It is recommended that periodic liver function tests be performed in patients receiving Nalfon and that the drug be discontinued if abnormalities occur.

The safety of this drug in pregnancy and lactation has not been established, and its use during these events is, therefore, not recommended. Reproduction studies have been performed in rats and rabbits. When fenoprofen was given to rats during pregnancy and continued to the time of labor, parturition was prolonged. Similar results have been found with other nonsteroidal, anti-inflammatory drugs which inhibit prostaglandin synthetase.

In-vitro studies have shown that fenoprofen, because of its affinity for albumin, may displace from their binding sites other drugs which are also albumin bound, and this may lead to drug interaction. Theoretically, fenoprofen, as well as other nonsteroidal, anti-inflammatory agents, could likewise be displaced. Patients receiving hydantoin, sulfonamides, or sulfonylureas should be observed for signs of toxicity to these drugs. In patients receiving coumarin-type anticoagulants, the addition of Nalfon to therapy could prolong the prothrombin time. Patients receiving both drugs should be under careful observation.

In patients receiving Nalfon® (fenoprofen calcium, Dista) and steroid concomitantly, any reduction of steroid dose should be gradual to avoid the possible complications of sudden steroid withdrawal

Patients with initial low hemoglobin values who are receiving long-term therapy with Nalfon should have a hemoglobin determination at reasonable intervals.

Peripheral edema has been observed in some patients taking Nalfon; therefore, Nalfon should be used with caution in patients with compromised cardiac function.

Studies to date have not shown changes in the eye attributed to administration of Nalfon. However, because of adverse eye findings in animal studies with some other nonsteroidal, anti-inflammatory drugs, it is recommended that ophthalmologic studies be carried out within a reasonable period of time after chronic therapy with Nalfon has been started and at periodic intervals thereafter

Since food decreases the blood levels of Nalfon, the drug should be given thirty minutes before or two hours after meals during the daytime.

When phenobarbital, which may enhance the metabolism of Nalfon, is added or withdrawn, dosage adjustment of Nalfon may be required.

Caution should be exercised by patients whose activities require alertness if they experience central-nervous-system side-effects from Nalfon.

Since the safety of Nalfon in patients with impaired hearing has not been established, these patients should have periodic tests of auditory function during chronic therapy with Nalfon.

Nalfon decreases platelet aggregation and may prolong bleeding time. Patients who may be adversely affected by prolongation of the bleeding time should be carefully observed when Nalfon is administered.

Adverse Reactions: *Digestive System*—The most common type of adverse reaction concerned the gastrointestinal system. Dyspepsia occurred most frequently, being observed in about one out of seven patients. Other adverse reactions, in descending order of frequency, were constipation, nausea, vomiting, abdominal pain, anorexia, occult blood in the stool, diarrhea, flatulence, and dry mouth.

Three instances of peptic ulceration and/or gastrointestinal hemorrhage that may have been due to the drug and four instances in which drug relationship was questionable were observed in 3,391 individuals to whom the drug was administered for periods of time ranging up to 165 weeks.

In less than 2 percent of patients, the drug was discontinued because of adverse gastrointestinal reactions.

Skin and Appendages—The most common adverse effect was pruritus, which was seen in about one out of ten patients. Other adverse reactions were rash, increased sweating, and urticaria.

In about 1 percent of patients, Nalfon was discontinued because of an adverse effect related to the skin.

Nervous System—The most frequent adverse reaction observed was somnolence, which occurred in about one out of seven patients. Other adverse effects, which occurred less frequently, were dizziness, tremor, confusion, and insomnia.

Nalfon was discontinued in less than 0.2 percent of patients because of these side-effects.

Special Senses—The most common adverse reaction was tinnitus, which was seen in about one out of ten patients. Other reactions observed, in descending order of frequency, were blurred vision and decreased hearing

In about 0.2 percent of patients, Nalfon was discontinued owing to adverse effects related to the special senses.

Cardiovascular—The most frequent adverse effect observed was palpitations. This was noted in about one out of twenty-five patients. Tachycardia was observed less frequently.

In less than 0.5 percent of patients, Nalfon was discontinued as a result of cardiovascular adverse reactions.

Laboratory—Anemia was noted in about one out of 500 patients. Therapy with Nalfon had to be discontinued in one patient because of anemia. Increase in alkaline phosphatase, LDH, and SGOT was observed (*see* Precautions).

Miscellaneous—Headache was seen in about one out of seven patients. Less frequently observed, in descending order of frequency, were nervousness, asthenia, dyspnea, peripheral edema, fatigue, malaise, and dysuria [031677]

Additional information available to the profession on request

DISTA

700452

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46206

(Continued from page 49.)

by many to be superior to other cell separator techniques, provides platelet and red cell support as well.[8]

On day 9, white cell transfusions were discontinued. On day 10, a bone marrow aspirate revealed the presence of precursors for all cell lines; later cytogenetic analysis revealed the male XY pattern.

The white count showed a progressive rise beginning on day 15. Absolute granulocytes exceeded 100 on day 17, 500 on day 20, and 1000 on day 32 (Table I).

Complications

The post-transplant period was complicated by several problems, which are outlined in Table II. Major therapeutic modalities are represented here as well. These problems are perhaps best considered in their rough chronological order.

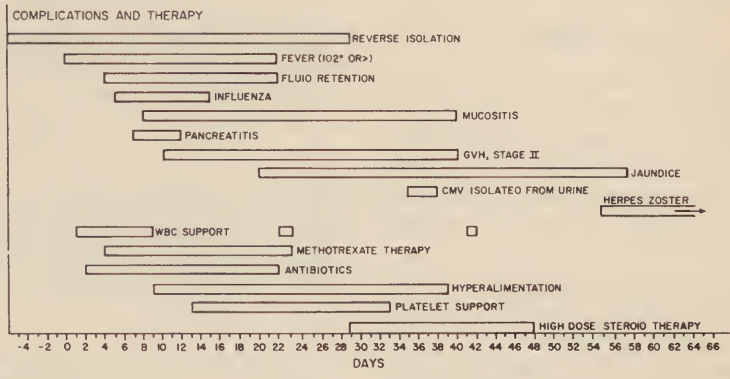
Infection

Because of the patient's enhanced susceptibility to infection and recurrent fevers to 39.7°, parenteral antibiotic therapy was begun on day 2, consisting of Keflin, Gentamicin, Carbenicillin, and Clindamycin. In addition the patient was placed on oral and topical antimicrobials from the onset of cytoreduction.

Approximately one week post-transplant, the patient developed a productive cough with onset of bilateral basilar rales, tussive rhonchi, and scattered wheezing. A chest film on day 5 showed increased interstitial markings with a migratory pattern appreciated on subsequent films. A nasopharyngeal culture obtained on day 8 was reported over two weeks later as positive for a myxovirus strain. State laboratory testing confirmed the presence of an influenza Victoria Strain A virus, a strong indication that the patient may have withstood an episode of viral pneumonia.

On day 35, a urine specimen was found to contain cytomegalovirus. One week following discharge on day 48 the patient developed cutaneous herpetic lesions on the buttocks. These lesions became partially disseminated, and the patient was readmitted for administration of Zoster immune plasma. Resolution began, and the patient was discharged following a three day hospitalization.

TABLE II
Complications Following Transplantation



Graft versus host disease

Graft versus host disease (GVHD) is a potentially lethal complication of bone marrow transplantation, and describes an immunologically mediated attack by donor lymphocytes against host tissue, especially the skin, liver, and gastrointestinal tract.[9] While the reaction is most severe in the histoincompatible donor and recipient, its incidence is 70 percent in persons matched at the previously described genetic loci, attesting to the presence of additional, as yet unidentified tissue antigens.[10]

Storb, *et al.*,[11] have devised a grading system of I through IV for establishing the severity of the graft versus host disease (GVHD). In grade I only the skin is involved, while in grade IV there is severe involvement of all three mentioned organ systems with a pronounced decrease in the patient's clinical performance. Grades II and III represent intermediate degrees of involvement.

Two major approaches have been employed in efforts to control or prevent GVHD. They are: (1) the selection of histocompatible donor; and (2) the use of immunosuppressive agents following a transplant. Methotrexate, primarily on the basis of its effectiveness in dogs, has been used extensively and with success in attempts to prevent or ameliorate GVHD in man.[12] In addition, the Seattle group has found anti-thymocyte globulin (ATG) to be effective in modifying the severity of GVHD once it has become manifest.[11]

The following measures were taken in the present case in attempting to modify the GVHD: (1) all blood products were irradiated with 1500 rads in order to destroy the highly radiosensitive lymphocytes which might contribute to GVHD; (2) methotrexate (MTX) was given as indicated in Table I. While Thomas, *et al.*, administer this drug in a prescribed fashion on days 1,3,6,11, and weekly thereafter to day 100, complications developed in our patient which precluded such a treatment course.

On day 12, a maculopetechial, erythematous, and slightly pruritic rash appeared on the patient's palms. By day 15, a similar pattern began to manifest itself on the soles of the feet and early GVHD was suspected. A skin biopsy of the left palm on day 19 yielded an equivocal diagnosis of GVHD, stage I. At day 23, the hands showed signs of improvement. However, by day 28, the feet showed increased erythema with a diffuse, confluent, macular rash which spared the inner arch of the foot. On day 37, the feet remained erythematous and the pedal digits were frankly swollen. An intravenous bolus of hydrocortisone phosphate resulted in dramatic improvement of the lesions within 24 hours.

Additional findings possibly related to the phenomenon known as GVHD included a transient macular rash on the nape of the neck, plus a persistent soreness of the tongue lasting up

to the time of discharge. The final diagnosis for our patient was GVHD, grade I-II, involving the skin and possibly the liver.

Liver disease

Shortly following TBI, marked hepatomegaly was noted. This correlated with a liver span of 15 centimeters and significant right upper quadrant tenderness. Scleral icterus developed on day 19 and was associated with a progressive rise in the serum glutamic oxaloacetic transaminase, serum glutamic pyruvic transaminase, serum bilirubin, and alkaline phosphatase. The possibility of GVHD in the liver was entertained, but the patient's otherwise good clinical performance coupled with her past history expanded the differential diagnosis to include TBI-induced hepatotoxicity, reactivated viral hepatitis, methotrexate or other drug-induced liver toxicity, or possible cytomegalovirus. Further administration of methotrexate was stopped.

On day 33, a liver biopsy yielded the diagnosis of toxic hepatitis with no pathologic changes suggestive of GVHD. High dose steroid therapy was begun. The total serum bilirubin peaked at 10.7 mg percent on day 40, as did the liver enzymes. Thereafter, a steady decline ensued, and the patient demonstrated subjective improvement. The alkaline phosphatase remained moderately elevated.

Discussion

Several aspects of this case warrant careful consideration regarding marrow transplantation in general. Major concerns in the post-grafting period include hemopoietic support, control of GVHD should it occur, prevention of infection, and adequate nutrition. The apparent episode of influenzal pneumonia in our patient is intriguing in that one can only speculate as to what role the granulocyte transfusions may have played in preventing superinfection or a less optimal outcome. It has been found that in dogs, granulocyte transfusions may be useful therapy in serious bacterial infections.[13] Conversely, Fortuny, *et al.*, found no advantage gained in a small series of leukemic, neutropenic patients.[14] The present case clearly indicates the need for continued investigation.

The resolution of the hepatic dysfunction following high dose steroid therapy raises the question: was there a GVHD component to the liver disease, and if so, was it ameliorated by the steroid treatment? Preexisting liver disease may be a key factor since our second patient has to date shown no derangement in liver function. (She received the same conditioning regimen prior to marrow transplantation.)

It is possible that the use of steroids in GVHD in a manner similar to that for methotrexate deserves further consideration. Steroids are known for their immunosuppressive effect, but in addition may cause enhanced susceptibility to infection via a granulocyte effect, an undesirable event in these patients. Methotrexate, while an effective immunosuppressant, is also uncomfortably toxic to a very young and vulnerable marrow graft through its widespread marrow suppression.

Our patient continued to do well for more than four months post-transplantation, at which time a complete blood count showed the following: hemoglobin 12.6; hematocrit 39; white blood count 8800, with 6072 granulocytes, and a platelet count of 200,000. A bone marrow aspirate was read as normal, with no blast forms. While she had apparently overcome the entity of GVHD, she remained susceptible to certain infections, in addition to the risk of recurrent leukemia.

Finally, Thomas has set at 30 percent the risk of recurrent leukemia in those patients surviving the immediate post-transplant period. While most of these cases appear to represent recurrent, or residual, leukemia in recipient cells, the first documented leukemic transformation of engrafted human marrow cells was reported in 1972.[15] The etiology of such a transformation is unknown. However, in both cases the donor remained free of disease, which argues for some host alteration which affects the donor cells in the same manner as it did the original host cells. This is a critical aspect of marrow transplantation and requires continued research.

In conclusion, bone marrow transplantation appears to be an increasing therapeutic modality in the treatment of the leukemias and aplastic anemias, and may provide an eventual answer to the etiology and possible cure of this disease. While it is currently limited to those individuals who possess a compatible (and usually related) donor, proposals have been made for a world bank of reactive marrow cells[16] and apparent successes have been observed in transplants between HLA compatible, unrelated donor and recipient. □

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Proceedings

Special Session of the House of Delegates

Camp Hill, April 17, 1977

(Secretary's Note: Affirmative action by the House on the recommendations of the Reference Committee was taken unless otherwise specifically reported.)

The House is called to order, April 17, 1977

The Speaker, D. Ernest Witt, M.D., called the House to order at 9:10 a.m., Sunday, April 17, 1977, in the Grand Ballroom of the Penn Harris Motor Inn, Camp Hill. The Speaker indicated that delegates should be aware of Resolution 72-5, which recommends that there be no smoking in the House of Delegates or reference committee hearings. The Chair called on George A. Rowland, M.D., chairman of the Board of Trustees of the Pennsylvania Medical Society, who offered the invocation. The Speaker then called on David A. Smith, M.D., Dauphin County, chairman of the Committee on Credentials, who reported that a quorum was present.

Announcements

Dr. Witt stated that the Chair wished to point out that Article VI, Section 3, of the Constitution states that "if any component society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern, or Resident member or members registered in attendance from that component society may elect himself or one delegate from their number, as the case may be, who shall be the representative of that component society and shall serve in the place of an accredited delegate."

Dr. Witt stated that the Chair also wished to remind the House that *only* duly seated delegates or their alternates have the privilege of being recognized during session. However, when the Reference Committee is in open hearing, anyone may be recognized.

Report of Committee on Rules

Gabriel M. Lizak, M.D., Schuylkill County, chairman of the Committee on Rules, presented the following written report:

"Mr. Speaker and members of the House of Delegates:

"The Committee on Rules met and unanimously recommends the adoption of the Standing Rules of the Special Session on Malpractice of the House of Delegates of the Pennsylvania Medical Society as contained in the delegates' packet, with the following correction.

"Under the second meeting of the House, the final item, number 5, should be changed from adjournment to recess. The Proceedings of the 1975 Special Session show that it was in fact recessed, not adjourned. It is our understanding that this was done so the House could be called back for just such emergencies. We believe this change is only a technical correction.

"Mr. Speaker, the Rules Committee recommends that the Standing Rules for the Special Session (Malpractice) be adopted with the technical correction, changing number 5 of the second session to recess rather than adjournment."

Standing Rule No. 1—Order of Business, Special Session

The first meeting of the House shall contain the items listed below, with the understanding that the Speaker may determine their order. First meeting:

1. Call to Order
2. Invocation
3. Credentials Committee Report
4. Reading of Official Call
5. Report of Special Committee on Rules
6. Announcements
7. Address of the President
8. Introduction of Reports and Resolutions
9. Introduction of Late Resolutions and Reports
10. Recess

The second meeting of the House will contain the items listed below with the understanding that the Speaker may determine their order. Second meeting:

1. Call to Order
2. Report of Committee on Credentials
3. Report of Reference Committee
4. Announcements
5. Adjournment

Standing Rule No. 2—Procedure For Submitting Resolutions (Revised for Special Session)

As mandated in Section 3 of Article VII of the Constitution, resolutions submitted for consideration by the Special Session of the House must pertain to the matter expressly stated in the Call to the Special Session.

Resolutions may be submitted at any time prior to the special meeting of the House. Those received prior to seven days before the session shall be duplicated and included in the mailing of agenda materials. Those which arrive after the mailing but prior to the opening of the House of Delegates shall be distributed at registration and require two-thirds favorable vote of the members of the House present and voting at the first meeting of the House to become the business of the House. Any resolutions submitted after the House of Delegates is convened will require a three-fourths favorable vote of the members of the House present and voting to become the business of the House. The foregoing rule shall not apply to substitute resolutions.

All resolutions must be introduced by a member of the House of Delegates acting in his own behalf or for the component county medical society or specialty he represents.

Resolutions emanating from, and approved by, the Board of Trustees may be submitted directly to the House of Delegates at any time prior to or during the session, at the discretion of the Speaker.

All resolutions are to be submitted to the Secretary of this Society in duplicate and should include the name of the author.

The Speaker of the House of Delegates during the session of the House shall have the right to declare any resolution out of order in accordance with the principles of Sturgis Standard Code of Parliamentary Procedure.

Standing Rule No. 3

The legal counsel and the executive vice president of this Society, or their designated representatives, shall review without the right of censorship each reference committee report and inform the chairman of the reference committee and the Speaker of any possible implicating statements or recommendations. This rule shall not prevent a reference committee from submitting any report that it deems proper.

Standing Rule No. 4—Actions of House in Effect Until Altered by House

Any resolution or other action of this House of Delegates shall remain in effect until countermanded or altered by the House of Delegates unless otherwise specified in the body of the original action taken by the House of Delegates.

Standing Rule No. 5—Procedure Regarding the Bullet Ballot

(Secretary's Note: This standing rule relates to balloting procedures for election of officers and was thus deemed irrelevant to the business of the Special Session.)

Standing Rule No. 6

At the option of the Speaker, the Chair will not recognize the motion to vote immediately or terminate debate as being "in order" if it is added at the conclusion of a significant discussion of the immediately pending question, or at least until one additional person waiting to speak has also had the opportunity to discuss the immediately pending question. Therefore, if the request to terminate debate is made at the conclusion of a significant discussion and declared "out of order" the motion would be considered "in order" after the opportunity had been given for at least one additional speaker of opposite persuasion to discuss the immediately pending question, in order for the House to hear both sides of every issue which comes to the floor for consideration.

Address of the President

William J. Kelly, M.D., Allegheny County, president, gave a brief report on the malpractice crisis. The report follows:

Members of the House of Delegates, officers of the Society, and guests, this is a historic day. It represents the first time in recent history that I have not been wading through my beloved streams of western Pennsylvania on the opening weekend of trout season. They told me when I accepted this job that there would be sacrifices, but this is ridiculous.

Nevertheless, duty calls and it is obvious to me, as I look around the room this morning, that we have all made sacrifices to be here. In all seriousness, the matters which will come before this House today are of great importance and require the same thoughtful, careful analysis as the medicine we practice every day.

When we began this battle three years ago, there was almost no Pennsylvania evidence upon which to make decisions. We were at the mercy of statistics from the Insurance Services Office (ISO) and from the experience of other states as it impacted on insurance companies doing business in Pennsylvania.

The Argonaut program in Pennsylvania has now generated data which are considered sufficiently mature to provide figures on which rational decisions can be made affecting Pennsylvania physicians. That is the reason for summoning you here this morning. We now have enough data on Argonaut's Pennsylvania claims to look at them in terms of at least the major counties and to raise questions as to whether or not the present territories should remain unchanged.

There is now also sufficient claims experience to re-evaluate the distribution of the total premium among the specialties.

These are broad fundamental questions affecting certainly every Argonaut policyholder (approximately 4,700 physicians), and eventually, perhaps, every physician in Pennsylvania. For that reason, it is necessary that the House of Delegates be called into session to hear firsthand the explanations of the new statistics by the experts and then for the House to make decisions reflecting the interests of all 14,000 members.

For some, the status quo may appear attractive, but the perpetuation of inequities ultimately will have a devisive effect. If there is one principle that we were taught in the AMA school of negotiations, it is that to be successful negotiators, your leaders must represent and speak for a cohesive, unified organization.

As your president, the one message I have for you this morning is to urge you to lay aside local and specialty

interests and to seek to form a consensus which distributes this great malpractice insurance burden more evenly across the state. This is the time to think of ourselves not as orthopods, or anesthesiologists, or family practitioners, or internists, but as physicians. We must seize this opportunity and demonstrate to the insurance industry and to the legislature that we stand together as doctors.

As your discussions proceed this morning, I hope you will bear in mind the priorities as offered to you by the Board of Trustees. Of greatest import for the House this morning are decisions on the new territories and the class relativities. With regard to these two variables, a full range of possibilities is open to the House.

Such is not the case with the 70 percent rate filing. By contract the Commission on Professional Liability Insurance is obligated to cooperate with and assist Argonaut in the promulgation of adequate rates. The Commission on Professional Liability Insurance has spent many hours on this rate filing assisted by our independent actuary. The commission has conceded that some rate relief for Argonaut is probably necessary. Because the range of "reasonableness" is so wide, the commission has determined not to cite any specific figures. Instead it lays the burden on those responsible for determining rates, namely the Insurance Department. The Society has, however, participated in the hearings and commented when necessary.

While I am sure some of you will wish to testify regarding the 70 percent rate filing, bear in mind that this House is limited in the action that it can take on the rate filing, particularly in view of the pending $25 million dollar suit against the Society. Nevertheless, it may be that some of the testimony given here at the House of Delegates meeting will be useful later in the rate hearings. For that reason, I would encourage you to speak your mind and get your thoughts on the record.

Finally, the staff tells me that they have a car standing by loaded with fishing equipment, ready to whisk me down to the Conodoguinet as soon as the speaker has recessed the House this afternoon. So that while I hope each of you will speak his mind, I also hope that you will do it succinctly.

Reading of Official Call

Dr. Witt reviewed the Official Call to this Special Session of the House of Delegates, as contained in a letter from Dr. G. Winfield Yarnall, dated March 22, 1977. This letter stated in part, "specifically, this Special Session will deal with matters contained in the Argonaut Insurance Company's rate filing pending before the Insurance Commissioner, including:

1. The Argonaut proposal to increase from two to four the number of territories now used in the rate-making process.
2. A proposed change in the relationship of premium to risk categories (called relativity) which would have the effect of low risk physicians carrying a larger share of the proposed premium increase than high risk physicians.
3. The proposed 70 percent rate increase itself."

Dr. Witt emphasized the Chair's intention to keep these limitations in mind, that this Special Session is devoted exclusively to these considerations.

Acceptance of Reports and Resolutions

The report to the Special Session of the House of Delegates submitted by the Board of Trustees and Councilors, as contained in the delegates' packet, was accepted as the official business of the House.

Acceptance of Resolutions

The following resolution was received for submission to the Special Session and, as specified in Standing Rule No. 2, required a two-thirds vote to be introduced as the business of the House.

Resolution 77-S-1: Loss Reserves.

(Secretary's Note: The above-listed resolution received the necessary two-thirds vote and was accepted as the business of the House.)

Announcements

Dr. Witt drew the attention of the House to the membership of the special reference committee, as reported on a list contained in the delegates' packet.

Recess

Following the introduction of the reference committee, the Chair announced that the House would be put into recess and reconvene immediately for the reference committee hearing.

Report of Special Reference Committee

The Speaker recognized R. Robert Tyson, M.D., Philadelphia County, chairman of the Reference Committee. Dr. Tyson stated that the Reference Committee wishes to add a phrase to the report under the section entitled, "Proposed Territorial Changes." That part now reads, "Mr. Speaker, your Reference Committee heard considerable discussion concerning the advantages of a single territory for Pennsylvania versus the four (4) territories suggested by the Commission on Professional Liability Insurance. Your Reference Committee felt that the testimony was in favor of four territories as outlined by the Commission and Argonaut's filing; however, we are intrigued by the idea of one (1) territory regrouping or multiple territories.

"Mr. Speaker, your Reference Committee recommends disapproval of the 70 percent rate increase requested by the Argonaut Insurance Company.

"Mr. Speaker, your Reference Committee recommends approval of the change in class relativities to 7-1 as recommended by the Argonaut Insurance Company and the Commission on Professional Liability Insurance.

"Mr. Speaker, your Reference Committee recommends that the relativities be studied and updated at appropriate intervals as deemed by the PMS Commission on Professional Liability Insurance.

"Mr. Speaker, your Reference Committee recommends approval of the recommendation for four (4) territories as outlined by the Argonaut Insurance Company and the

Commission on Professional Liability Insurance."

A motion was made from the floor that the recommendation be amended by adding that Montgomery County be associated territorially with Bucks and Chester Counties and withdraw from Philadelphia and Delaware Counties. This motion was tabled.

"Mr. Speaker, your Reference Committee recommends that further investigation be made of the effect of one (1) territory for the State of Pennsylvania, of more than four (4) territories in the state, and the possible regrouping of the presently proposed territories and that the Commission report back to the House of Delegates at its October 1977 meeting.

"Mr. Speaker, your Reference Committee recommends approval of Resolution 77-S-1 as amended."

A motion was made from the floor to approve Resolution 77-S-1, with the addition of the following resolved:

"*RESOLVED,* That the Argonaut Insurance Company be requested and required to make a full public disclosure of its records bearing upon the financial soundness of the company and of its financial relationship with Tele-Dyne Financial Corporation and Tele-Dyne Company."

This recommendation was approved by the House of Delegates. A resolution was read from the floor of the House by John Helwig, Jr., M.D., of the Philadelphia County Medical Society, for the approval of the House. The resolution reads as follows:

"WHEREAS, David S. Masland, M.D., the Ad Hoc Committee on Malpractice Insurance, and the Board of Trustees of the Pennsylvania Medical Society have been enjoined in a $25 million suit; and

"WHEREAS, This litigation has resulted from their excellent and untiring efforts to maintain the highest quality of care for the people of Pennsylvania at the lowest possible cost; and

"WHEREAS, These efforts have been in behalf of all physicians in their quest to provide optimal health and medical care; therefore be it

"*RESOLVED,* That the House go on record as giving its highest commendation to these leaders who have given so much to the cause of organized medicine."

Announcements

The Speaker expressed the gratitude of the House to the Reference Committee for its work in preparing the report.

Adjournment

It was properly moved and seconded that the Special Session of the House of Delegates be recessed. The motion passed by acclamation. The Special Session of the House of Delegates adjourned at 3:20 p.m.

Respectfully submitted,

D. Ernest Witt, M.D.
Speaker

Donald E. Harrop, M.D.
Vice Speaker

G. Winfield Yarnall, M.D.
Secretary

Barbara M. Starr
Assistant Secretary

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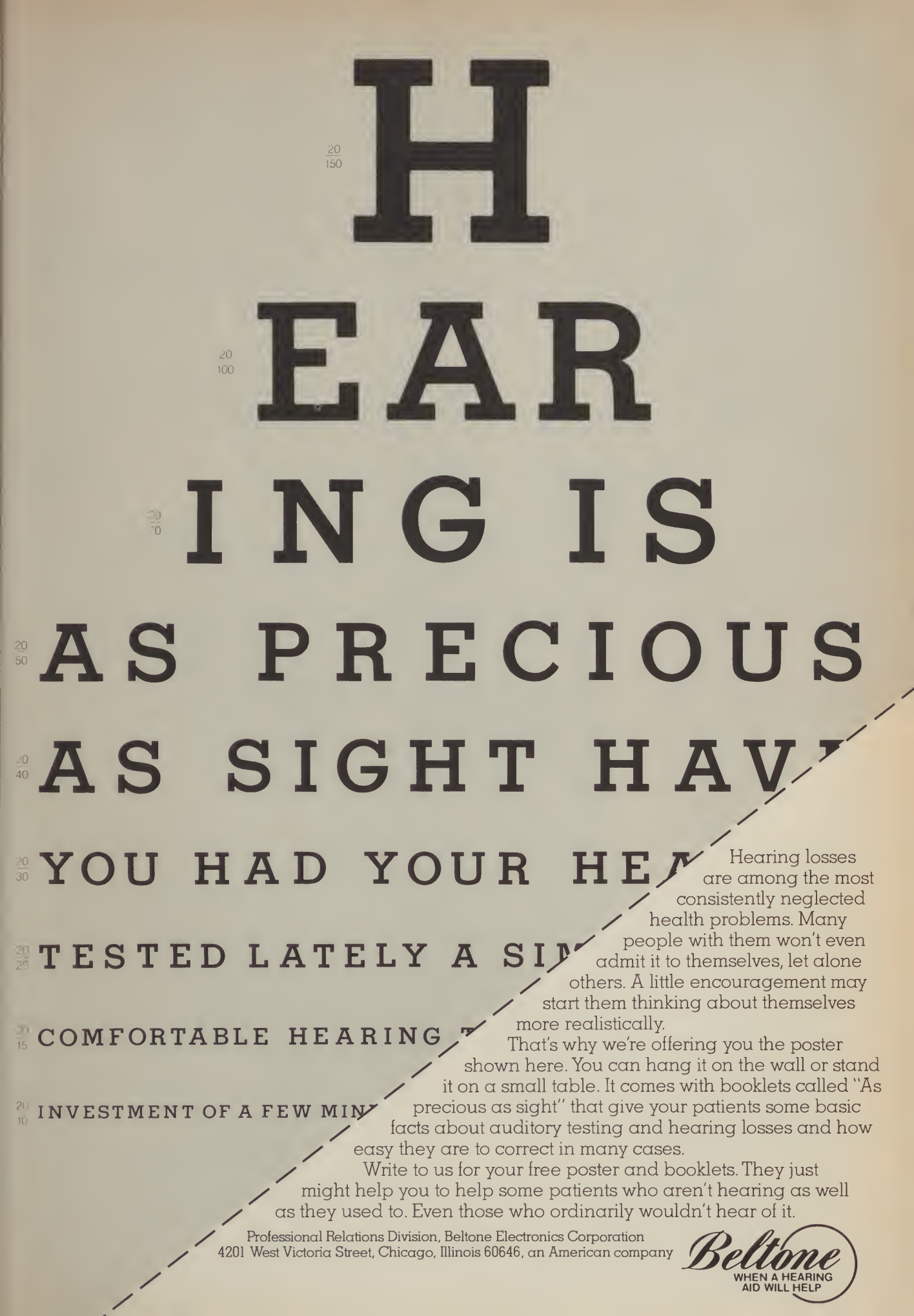
The Pennsylvania State University
The Milton S. Hershey Medical Center
Hershey, PA 17033
(717) 534-8898

education

This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.



Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

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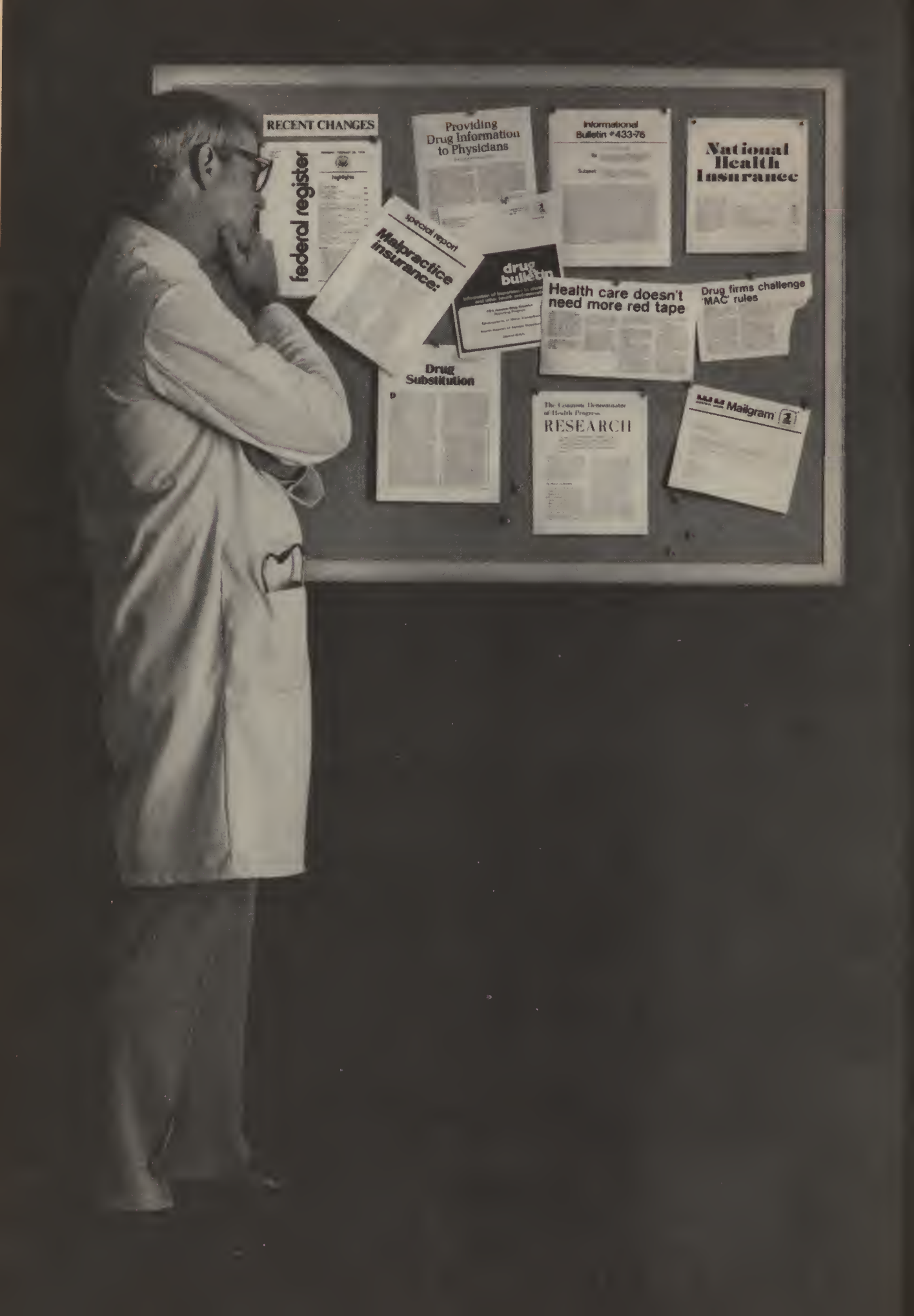
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Drug firms challenge 'MAC' rules
Drug Substitution
The Common Denominator of Health Progress
RESEARCH
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THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

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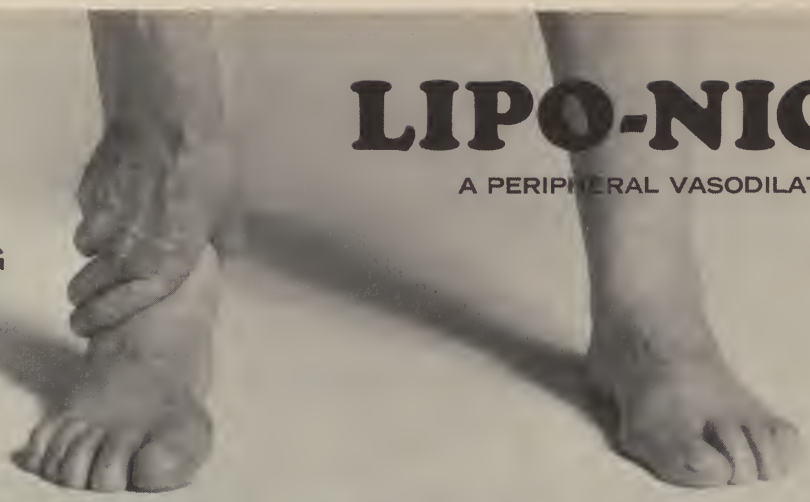

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AVAILABLE: Bottles of 100, 500, 1000.

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Each yellow tablet contains:
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Riboflavin (B-2) ..... 2 mg.
Pyridoxine HCL (B-6).. 10 mg.
DOSE: 1 to 3 tablets daily.
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RECOMMENDED GERIATRIC DOSAGE: One capsule three times daily adjusted to the individual patient.
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Orthopedic Surgeon Wanted—Associates for well established Orthopedic Clinic in Eastern Pennsylvania. First year, salary plus percentage. Partnership after one year. Board eligibility required. No investment needed. Write Department 709, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

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Surgical Resident Wanted—Unexpected opening at P.G.Y.-2 level starting July 1, 1977. Non-pyramidal program. Call D. A. DeLaurentis, M.D., Director, Department of Surgery, Pennsylvania Hospital, Philadelphia, PA 19107.

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Millersville State College is seeking a second physician to work full time in the college infirmary. Staff consists of the director of health services and six full time nurses. The infirmary is a fully equipped 23 bed facility, located in the center of campus. The student body consists of approximately 4,450 F.T. undergraduates, 700 P.T. undergraduates, and 1,200 P.T. graduate students. Millersville State College is located in the heart of the Pennsylvania Dutch Country, approximately 3 miles from the city of Lancaster, Pa. Applicants should apply by July 15, 1977, to: F. W. McLaughlin, M.D., Director of Health Services, Millersville State College, Millersville, PA 17551. Millersville State College is an Equal Opportunity/Affirmative Action Employer.

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Occupational Medicine Opportunity—The Bettis Atomic Power Laboratory, a division of Westinghouse Electric Corporation, one of the nation's leading design and development centers of nuclear reactors, has an immediate opening for an occupational health physician to serve as the assistant to the medical director. Position requires experience in a full range of occupational health activities including periodic examinations oriented to control of radiation exposure, occupational disability care, health

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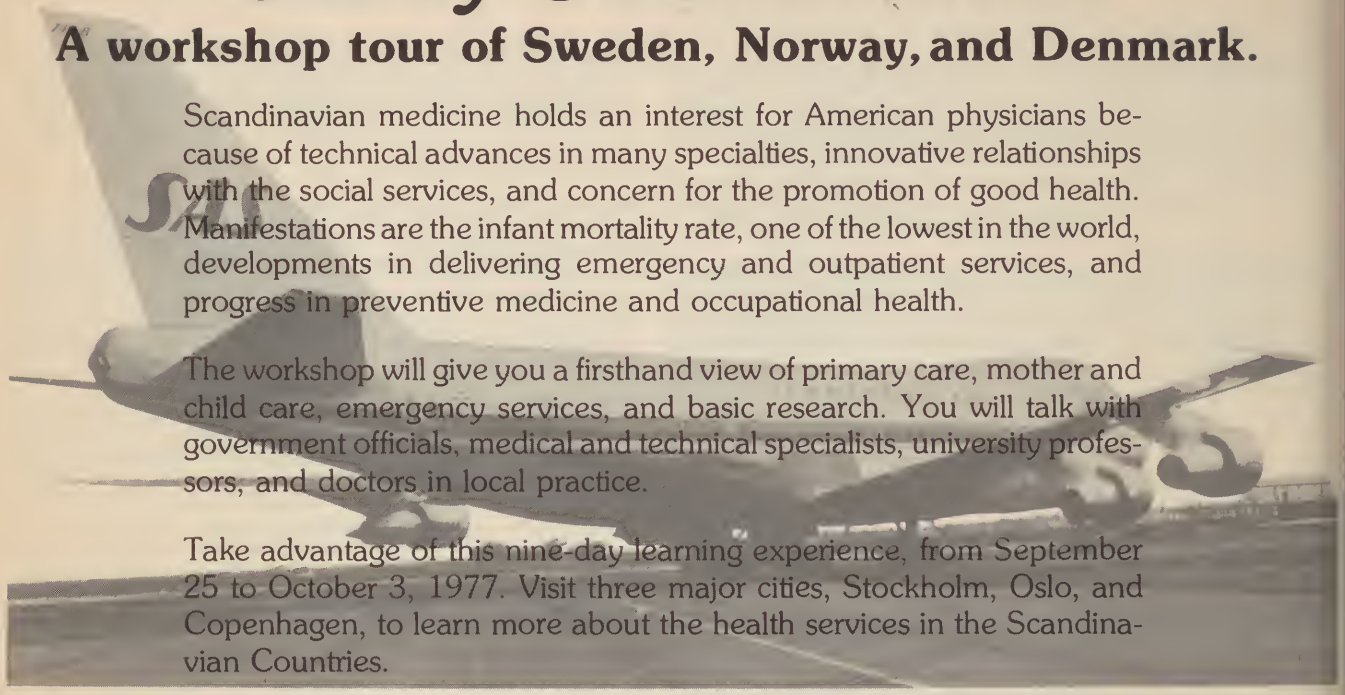
A workshop tour of Sweden, Norway, and Denmark.



Scandinavian medicine holds an interest for American physicians because of technical advances in many specialties, innovative relationships with the social services, and concern for the promotion of good health. Manifestations are the infant mortality rate, one of the lowest in the world, developments in delivering emergency and outpatient services, and progress in preventive medicine and occupational health.

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Before prescribing, please consult complete product information, a summary of which follows:

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii.* **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

The recommended quantitative disc susceptibility method (*Federal Register,* 37:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see back cover.

Her next attack of cystitis may require

the Bactrim™ 3-system counterattack

ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of Bactrim diffuses into vaginal fluid in effective concentrations, thus combating migration of pathogens into the urethra.

Studies have shown that Bactrim acts against *Enterobacteriaceae* in the bowel without the emergence of resistant organisms. Thus, Bactrim reduces the risk of introital colonization by fecal uropathogens. It has *no* significant effect on other normal, necessary intestinal flora.

Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal tract

Please see reverse side for summary of product information.

2946

Pennsylvania Medicine

Vol. 80, No. 7 JULY 1977

MEDICAL MALPRACTICE SURVIVAL KIT FOR PHYSICIANS

NATIONAL LIBRARY OF MEDICINE

A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

medigram

ARGONAUT GRANTED 23.6 PERCENT RATE INCREASE Insurance Commissioner William J. Sheppard approved June 28 a 23.6 percent rate increase for professional liability insurance to the Argonaut Insurance Co., the first since April 1975. It will produce $2.6 million, approximately one-third of Argonaut's original request, which Sheppard denied. After the denial of the 70 percent rate increase, Argonaut refiled for a 31 percent increase. State Society actuaries discovered an error in the Argonaut calculations and initiated discussions with Argonaut actuaries. Following the discussions Argonaut refiled for 23.6 percent. Commissioner Sheppard granted this request, disregarding a State Society intervention petition. In response to a strongly worded letter from John F. Rineman, PMS executive vice president, pointing out the "major and costly role" PMS has played in Insurance Department proceedings over the past two years, Sheppard said, "It is quite clear from the record that the Pennsylvania Medical Society has been an effective and aggressive advocate for the medical profession." He added, "I also wish to acknowledge the very competent technical analysis your staff has provided the Department." In rejecting Argonaut's 70 percent rate increase filing, Sheppard cited testimony presented by the Society's actuaries, Woodward and Fondiller, who determined Argonaut's reserving practices "unique in the industry."

PHYSICIAN'S ASSISTANT BILL PASSES SENATE In a 40-7 vote, the Pennsylvania Senate June 22 passed the Society supported bill to place physician's assistants under the jurisdiction of the State Board of Medical Education and Licensure. A Society proposed amendment permits the continuation of the practice of physician delegation to technicians as it is now. This was done because optometrists succeeded with an amendment prohibiting PAs from performing eye refraction, and it is important to ophthalmologists. The bill was sent to the House of Representatives where it was referred to the Health and Welfare Committee.

STATE SENATE PASSES LAETRILE BILL The Senate July 11 passed S-901, the bill which would legalize the manufacture and sale of laetrile in Pennsylvania. The bill says there shall be no forbidding its use "as an adjunct to recognized, customary, or accepted modes of therapy in the treatment of any malignancy. . .or physical condition when it is prescribed or administered by a physician." The House of Representatives has its own version of the bill now under study in the Committee on Health and Welfare.

GENERIC LAW GRACE PERIOD ENDS AUGUST 8 After August 8 prescription pads must have printed, typewritten, or rubber stamped on them the language shown here. Until then the words may be handwritten.

Do Not Substitute / Substitution Permissible

Secretary of Health Leonard Bachman, M.D., has announced the deletion of the following drugs from the Generic Act Formulary: Theophylline/Guaifensin (capsules), Triamcinolone Acetonide (injectable suspension), Amitriptyline HCL/Perphenazine (tablets), and Diethylproprion HCL (tablets).

GALLUP POLL RETURNS NEEDED All physicians who received the Society's questionnaire through the Gallup Poll are urged to complete it and return it immediately. The results are vital to demonstrate the effect of the malpractice insurance crisis to the Legislature. Anonymity is guaranteed and every response is needed.

IMPAIRED PHYSICIAN COMMITTEE MEETS The Society's Committee on the Impaired Physician met with the State Board of Medical Education and Licensure June 14 to seek state funding to launch a program to aid physicians impaired by drug or alcohol dependence. On the committee are Edward J. Resnick, M.D., Philadelphia; Abram M. Hostetter, M.D., Hershey; and Abraham J. Twerski, M.D., Pittsburgh. Negotiations with the State Board will continue in September.

ACT 111 ARBITRATION CASES PENDING Almost 200 malpractice cases have been filed for arbitration but none have been heard as yet. Some conciliation meetings have been held. The first settlement using the Medical Professional Catastrophe Loss Fund saw Marlene Baumiller of Pittsburgh receive $100,000 from the insurance carrier for Robert Casella, M.D., $25,000 from Pittsburgh Podiatry Hospital, and $225,000 from the CAT Fund. In Philadelphia Court of Common Pleas the first decision on the constitutionality of the mandatory arbitration system of Act 111 is near. The State Society filed an amicus curiae brief, and Ronald M. Bachman, the Society's director of economic affairs, testified.

SOCIETY LAUNCHES NEW BENEFITS PROGRAM The Society's newest benefit, "Memberloan," was launched in June. Developed by the Council on Professional Relations and Services and approved by the Board, it offers loans from $5,000 to $25,000 with no collateral required.

MA PROGRAM TO BE COMPUTERIZED Welfare Secretary Frank S. Beal has announced that the Department of Public Welfare has awarded a contract to Touche Rossto to design and develop a Medical Assistance Management Informatio System (MAMIS). The computerized system will require six months of design work. It is expected to handle 19 million medical invoices annually. The contract is 90 percent federally funded.

HOSPITAL REGULATIONS COMMITTEE MEETS Heeding a call from the PMS Board of Trustees, Secretary of Health Leonard Bachman, M.D., called together representatives of ten organizations to iron out differences on the proposed hospital regulations. Final comments were discussed by the group which included the State Society, the Hospital Association of Pennsylvania, and the Pennsylvania Osteopathic Medical Association. As a result of the meeting, the Department of Health expects to publish the regulations in final form as early as September, but the advisory committee was told they would be called upon to make any revisions which might be necessary.

AMA APPROVES PMS EXPERT WITNESS RESOLUTION The AMA House of Delegates meeting in June in San Francisco approved the expert witness resolution which the Pennsylvania delegation has worked to see passed since the Philadelphia meeting in 1976. The final revised resolution received "much favorable testimony" according to the report of Reference Committee H, and was adopted as reported by the committee chaired by Matthew Marshall, Jr., M.D., of Pittsburgh. The AMA House elected William Y. Rial, M.D., of Swarthmore, speaker of the House of Delegates, and re-elected James Snow, M.D., of Philadelphia, to the Council on Scientific Affairs.

Pennsylvania Medicine

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JULY 1977 Volume 80, Number 7

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11 Benjamin Rush awardees honored at conference — *also see page 27*

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Medrol® 4 mg Dosepak*

methylprednisolone, Upjohn

The explicit printed dosage instructions that accompany each Dosepak make it easy for the patient to understand and follow the dosage regimen.

*Trademark

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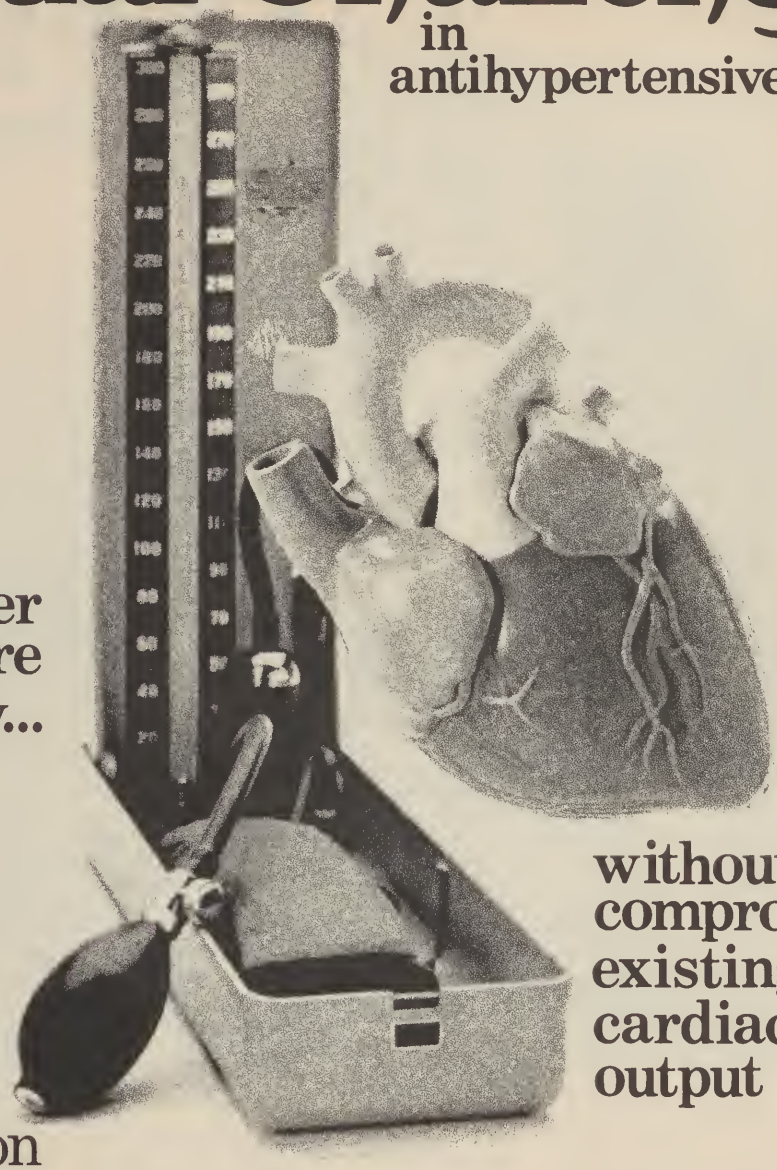
A Dual Challenge

in antihypertensive therapy



to lower blood pressure effectively...

without compromising existing cardiac output

in hypertension

TABLETS: 250 mg, 500 mg, and 125 mg

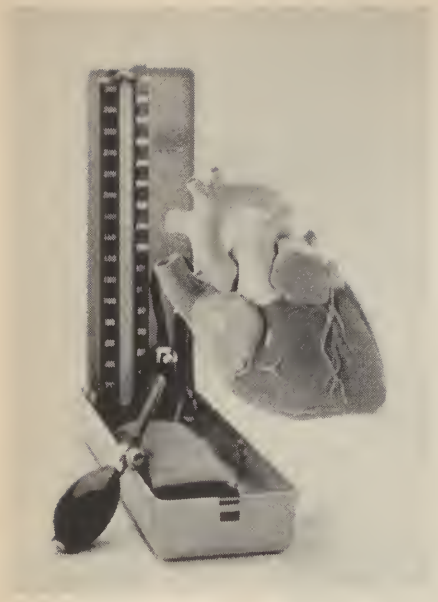
ALDOMET® (METHYLDOPA | MSD)

helps lower blood pressure effectively... usually with no direct effect on cardiac function–cardiac output is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders.
It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

For a brief summary of prescribing information, please see following page.

MSD
MERCK SHARP & DOHME



in hypertension

ALDOMET®

(METHYLDOPA|MSD)

helps lower blood pressure effectively... usually with no direct effect on cardiac function– cardiac output is usually maintained

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

Adverse Reactions: *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

Gastrointestinal: Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundice, liver disorders.

Hematologic: Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

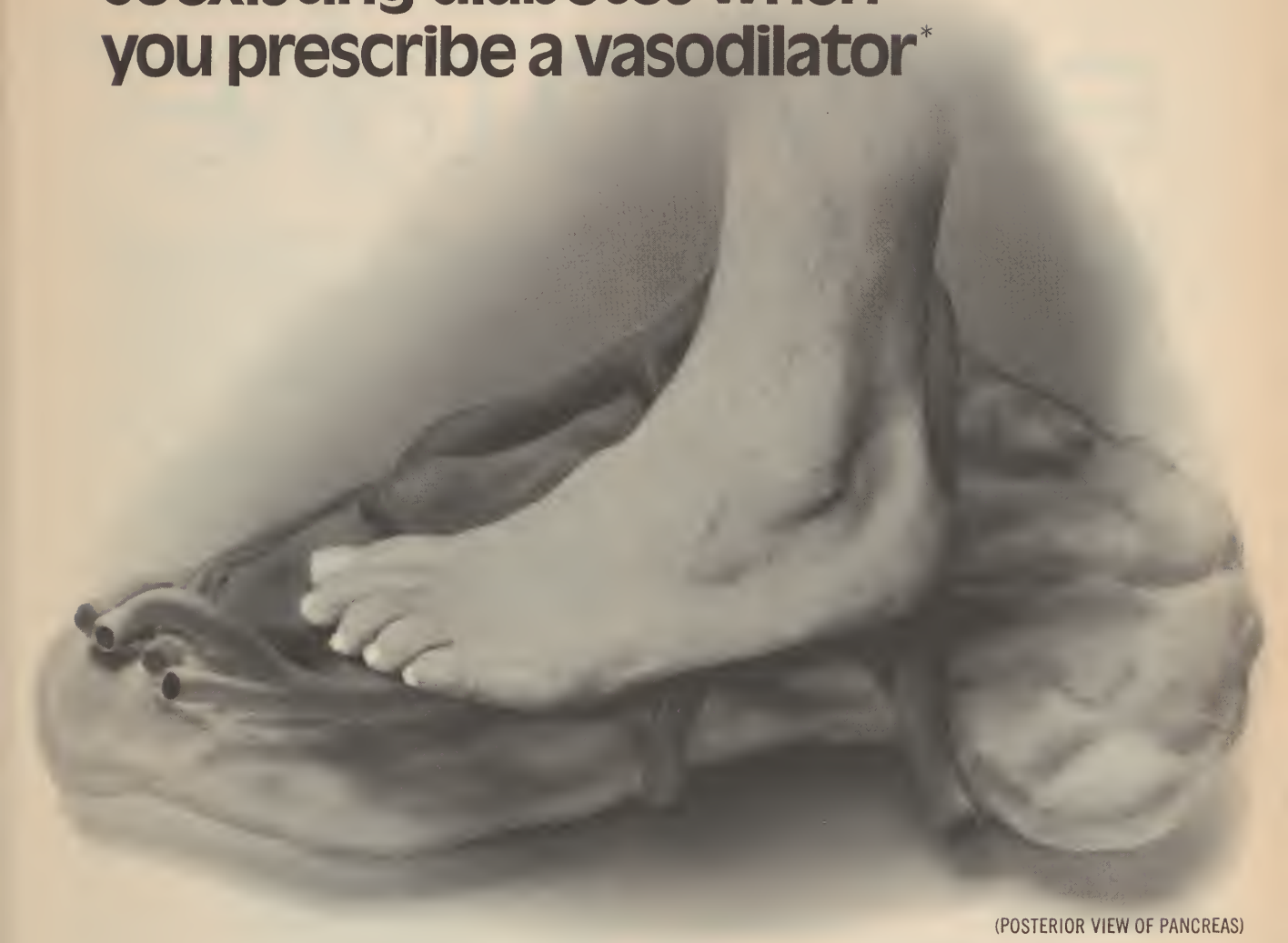
Note: Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486 J6AM07(707)

MSD MERCK SHARP & DOHME

consider the effect on coexisting diabetes when you prescribe a vasodilator*



(POSTERIOR VIEW OF PANCREAS)

no interference in the management of the diabetic patient has been reported with

VASODILAN®
(ISOXSUPRINE HCl)

the compatible vasodilator TABLETS, 20 mg.

***Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily.
Intramuscular: 5 to 10 mg.(1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

U.S. Pat No. 3,056,836

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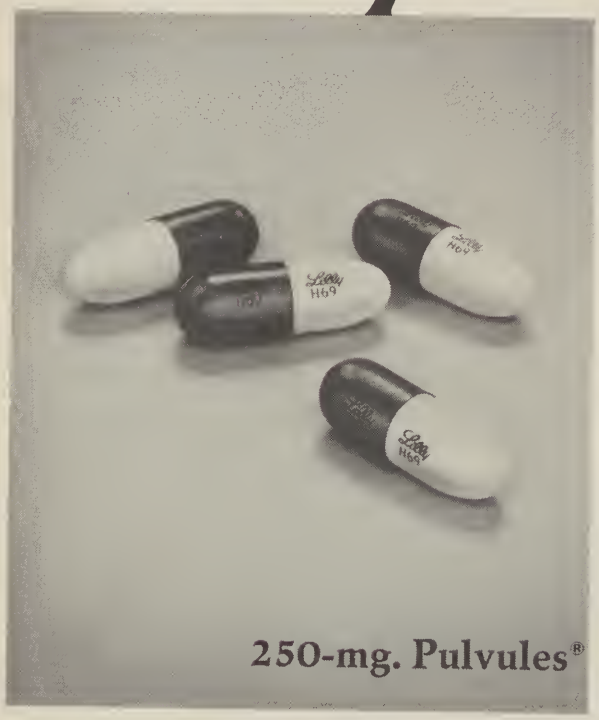

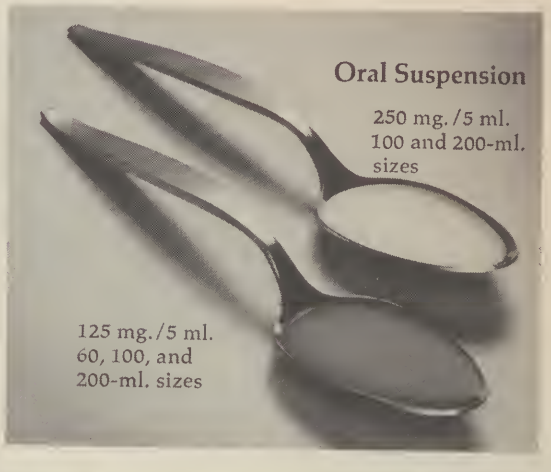

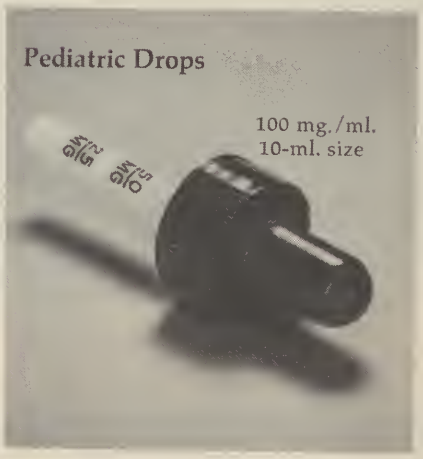

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State's medical schools graduate 1019 in 1977

Jefferson Medical College

During a ceremony held June 10, 212 graduates of Jefferson Medical College, Thomas Jefferson University, received medical degrees.

The graduating class included 36 women. More than half of the 212 graduates plan to enter some area of primary care.

Thomas Jefferson University awarded three honorary degrees including: two doctor of humane letters degrees to Derek E. Denny-Brown, M.D., emeritus professor of neurology at Harvard University School of Medicine, and Millard E. Gladfelter, Ph.D., chancellor of Temple University; and a doctor of science degree to Hobart A. Reimann, M.D., professor of medicine and associate director of medical affairs at Hahnemann Medical College and Hospital.

University of Pittsburgh

Gerhard Werner, M.D., dean, presented diplomas to 19 women and 108 men at graduation exercises of the University of Pittsburgh School of Medicine May 26 at Carnegie Music Hall.

Among the graduates was George "Doc" Medich, former Pittsburgh Pirates pitcher, presently with the Oakland Athletics.

C. H. William Ruhe, M.D., delivered the commencement address. Dr. Ruhe, a graduate of Pitt's medical school, is senior vice president for scientific activities of the American Medical Association.

Advanced degrees in basic medical sciences which were presented at separate ceremonies consisted of 12 Ph.D.s and six M.S.s.

Hahnemann Medical College

Doctor of medicine degrees awarded June 2 by Hahnemann Medical College and Hospital totalled 157, 27 of which were earned by women.

Advanced degrees in the medical sciences awarded during the commencement ceremony were eight doctor of philosophy, seven doctor of psychology, and 75 master of science degrees.

The commencement address was given by Paul G. Rogers, LL.D., D.Sc, representative (D-Florida) to the U.S. Congress, who received an honorary doctor of humane letters degree. Britton Chance, Ph.D., D. Sc., director of the Johnson Research Foundation of the University of Pennsylvania, and Baruch S. Blumberg, M.D., Ph.D., associate director for clinical research of the Institute for Cancer Research, received honorary doctor of science degrees.

Temple University

The 176 members of the 74th graduating class of Temple University School of Medicine received diplomas May 26. The class consisted of 142 men and 34 women; 105 members plan to enter primary care, 93 percent of whom plan to stay in the state.

Clifford D. Lader, Philadelphia, won the Joseph C. Doane Memorial Prize as the graduate who maintained the highest average during the four years of medical school.

Temple's School of Pharmacy awarded degrees to 122 students while the College of Allied Health Professions conferred 28 degrees in occupational therapy, 37 degrees in physical therapy, and 12 degrees in medical technology.

University of Pennsylvania

The University of Pennsylvania School of Medicine awarded medical degrees to 133 men and 36 women during ceremonies held May 22.

Frank Slovick, M.D., Oakdale, won the school's top prize, the Spencer Morris Prize, for overall excellence.

Senator Hubert H. Humphrey received an honorary doctor of laws degree and delivered the

(Continued on next page)

EUGENE P. PENDERGRASS, M.D., second from left, received the honorary degree of doctor of humane letters from the University of Pennsylvania School of Medicine. Martin Meyerson, second from right, president of the university, announced the department of radiology's establishment of the Eugene P. Pendergrass professorship in radiology. Dr. Pendergrass is a past president of the American College of Radiology, the Radiological Society of North America, and the American Cancer Society, all of which have awarded gold medals to him. In 1970, he received the State Society's Distinguished Service Award. Joining Mr. Meyerson in honoring Dr. Pendergrass were Dr. Edward J. Stemmler, left, dean of the school of medicine, and Dr. Eliot Stellar, provost of the university.

Blue Shield discontinues some routine payments

Pennsylvania Blue Shield has deleted certain questionable diagnostic and surgical procedures from its list of services for which it makes routine payment. Deletion, effective April 1, means that physicians must obtain prior Blue Shield approval for the procedure before payment will be considered.

A study begun by the Blue Shield Association in November 1976 showed that some services are obsolete or have been discredited. The study led to the decision by the Blue Shield Association to discontinue payment for those services. The other Blue Shield plans in the nation will stop payment individually during the coming months.

The questionable procedures for which Pennsylvania Blue Shield now denies payment are:

- Nephropexy.
- Uterine suspension.
- Uterine suspension with presacral sympathectomy.
- Sympathectomy, lumbar (when used to treat hypertension).
- Basal metabolic rate.

In addition to those above, the procedures for which payment will be denied in coming months follow.

Surgical procedures

- Ligation of internal mammary arteries, unilateral or bilateral.
- Radical hemorrhoidectomy, whitehead type.
- Omentopexy
- Kidney decapsulation, unilateral and bilateral.
- Perirenal insufflation.
- Circumcision, female.
- Hysterotomy.
- Supracervical hysterectomy.
- Hypogastric or presacral neurectomy.
- Fascia lata by stripper (when used to treat lower back pain).
- Fascia lata by incision (when used to treat lower back pain).
- Ligation of femoral vein, unilateral and bilateral (when used to treat postphlebitic syndrome).
- Excision of carotid body tumor (when used to treat asthma).
- Sympathectomy, thoracolumbar, unilateral or bilateral (when used to treat hypertension).

Diagnostic procedures

- Protein bound iodine.
- Icterus index.
- Ballistocardiogram.
- Phonocardiogram with interpretation and report.
- Angiocardiography using carbon dioxide, supervision and interpretation only.
- Angiocardiography, single plane, supervision and interpretation only and in conjunction with cineradiography.
- Angiocardiography, multiplane supervision and interpretation only and in conjunction with cineradiography.
- Angiography-coronary, unilateral, selective injection, supervision, and interpretation only, single view unless in an emergency.
- Angiography extremity.

Graduations held

(Continued from preceding page)

commencement address on the subject of U. S. foreign relations.

Eugene P. Pendergrass, M.D., a former chairman of the school's department of radiology, received an honorary degree of doctor of humane letters. In honor of his contributions, the department of radiology established an endowed professorship, the Eugene P. Pendergrass professorship of radiology, which was announced during the graduation.

The following doctorates in the biological and medical sciences were conferred during the ceremony: four in anatomy; nine in biochemistry; seven in biology; two in biophysics; three in immunology; three in microbiology; five in molecular biology; two in parapsychology; four in pathology; one in pharmacology; one in physiology; and six in psychology.

Hershey Medical Center

The Pennsylvania State University College of Medicine at The Milton S. Hershey Medical Center awarded 83 medical degrees during its seventh graduation held May 21 in Founders Hall of the Milton Hershey School.

The new physicians raise the total of M.D. degrees awarded to 427 since 1971. Of the 83 graduates, 87 percent are Pennsylvanians, 15 are women, and 34 plan to remain in Pennsylvania for their residency training.

Six scientists who received M.S.s and Ph.D.s bring to 77 the total number of graduate degrees in medical sciences conferred by Hershey. The degrees include two Ph.D.s in microbiology, one Ph.D. in physiology, and M.S.s in

Dr. Edward W. Eddy, president of Chatham College and provost-designate of Penn State, delivered the commencement address.

Medical College of Pennsylvania

The Medical College of Pennsylvania (MCP) awarded medical degrees to 95 graduates during its 125th commencement held May 28 in the Academy of Music, Philadelphia.

In addition to the medical degrees, the college awarded one Ph.D. in microbiology and two M.S.s in medical technology.

An honorary doctor of science degree was awarded to Nobel Prize winner Baruch S. Blumberg, M.D., Ph.D., who addressed the students on the subject of biological and learned differences between men and women.

Other honorary degrees went to Waldo Nelson, M.D., emeritus professor of pediatrics at MCP, who received a doctor of medical science degree, and Dorothy Weeks, Ph.D., formerly on the MCP faculty, who received the degree of doctor of science.

Benjamin Rush awardees honored at conference

A former heart surgery patient and a hospital auxiliary group received Benjamin Rush Awards from the State Society during the 1977 Officers' Conference Banquet held April 13 in Hershey.

Mr. Franklin P. Smith of Latrobe received the individual Rush award for organizing a chapter of the National Mended Hearts, Inc., a group whose main function is to visit pre- and post-operative heart patients to share heart surgery experiences and offer hope and encouragement. The group conducts classes for heart patients and invites physicians to discuss post-operative care and rehabilitation. Smith started the group in 1974 on his own and without financial help after experiencing the fear and anxieties of facing heart surgery alone. Under his chairmanship, Mended Hearts has grown from 16 to 81 members, 50 of whom have had heart surgery.

The Auxiliary of the Good Samaritan Hospital of Lebanon was selected to receive the organizational Benjamin Rush Award. Founded in 1921, the group of about 650 volunteers has raised thousands of dollars for the hospital. Their annual street fair has helped them raise over $500,000 in the past ten years. The auxiliary provides many volunteer services including clerical assistance in the blood bank, operating a library cart, snack bar and gift shop.

Robert Poole, III, M.D., West Chester, chairman of the Society's Council on Professional Relations and Services, presented the awards during the Officers' Conference Banquet.

Lab policy emphasized

Pennsylvania Blue Shield's Board of Directors has recommended "... that Blue Shield limit payment to doctors for laboratory services to the actual cost to the doctor for those services."

The recommendation, which originated in the Medical Affairs Committee, is Blue Shield's response to a resolution in the American Medical Association's code of ethics which forbids physicians from making a profit from such services. The resolution was adopted by the AMA's 1969 House of Delegates and states in part: "The attending physician is entitled to fair compensation for professional services he renders. He is not engaged in a commercial enterprise, however, and any mark-up, commission, or profit on the services rendered by a laboratory is exploitation of the patient."

Dr. Hostetter elected APA trustee

Abram M. Hostetter, M.D., of Hershey, has been elected as a trustee of the American Psychiatric Association (APA) and assumed the position at the conclusion of the recent APA meeting in Toronto.

Dr. Hostetter received his medical degree in 1957 from Jefferson Medical College, and performed his internship at Methodist Episcopal Hospital, both in Philadelphia. His residency in psychiatry was performed at Norristown State Hospital, where he was chief resident of the admission service. He is certified by the American Board of Psychiatry and Neurology.

In private practice of psychiatry in Hershey since 1973, Dr. Hostetter has held numerous professional appointments including consulting psychiatrist at several area hospitals and the Lancaster-Lebanon Intermediate School Unit. He is a clinical assistant professor at the University of Miami School of Medicine.

Dr. Hostetter serves as vice chairman of the Dauphin County Mental Health/Mental Retardation Advisory Board and as chairman of Health Resources Planning and Development, Inc. (HSA Area IV).

A fellow of the American Psychiatric Association and the Pennsylvania Psychiatric Society (PPS), he has served both organizations in many capacities including a term as president of PPS (1975-76) and more recently as representative to the APA Assembly of District Branches from Pennsylvania.

Communicable disease reporting eased

Pennsylvania's Department of Health now has a 24-hour communicable disease reporting system, as promised by Secretary of Health Leonard Bachman, M.D., late in 1976.

Hospitals and physicians reporting during regular office hours may use the department's toll free line by dialing 1-800-692-7254. Reporting and consultation during regular office hours may also be accomplished by dialing 1-717-787-3741. Emergency reporting at times other than regular office hours may be done by calling 1-717-787-1333.

Education center opens at Pennsylvania Hospital

Pennsylvania Hospital in Philadelphia has opened a Health Education Exhibit Center as the foundation for a complete community health education program.

Under the supervision of Rita M. Nemchick, R.N., M.S., assistant director of the hospital's department of education and training, the program's purpose is to inform people that they should take control of their own health in order to prevent illness and reduce health care costs, particularly hospital costs.

Nemchick is an instructor in Rutgers University's continuing education for nurses.

AMA statistics indicate accurate representation

R. WILLIAM ALEXANDER, M.D.
Reading

During recent years the lay press has carried stories stating that the AMA no longer represents the majority of American physicians and that there has been a significant loss in physician membership in the national organization.

It is in the interest of all physicians to know the facts whether they are members of the AMA or not. Membership is a critical dimension in the strength it gives the AMA as an organization in pursuing programs as well as dealing with other health organizations and various levels of government. At this time the membership base is particularly important in addressing the professional liability problem, maintaining the ability to adequately represent the constant increase in the separate specialties of the profession and maintaining legislative activity whose credibility at least in part really depends on representing the majority of Americans. In looking to the future, a vital growing membership could mandate the potential role of the AMA as a "bargaining agent" for physicians if the health care system degenerates to the level requiring this type of activity.

From one source or another we have all heard that the AMA membership has dropped due to increasing dues and the unified membership requirements of several states. The facts do not back this up. Using the 1972 to 1975 figures as a base since the 1976 figures are not yet available, the total number of physicians in the United States increased from the 1972 census of 356,534 individuals to the 1975 figures of 393,700. The total membership of the AMA has gone from the 1972

A delegate to the American Medical Association House of Delegates, Dr. Alexander is vice chairman of the State Society's Council on Governmental Relations and a member of the Ad Hoc Committee to Study Malpractice Insurance.

Breakdown of AMA Membership and Delegates by Specialty

	TOTAL 1976 HOUSE		TOTAL PHYSICIANS (1974)*		TOTAL AMA DUES PAYING MEMBERS (1974)*	
	No.	%	No.	%	No.	%
General Practice and Family Practice	108	21.1	53,997	14.2	32,157	19.2
Medical Specialties	117	22.9	89,919	23.6	38,154	22.8
Allergy	7	1.4	1,657	0.4	1,086	0.7
Cardiovascular Diseases	15	2.9	6,229	1.6	3,666	2.2
Dermatology	7	1.4	4,479	1.2	2,664	1.5
Gastroenterology	4	0.8	2,063	0.5	1,084	0.7
Internal Medicine	65	12.7	51,752	13.6	20,864	12.5
Pediatrics	17	3.3	21,645	5.7	7,897	4.7
Pulmonary Diseases	2	0.4	2,094	0.6	893	0.5
Surgical Specialties	193	37.8	93,386	24.6	53,486	32.0
General Surgery	91	17.8	31,085	8.2	16,350	9.8
Neurological Surgery	11	2.1	2,859	0.8	1,777	1.1
OB-GYN	35	6.8	20,987	5.5	11,504	6.9
Ophthalmology	10	2.0	10,741	2.8	6,781	4.1
Orthopedic Surgery	15	2.9	10,985	2.9	6,684	4.0
Otolaryngology	7	1.4	5,588	1.5	3,289	2.0
Plastic Surgery	7	1.4	2,088	0.5	1,348	0.8
Colon and Rectal Surgery	3	0.6	662	0.2	454	0.2
Thoracic Surgery	5	1.0	1,925	0.5	1,211	0.7
Urology	9	1.8	6,466	1.7	4,088	2.4
Other Specialties	82	16.3	92,964	24.5	38,191	22.7
Aerospace	1	0.2	708	0.2	130	0.1
Anesthesiology	11	2.1	12,484	3.3	7,095	4.2
Child Psychiatry	1	0.2	2,411	0.6	838	0.5
Diagnostic Radiology	3	0.6	3,083	0.8	1,492	0.9
Forensic Pathology	2	0.4	198	0.1	85	0.1
Neurology	1	0.2	3,839	1.0	1,431	0.8
Occupational Medicine	3	0.6	2,365	0.6	1,474	0.9
Psychiatry	10	2.0	23,302	6.1	8,585	5.1
Pathology	15	2.9	11,393	3.0	4,989	3.0
Physical Medicine and Rehabilitation	2	0.4	1,610	0.4	666	0.4
General Preventive Medicine	1	0.2	758	0.2	220	0.1
Public Health	4	0.8	2,695	0.7	678	0.4
Radiology	15	2.9	11,600	3.1	6,753	4.0
Therapeutic Radiology	3	0.6	1,070	0.3	566	0.3
Other Specialty	9	1.8	6,688	1.8	2,058	1.2
Unspecified	2	0.4	8,760	2.3	1,130	0.7
Not Classified, Inactive, and Address Unknown	0	—	49,482	13.0	5,386	3.2
TOTAL	501	97.9	379,748	100.0	167,374	100.0
Vacancies	9	1.8				
Medical Student	2	0.4				
	512	100.0				

**1974 data are used because 1975 data are not available. However, the percentage distribution of the physician population by specialty does not change very significantly from year to year and these 1974 data are valid for comparative purposes.*

Sources: Report on the Membership of the AMA as of December 31, 1974; AMA Center for Health Services Research and Development and unpublished data from the AMA Department of Registration Services.

figures of 198,645 to the 1975 total of 218,400. Since not all physicians in the United States are eligible for AMA membership the percentages that may be calculated from these figures could be carefully interpreted. A more correct evaluation would be obtained by utilizing the statistical figures indicating the total number of practicing physicians in the United States who are office based and determining how many of these physicians are AMA members. This shows, of 206,600 physicians in practice, 146,600 or 71 percent of the physicians delivering patient care are members of the AMA.

If you are a member of the AMA you are represented by a Pennsylvania physician in the policy making body of that organization which is the House of Delegates. For each 1,000 AMA members in the State of Pennsylvania, an elected physician is chosen as a delegate to the House. If you are a member of the Pennsylvania Medical Society but not the AMA, your Pennsylvania membership does not count towards your representation at the national level. Thus, you join approximately 4,900 physicians in the state who have no official representation at the national level. This figure is easily calculated since the approximate PMS membership is 13,600 while only about 8,700 of that group are members of the AMA.

The total membership of the House of Delegates of the AMA in 1976 was 256. The number of delegates is determined by the bylaws which authorize one delegate to represent each 1,000 AMA members at each state level. In addition to these delegates, each scientific section, the separate armed services, public health services, the veterans administration, the interns and residents, and the medical students are authorized single delegate representation.

Sometime perhaps each of us has had some question as to whether or not we are adequately represented in the House of Delegates by our own specialty interests. Assuming that readers are interested in the actual figures and percentage representation of the specialties in the House versus the percentage of the specialties represented in total AMA dues paying membership, I itemize the figures in the adjacent table. In each case, the first column indicates the total number of delegates and alternate delegates in the House and the percentage this represents with respect to the total House membership. The second set of figures indicates the total number of physicians in the specialty in the United States. The third set indicates the total AMA dues paying members. Percentages follow each breakdown.

It is amazing to see how close the actual numbers of physicians practicing each specialty are represented by their colleagues in the House of Delegates. The general practice and medical specialty groups are almost identical. The representation of the surgical specialty appears to be about 5 percent higher in the total House membership than it is in the total AMA membership. All other specialties are approximately 6 percent lower in the House representation than in the general membership.

Anesthesiologists hold annual meeting

The Pennsylvania Society of Anesthesiologists held its annual meeting May 20-22 at the Pittsburgh Hilton.

The three day conference and scientific program was entitled "Review in Anesthesiology" and included a review of cardiopulmonary resuscitation and a program cosponsored by the Western Pennsylvania Association of Recovery Room Nurses, which dealt with recovery room procedures. The meeting was under the program chairmanship of David J. Torpey, Jr., M.D., Pittsburgh.

New officers of the society are the following: Thomas G. Doneker, M.D., Bethlehem, president: and Stephen C. Finestone, M.D., Pittsburgh, president elect. Allen E. Yeakel, M.D., Hershey, and J. Donald Wentzler, M.D., Montoursville, continue in their terms as secretary and treasurer respectively.

Representatives to the Pennsylvania Medical Society are: Dr. Torpey, member of the PMS Interspecialty Committee; Anthony Barone, M.D., Allentown, alternate member; Herbert Dodge, M.D., Meadowbrook, delegate to the State Society House of Delegates; and Dr. Barone, alternate delegate.

SOCIETY PRESIDENT William J. Kelly, M.D., installed new officers of the Pennsylvania Society, American Association of Medical Assistants (AAMA), during the banquet which was part of the organization's twentieth annual meeting May 19-22. Donald G. Crawford, M.D., chairman of the Advisory Committee to the Pennsylvania Society, AAMA, and Robert Poole, M.D., chairman of the Council on Professional Relations and Services, attended the conference along with nearly 200 of the organization's officers, delegates, and alternates. New officers are, left to right: Sandra Butkowski, C.M.A.-A.C., Erie, president; Margaret Flynn, C.M.A.-A.C., Washington, treasurer; Nancy Wile, Ronks, recording secretary; Barbara Hodnick, C.M.A.-A., Beaver, president elect; and Bricy K. Wendell, C.M.A.-A., Camp Hill, vice president.

Legal counsel reports

Hospital medical staff upheld in bylaws case

FRED SPEAKER
Harrisburg

A recent Supreme Court case in South Dakota once again underscores the essential importance of medical staff bylaws. They are vital to physician-members of a medical staff, they should be in acceptable forms, and any proposed changes should be reviewed with care.

In *St. John's Hospital Medical Staff v. St. John Regional Medical Center,*[1] the hospital's board of directors adopted several provisions that strengthened its and the administrator's authority over the medical staff. These provisions conflicted with the medical staff bylaws, and the medical staff refused to amend them. After the hospital's board alone adopted the changes, the medical staff sued to have a court declare that such unilateral action was illegal.

The lower court did so and the South Dakota Supreme Court also agreed, holding that the medical staff bylaws constitute a binding contract between the hospital and the medical staff, and can be modified only if both parties join in the amendment.

As one medical-legal authority has recently written:

On the other hand, [the case] is an important victory for the independence of medical-staff responsibility for medical care. . . . It seems clear that the Court is saying that hospitals will have to continue to live with the uneasy union that they themselves have helped to create.[2]

The essential holding of the South Dakota case—that medical staff bylaws must be a joint effort and responsibility of both the hospital and the medical staff—is shared in other jurisdictions. The Joint Commission on Accreditation of Hospitals (JCAH) makes it clear that the adoption of medical staff bylaws is bilateral in nature, with the initial adoption by the medical staff and ultimate concurrence by the governing body. For example, the introduction to the Guidelines for the Formulation of Medical Staff By-laws, Rules and Regulations, adopted by the JCAH in 1971, states that:

The existence of bylaws adopted by the hospital's medical staff, and ratified by its governing body, is a critical tool in making this process possible.[3]

In the JCAH's Accreditation Manual for Hospitals, Standard IX states that "the medical staff bylaws, rules and regulations shall be subject to governing body approval which shall not be unreasonably withheld." In the interpretation of this standard, the JCAH states that:

The governing body must insure that medical staff bylaws, rules and regulations are developed and adopted by the medical staff. These bylaws, rules and regulations, which must state the policies under which the medical staff regulates itself, shall become effective when approved by the governing body.[4]

This joint responsibility exists in Pennsylvania. The Department of Public Welfare, in regulations adopted a decade ago and still effective, provides that:

There shall be by-laws adopted to govern the duties and responsibilities of the medical staff. These by-laws shall be approved by the governing body (licensee in the case of a proprietary hospital).[5]

The Pennsylvania Supreme Court has long recognized the fact that bylaws, once they are adopted by the medical staff and concurred in by the hospital board, "are an integral part of the contractual relationship with" the physician member of the medical staff and the hospital.[6] The basis of this conclusion was the case of *Berberian v. Lancaster Osteopathic Hospital Association,*[7] in which a member of the medical staff was dismissed without notice or a hearing despite the fact that the bylaws called for a notice and hearing. The Pennsylvania Supreme Court held that notice and hearing were required, saying:

The relationship between a hospital association and a member of the hospital's staff is based on contract. . . . Consequently in a case such as the present, the nature of the contractual relationship between the assailed staff member and the hospital association determines whether a hearing on charges against the staff member is necessary before he can be discharged from a medical staff because of such charges.[8]

Under Pennsylvania law, medical staff bylaws are generally the product of both the medical staff and the hospital board. Once adopted, they are contractual and they cannot be changed unilaterally (or ignored) unless the bylaws allow it. Accordingly, the bylaws are an important document and any attempts to change them should be viewed with careful suspicion. □

Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.

1. *Supreme Court of South Dakota (September 3, 1976).*
2. *Curran, "Law-Medicine Notes," N.E.J. Med. 264, 265 (Feb. 3, 1977.)*
3. *P. 1.*
4. *P. 27.*
5. *DPW Rules and Regulations of Hospitals §2163.*
6. Adler v. Montefiore Hospital Assn. of W. Pa., *453 Pa. 60, 81 (1973).*
7. *395 Pa. 257 (1959).*
8. Id. *at 262.*

practice management

What is real worth of your corporation stock?

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.
Bala Cynwyd

Practicing medicine by means of a professional corporation presents some problems which even physicians' advisors tend to distort. Many of the difficulties might, we believe, be avoided if everyone would recognize that a practice's underlying economic realities should be the same—whether or not a corporation is involved.

The arrangements for the shares of stock owned by the "partners" (corporate co-owners) seem particularly prone to difficulty. We believe the problems can easily be prevented. In the following paragraphs we present four common situations to help incorporated physicians steer clear of complications. Each situation concerns a determination of what the corporate stock should be worth if a shareholder dies, retires, or otherwise leaves the practice. Since the valuation is an integral part of the shareholders' "buy-sell agreements," the decisions are within the physician-owners' control.

Value of equipment

Most buy-sell agreements include in the stock's price the "book value" of the practice's equipment, furnishings, and fixtures. The book value is each asset's original purchase price less the depreciation taken annually for tax and reporting purposes. Even though the book value typically results in a rather low figure, due to accelerated depreciation, it is desirable and easy to determine. We prefer its use.

In some cases book value is recognized as providing an unfairly low figure. One solution is a provision in the buy-sell contract for a *modified* book value calculation. For example, the original cost might instead be depreciated on a "straight line" basis (not accelerated for tax advantage) over ten, twelve, or even fifteen years just for the stock valuation purpose. Such a modified calculation is equally simple, while it tends to recognize that assets' real values are probably greater than what is left after tax return depreciation.

Some agreements call for the assets' values to be their "fair market values." While this may seem obviously desirable, the agreement drafters ignore the impossibility of accurately determining the numbers. Who can tell what a used examining table, electrocardiograph, or waiting room sofa really is worth without actually trying to sell it? Even expert appraisers give widely varying answers, and the agreements usually fail to specify a simple process for selecting appraiser(s). We thus find that buy-sell agreements tied to the equipment's "fair market values" have the potential for real difficulties when the valuations must actually be obtained.

The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

Valuing accounts receivable

As discussed in the subsection below, we believe strongly that accounts receivable should not be part of corporate stock values. Nevertheless, many physicians advisors have gone the opposite way. In doing so, they sometimes compound the problem by the way they provide for the receivables to be valued. Some of these formulas have the potential for creating economic disaster for the ongoing practice, while others have been so vague as to invite costly arguments and even lawsuits.

One valuation formula seems to have worked well in a variety of situations. It avoids efforts to assign specific percentage values to receivables of varying ages, and it recognizes that most accounts outstanding for six months have only a small likelihood of being paid if the office has an effective collection system. It is admittedly arbitrary, but since any valuation approach is arbitrary we do not consider that to be a valid criticism. In our view, the suggested formula reasonably conforms to actual experience, yet it is fairly simple to apply and is mechanical enough to avoid arguments.

Our formula would include 90 percent of all accounts having any "activity" within six months of the valuation date. "Activity" would be either any charge for a service rendered or any payment received during the six-month period. Any such charge or payment would indicate that the account is "live" and deserves valuation, while all the others would be considered "stale" and hence not deserving valuation.

Using the 90 percent valuation recognizes the costs and delays of collection. The high percentage attempts to trade off the expectation that some current receivables will not be collected while some old ones will be collected even though not included in the value. The percentage figure can, of course, be set higher or lower to recognize variations such as higher insurance disallowances or a backlog of

old litigation cases.

Include accounts receivable at all?

We prefer to totally disregard accounts receivable in determining medical corporation stock values. Since the outstanding receivables will usually be a practice's major item of worth, our approach helps keep the stock price extremely low.

We recognize, of course, that a departing doctor, whether he dies, retires, or simply quits for a different employment, usually deserves payment for his interest in his practice's receivables. After all, he delivered the services that helped create those accounts; however, we are concerned over the all too common practice of lumping accounts receivable into the buy-sell agreement.

Consider an example of the tax trap that can result. A two-man specialty surgery corporation had $120,000 of receivables outstanding when Dr. A died unexpectedly. Under the buy-sell agreement, the corporation was obligated to repurchase Dr. A's stock at a price including one-half the receivables, less 10 percent for collection uncertainties—a figure of $54,000. The corporation collected those accounts, which were taxable to it as income.

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The corporate tax can be avoided by providing for continued salary payments to a departing physician-employe. Such "separation pay" will on its face be tax deductible, thus offsetting the income realized as the accounts are collected. The arrangement should be carefully drafted by competent attorneys so that it does not seem to be a mere sham for the stock deal; the risk continues but a well-written arrangement should be acceptable.

It is true that the departing doctor or his estate must pay more income tax through the separation pay approach. The payments he receives are taxed as ordinary income, while the stock buy-sell payments are typically taxable as capital gains. We believe, however, that the ordinary income approach is preferable for at least three reasons: (1) the primary concern should be protecting the ongoing practice's finances; (2) the accounts receivable really are "ordinary income" assets, so that their transformation to "capital assets" would be unrealistic; and (3) the ordinary income tax rate to the deceased or retired doctor, who typically deserves most consideration, will likely be lower than his ongoing rate.

Using life insurance for stock valuation

In our view, the use of life insurance to build up a medical corporation's stock value is an extremely undesirable decision. Since life insurance agents so often present it as a normal, and even desirable approach, let us describe our objections.

First and foremost, inflating the stock's value by the life insurance does *not* add to the underlying practice's worth. It simply causes the stock's value to be "bootstrapped" upwards to the insurance amount. Perhaps the proof of this point is that the stock cannot be valued at the same price upon a doctor's sale *during life*—there would be no insurance proceeds to afford the price.

The insurance gimmick often causes an economic loss to the estate of a doctor who dies first. Assume, for example, a simple two-man corporation in which there is $20,000 worth of cash and equipment. If the corporation then buys $50,000 of life insurance on each doctor, the buy-sell agreement will typically be modified to call for a $50,000 stock value upon death.

Under this arrangement, $50,000 would be paid to the beneficiary of the doctor first to die—the life insurance proceeds. Notice, however, that if there were no such corporation arrangement and the doctors were to buy their own $50,000 insurance policies, that first doctor's beneficiary would be better off. There would in that latter case be $60,000 passing: the $50,000 insurance proceeds *plus* half the corporation's $20,000 value.

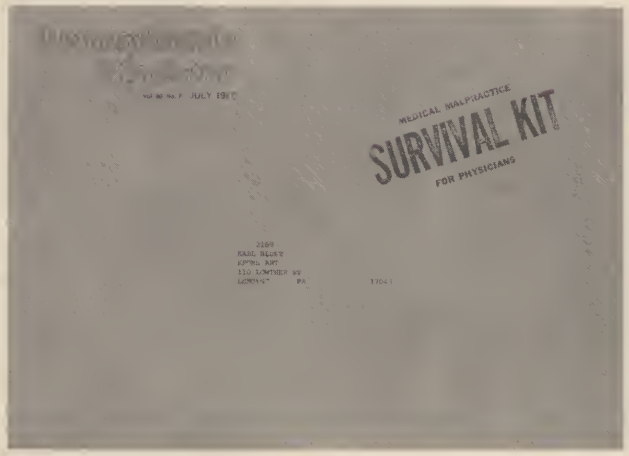
It is often suggested that the corporate life insurance purchase is nevertheless desirable because it relieves the physician-owner of non-deductible premium payments. This may be true, but the payments are non-deductible to the corporation as well, thus considerably reducing the tax saving.

The remaining tax saving is, in our view, not worth the disadvantages involved. The corporate insurance leaves the physician with absolutely no opportunity to avoid estate and/or gift taxes on the proceeds since he cannot under state law give his corporate stock to his family members or to a trust. Furthermore, since each doctor's insurance must be held as part of a common arrangement among all the shareholding doctors, there can be no opportunity for one person to cash surrender the policy, borrow on it, change the payment option, or otherwise use his life insurance for his personal benefit.

The price of a partial tax saving is thus complete lack of flexibility with regard to a physician-shareholder's insurance. We feel it much more desirable for each physician to own his own life insurance with no such complicating factors between his and his medical practice co-owners. The stock's price can thus be kept simple and financial planning can best be individualized to each doctor's personal circumstances. □

Medical malpractice survival kit for physicians

J. JOSEPH DANYO, M.D., F.A.C.S.
York



The medical professional liability crisis has created considerable problems and controvery among health care providers in the United States. Doctors, hospitals, and insurers are being priced out of business. In some areas and for certain practitioners, insurance cannot be purchased for a reasonable price. Additional charges are encountered when the doctor has a "claim" lodged against him. In this atmosphere survival becomes an important matter.

Most liability carriers *perceive* medicine to be an uninsurable line of work and have chosen to leave the market. Medical societies, hospital associations, and state governments (JUAs) have had to fill the void by forming their own companies. Whether those companies can survive for long is a big question. "Going bare," too, has its advocates although the approach is loaded with pitfalls.

The costs of insulation from financial bankruptcy will continue to escalate. Insurance experts estimated that premiums will go up 10 to 25 percent per annum despite bandaid legislative measures enacted recently by many states.

Following is a doctor's guide to many facets of the malpractice insurance crisis. In it the author attempts to identify problems at the various levels of health care delivery and offers suggestions to help the physician control his exposure and limit his vulnerability, thereby minimizing the physical, emotional, and financial hardships which can result from a malpractice suit.

Many of the suggestions are aimed at lessening the tensions that can exist between the doctor and patient. The measures require little of the physician's time. Yet, they can minimize his vulnerability to charges of insensitivity and fee gouging. The unhappy patient, for whatever reason, is most apt to sue.

Analysis of current crisis

Chaos in medical professional liability has a multifaceted etiology. The greatest single cause may be the loss of a personal relationship between the patient and physician. Fragmentation of medicine into assorted specialties together with the high mobility of the American people have helped break down the doctor-patient relationship.

Vice chairman of the Council on Medical Service, the author has long been active in the Council's activities. Currently serving on the ad hoc committee on malpractice, he is a past member of the Commission on Professional Liability Insurance. The author expresses opinions which represent personal convictions and experience based upon six years of active participation at all levels of malpractice activity.

Further separating the patient from the doctor is that overall better education of the American people, causing a greater general awareness of society, has led to a breakdown in their preconceptions about the infallibility of anyone—doctors, judges, and even the nation's president. News media enable people to be more attuned to issues and activities anywhere in the world.

Another factor bearing on the number of malpractice claims is that a glut of attorneys, many of whom now subspecialize in medical malpractice, have become sophisticated in their ability to analyze such cases. The development of laws, customs, and court rules have enabled recovery to occur more readily. The definition of negligence has been expanded through the latter measures.

Many states have addressed the crisis via the enactment of malpractice legislation. Knowledgeable observers in and out of medicine agree that these new laws will have limited impact. The constitutionality of several statutes has not been upheld; others remain untested.

Some of the new laws create

additional hardships for the doctor. At the same time the doctor will not be able to appreciate the benefits of any of the new statutes for several years. Only through five to ten years' experience can we reach any conclusions about them.

The future

The tort system needs basic reform; however, legislators and the courts are loath to curtail anyone's right to sue for any reason. Authorities do not appear ready to place reasonable limits on the amount of recovery. Only constitutional amendments would seem to be able to thwart the tide; their chances for passage are remote. Perhaps intolerable auto insurance rates, municipal coverage, and products liability problems, together with medical malpractice premiums will bring pressure for change. All of these forces working together are needed to exact legal reforms.

Immediate enactment of comprehensive national health insurance with concessions to the health industry for government underwriting of claims will not alter the specter of professional liability action, but only increase the agony through a maze of hearings, appearances, restrictions of privileges, sanctions—and more suits.

Medicine must retool to contain the malpractice ogre. Each doctor, each medical organization has the responsibility to attack this disease and apply appropriate therapy. The claims spiral in medical malpractice has not peaked. The future holds continuing premium increases prompted by an increased number of claims, higher costs for defense, and consistently high settlements.

Exposure control and win plan

Most physicians believe that exaggerated claims and exorbitant jury awards are the causes of *The Crisis*. Insurance industry publications echo those thoughts.

To date, organized medicine has approached the problem by trying to educate the consumer-patient to the fact that in the end he is paying for higher malpractice insurance premiums. In theory, such an appeal will cause judges and juries to bring in lower awards and in turn may set the tone for lower claims settlements through negotiations. The philosophy behind the theory—that high awards are bad and lower settlements are good for everyone—may have merit, but it is certainly not the solution we need.

Medicine should fight bad awards and support fair awards rather than oppose high awards *per se*. Doctors can play a vital social and economic role by creating conditions whereby their patients receive the best possible care for the money they spend.

Those injured today can rapidly develop a "sue syndrome." Revenge is the motive. This lust is abetted by an attorney who looks for "the deep pocket." The presence of high insurance coverage whets the appetite without altering the desire for revenge. This greed has led doctors and their insurance carriers to conduct a costly, lengthy, painful, and often dismally ineffective defense effort.

Our efforts have stressed failure to prove negligence, attempted to neutralize the "hired gun," and employed an assortment of legal maneuvers and gimmicks to wear down the opposition in the hope that the outcome will be a low award or even no award. Underlying defense costs often dwarf the settlement.

Under today's conditions all parties

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INSURANCE AND BILLING INFORMATION

EACH PATIENT WILL BE BILLED AT THE END OF THE MONTH AND EACH PATIENT IS RESPONSIBLE FOR PAYMENT OF HIS BILL. We need your insurance information or forms to process your insurance claim. We cannot get this information from the hospital. It takes about 6-8 weeks to process these forms. YOUR INSURANCE WILL PROBABLY NOT COVER YOUR ENTIRE BILL.

BLUE SHIELD

We are not participating members of Blue Shield. We will supply and fill out a Blue Shield form, after receiving your Blue Shield numbers, and submit your claim. BLUE SHIELD WILL SEND A CHECK TO YOU AND NOT TO US. You are responsible for payment of your entire bill.

There are many different Blue Shield plans. Some plans pay more, others less, but each patient is still responsible for his bill.

MEDICARE

Be sure we have your medicare numbers. Also, you must sign a medicare form. MEDICARE WILL SEND A CHECK TO YOU IN ABOUT EIGHT WEEKS. Again, each patient is responsible for paying his entire bill.

GROUP INSURANCE

WE WILL NEED YOUR INSURANCE FORM IF YOU HAVE GROUP INSURANCE. We do not have these forms. Fill in your part of the form completely. It will take about eight weeks for processing.

COMPENSATION

If you are injured at work and have reported your injury, you will not receive a bill. Your employer will be billed directly.

Figure 1. Sample abbreviated version of insurance and billing procedures which the physician's office uses.

STATEMENT OF INSURANCE POLICY

Many insurance companies along with the state and federal governments provide medical coverage in the United States. The complexities of co-insurance, deductibles, non-allowables, customary, usual and prevailing charges, and Plans A thru Z are mind-boggling even to those of us who deal with insurance on a daily basis.

We don't expect anybody to be fully versed in the intricacies of this patchwork insurance system. It requires us to have a full time staff of insurance personnel to handle the maze of problems and inquiries that insurances pose. No two insurance plans are alike. And there are literally hundreds of medical and surgical benefit programs in existence.

The lack of uniformity in all aspects of insurance claims processing required *us* a long time ago to develop a standard policy towards fees and services.

We feel that you the patient should know our position with respect to insurance. Some generalities regarding medical insurance coverage are in order.

Ordinarily insurances do *not* pay for office visits, whether they be the so-called regular and routine type or post-operative in nature. However, they often pay for treatments that are rendered during these non-covered visits. For example, injections and casts are usually covered treatments.

Blue Shield, in particular, *does not* provide coverage to you for a*ny* office visits. Shield will cover you for the first visit if that occasion represents an acute emergency.

We will process free of charge any and all forms that will help you during your medical care. Quite frequently disability claims and other health and welfare data sheets need attention. Our insurance team will complete all of these as quickly as possible to minimize any inconvenience that your orthopedic problem has produced. Some patients have brought in as many as eight different forms in a week. Obviously these varying forms require individual attention. Consequently our backlog of insurance work extends for several weeks.

Our office does not belong to any insurance plan such as Blue Shield, medicare, Traveler's, etc. Our fees are standard in that the same charge is made for the same service to all patients and to all insurance companies. We realize that different insurance plans allow varying coverage for identical services. Some insurance companies pay our customary fee in full. Other companies do not give this coverage. Oftentimes their allowable is more than our submitted fee. In these instances we make *no* upward adjustments as stated above. Excess monies are refunded.

Charges for professional services are the responsibility of the patient. Blue Shield, for example, will send you the payment for what it will allow for services. Where Shield's allowable is less than the amount claimed, the differential is the responsibility of the patient. Any overpayment is refunded to the patient or the carrier depending upon each circumstance. The latter situation is frequently encountered in instances of double insurance.

All patients will be furnished with an itemized account of charges on the day of their visit. Any questions regarding same are earnestly solicited. When elective surgery is indicated, an accounting of the cost involved will be provided in advance in writing.

The information sheet that you have been asked to fill out will provide us with the needed information to complete most claims forms. Please answer all questions. From time to time our insurance department may have need for additional facts. Insurance forms aren't as simple as they look. Carriers require precise terminology and accurate code numbers for diagnosis and for each and every visit and treatment. Remember a computer on the other end is processing your forms. It registers TILT in the event any of the entry blanks are left unanswered.

Figure 2. Detailed explanation of office insurance procedures may be printed in pamphlet form for distribution to new patients.

are adversaries—including doctors against hospitals and doctors against other doctors (usually at the behest of the carrier). All classes of physicians are accorded annual premium hikes regardless of performance. Those doctors against whom claims have been lodged are either surcharged or have their coverage terminated. There are no rewards for a job well done.

Many physicians without a blemish on their insurance records pose serious risks. Similarly, many doctors with claims records have performed creditably in the cases involved in the claims but have encountered legal difficulties because they lacked proper legal orientation and awareness. Too many doctors are unable to conceive of separate medical responsibilities and legal duties. Few incorporate legally required medical care on an organized, systematic, daily basis.

That "the system" has not worked well is evident. Attorneys and the public seem to see medical malpractice as a form of lottery with odds in favor of winning. Even in a win situation the doctor loses through higher premiums and a shortened life span. Fully realizing that the present system will continue, we must direct our attention toward efforts to limit legal risks. We must develop a plan that enables the doctor to "win" medically, emotionally, and financially while extracting a loss from his detractors. The sections that follow elaborate on such a plan.

Patient flow

The necessity to obtain accurate and complete data that may be nonmedical in nature perplexes the patient as he enters your office. He feels that somehow you have "an in" with health insurance companies and do not need to know "personal" things in order to take care of his physical problem. His main concern is that you be on time and take care of his complaint expeditiously.

A pre-entry form can be demeaning to the patient and raise his ire. Often the form is incomplete anyway and can cause delays in insurance work and billing. Thus, the patient receives past due notices and does not receive disability or sick benefits because "the doctor fouled up," as insurance company personnel are often quick to report. The patient's initial impression of an office, caused by a pre-entry form, takes on an added dimen-

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STATEMENT OF COST FOR SURGERY

Many physicians and patients can't seem to bring themselves around to discuss the subject of fees. It is our policy to inform you in advance, in writing, of the surgeon's charge for the contemplated surgery.

SURGICAL PROCEDURE _____

_____ $_____

Post-operative visits @ $_____ each.
Plus X-rays as needed.

Sincerely,

Date _____

Figure 3. Statement of cost given to patient prior to surgery. The doctor should keep a carbon copy for his patient's file.

sion when the patient does not perceive satisfactory treatment.

The interview

The doctor would be wise to employ an office aide to interview new patients in private to obtain the necessary data. The aide can then follow up on any absent information by calling the patient within a day or two of the interview.

Another important function of the interview is to explain the doctor's office protocol, examination routine, fees, insurance practices, and grievance procedures. An office booklet summarizing an office's policies is a helpful benefit (Figures 1 and 2).

Patients have no knowledge of what the doctor's expertise is worth. Regardless of what the bill for services rendered reveals, he will probably feel it is too high. People equate time and money; that is how they, the plumbers, the electricians, the auto mechanics, etc., are reimbursed.

More than anything else patients want to know in advance how much treatment will cost. Dentists and some doctors have provided that information for many years; their patients are more at ease and happier when the postman knocks.

Fee information

All patients for elective surgery should receive fee information in advance of the surgery. Encourage them to check out their insurance coverage. Exclusions, deductibles, non-allowables, and partial coverage problems can be handled most effectively at this stage. The patient who is provided with a cost analysis before undergoing a procedure has no legitimate complaint about the bill. A patient who is not given advance fee information is apt to become hostile over the bill. One way to inform the patient in advance is to give him a fee for surgery form (Figure 3). The patient keeps the original (his signature is not required) while the duplicate is retained for the doctor's records.

Insurance fodder

Of much concern to the patient is the lack of attention afforded to follow-up medical visits as they relate to additional insurance work. The doctor *must* make a determination on return to work at each visit so that insurance data are current. This area is an anathema to doctors but represents a bread and butter issue to the patient. Don't compromise treatment by failing to look after a patient's insurance needs. They are as important, and many times more so, than the actual ailment. Doctors receive more criticism on this matter than any other.

Do not charge extra for filling out supplemental insurance requests; patients despise the extra charge and feel the service is owed to them. The average orthopedic patient requires six to eight forms. The physician should determine the number of forms his patients require, include the figure in the cost of doing business, amend the overall fee structure to include the feature, and charge all patients to reflect the cost of insurance preparation. In other words, he should let the basic office fee reflect the expense without stating it explicitly on the charge slip.

Fee schedules

Every doctor should have a written schedule of all of his fees. This allows office staff to process promptly and accurately all bills and insurance. In addition every patient should be charged the same for identical services, an extremely important matter in group practices.

Physicians must not overlook charges for depositions, compensation hearings, court appearances, and letters to attorneys. Lawyers expect to be billed for these services. Advance notice of the fee is helpful to the attorney as charges of this type are paid by the patient. They are not ordinarily part of the contingent fee. Furthermore, advance billing disavows the doctor's testimony from the monetary outcome of the proceedings. In other words, the doctor cannot be accused of giving favored information in order to secure a higher fee. Billing for legal services contains elements of time spent evaluating files and appropriate literature as well as inconvenience and time away from the office.

In accident cases, fees may not be recoverable until settlement, which may be many years after the patient has been discharged. Rather than institute legal action to gain compensation, the doctor should use the lien

method (Figure 4). The lien method avoids harassment at the same time assuring that the doctor's bill has a high priority when settlement is reached.

Office records

The lack of documentation of medical records is a constant in medical malpractice cases. For legal purposes *anything not in writing is hearsay*. People tend to have selective memories. It is surprising how often patients forget some treatments or conversations with the physician at the same time that they are certain of other guarantees and warranties made. Remember what went on is not arguable until several years after the fact.

An easy way to obtain historical data in script is from the patient himself. Invite the patient to do his own history while awaiting his turn. Hand the patient a short history form including a line at the bottom for his signature and date.

The doctor's own established method of recording the history and physical examination will probably not change because of any added emphasis here; however, some suggestions might help.

Never discharge a patient who complains of pain, swelling, or that "funny feeling." A discharge means that the doctor does not want to see him; the treatment is finished; learn to live with it; there is nothing more that can be done. According to a report published by the National Association of Insurance Commissioners, April 1976, 30 percent of incidents involve diagnostic errors. Many of these vague pains seem to surface years later in organic disease, often of a malignant nature. The old complaints may be unrelated to the pathology; nevertheless, the patient may think differently.

All patients should be encouraged to return in the event of a change in condition and/or persistence of complaints. The mention of a time interval, *viz.*, three months or six months, is even better.

The physician should review all charts himself before they are filed. Any no-shows, cancelled appointments, or requests for records should be brought to his attention. The receptionist should call those that failed to keep appointments. Cancellations, too, should be contacted by phone or letter. The reason for cancellation should become an item for inclusion in the record.

An office should retain copies of all correspondence. That includes insurance forms. A doctor should not release x-rays or lab data without first making a copy, billing the purchaser for costs involved, and sending the copy, not the original.

Any inquiries from attorneys, phone calls or otherwise, merit an entry into the record. Before the doctor releases the records he should ask the attorney why he wants them. If unsure of his position, he should ask an attorney for advice.

ASSIGNMENT AND AUTHORIZATION

WHEREAS, I have a right or cause of action arising out of personal injury, to wit:

I, _____, hereby authorize Smith Jones Associates, to furnish, upon request, to my attorneys, _____, any and all medical records, or reports of examination, diagnosis, treatment, or prognosis but not necessarily limited to those items as set forth herein, in addition to an itemized statement of account for services rendered therefore or in connection therewith, which my attorney may from time to time request in connection with the injuries described above and sustained by me on the _____day of _____, 19 . I hereby irrevocably authorize and direct my said attorney set forth herein to pay to Smith Jones Associates all charges for attendance in court, if required as an expert witness whether he testifies or not; reports or other data supplied by him; depositions given by said doctor; medical services rendered or drugs supplied; and any other reasonable and customary charges incurred by my attorney as submitted by Smith Jones Associates and in connection with said injury. Said payment or payments are to be made from any money or monies received by my attorney whether by judgment, decree or settlement of this case, prior to disbursement to me and payment of the amount as herein directed shall be the same as if paid by me. This authorization to pay the within doctor shall constitute and be deemed as assignment of so much of my recovery I receive. It is agreed that nothing herein relieves me of the primary responsibility and obligation of paying my doctor for services rendered, and I shall at all times remain personally liable for such indebtedness unless released by the within doctor or by payment disbursed by my attorney.

Dated: _____

I accept the above assignment: _____
Attorney

Figure 4. Sample document used in lien method of gaining compensation for services in accident cases.

Informed consent

Almost all malpractice claims involving private doctors (85 percent of the total number of cases) contain allegations of lack of informed consent. The blanket informed consent form which most hospitals use is of limited value in the event of a negligence action. It is too vague and does not enumerate the complications and alternative treatments. In short, it is little more than a ticket to the operating room.

The physician should have his own consent forms printed, first spending the necessary time with his attorney in order to compile a document that most closely represents what the courts want. Many jurisdictions adhere to the "reasonable man" concept which is that a doctor should supply as much information as a patient needs to know in order to give a truly informed consent.

The doctor should give the consent form to the patient after properly informing him of the consequences of

APPENDIX I
Sample Expanded Informed Consent

Introduction

The era of the public's and the patient's right to know is with us. Medicine too has endorsed this concept. Until recently the general feeling among physicians was that the patient should be spared "the bad news" about possible complications and side effects of surgery or other treatment, and that only the more pleasant information should be conveyed.

Times have changed, of course. The current proper thing to do is to give all of the good news and all of the bad news that go with any surgical procedure. Only in this way, goes current opinion, can you be expected to have been fully informed. You should try to digest the information and seek our assistance for any further explanation that you might need.

We try to list as many of the types of side effects or complications as we can. Remember this is the in thing in our country today.

Problems Associated with Fractures (Broken Bones)

1. The fracture may not heal. Failure to heal is particularly noted in shin bone fractures, fractures of the forearm in adults, and neck fractures of the hip.
2. The fracture may heal with angulation and malocation. A certain amount of angulation is acceptable and will straighten out all right with time (years).
3. Fractures that communicate with a joint give rise to arthritis. This means discomfort with weather changes and partial stiffness. In some people the arthritis is severe and may require a new joint or a surgical stiffening of the joint to alleviate the pain. Healing by displacement and bayonet apposition is common. This leads to some shortening. With many fractures this is unavoidable and must be accepted.
4. Stiffness of joints is seen after fracture healing and discontinuation of casting. Usually this is temporary (months). However, with fractures of the forearm, elbow, ankle, knee joint, wrist, and about the shoulder, permanent partial stiffness is common.
5. In those fractures that require pinning or plating the incidence of stiffness is higher.
6. Infections after pinning and plating do occur. In our experience this is an uncommon occurrence. Infections may be permanent and give non-union, pain, stiffness, and periodic drainage.
7. Infections are common where the bone has punctured the skin. Some of these cases go on to severe gas gangrene infections and require losing the limb. Over the last decade we have seen slightly less than one dozen limbs requiring amputation in these circumstances.

Signed:

SELF _____

PARENT _____

GUARDIAN _____

I have read the above complications of surgery as related to my condition and fully understand same. I recognize the right to another opinion(s) prior to undergoing the proposed _____

I hereby give my consent to Dr. _____ to perform the above procedure and to modify same at the time of surgery if circumstances warrant it.

I acknowledge that no guarantee has been made regarding the outcome of surgery.

Signed:

SELF _____

PARENT _____

GUARDIAN _____

WITNESS: _____

DATE: _____

treatment and the risks of non-treatment. He should instruct the patient to bring the signed statement to the hospital with him. Office surgery also calls for a signed informed consent form.

Audio-visual cassettes that explain procedures and contain elements of informed consent are helpful adjuncts. The doctor or an aide should note in the patient's chart which of the materials he gave the patient.

Appendix I is an example of an expanded informed consent form, beginning with a general statement and following with a detailed explanation of possible results or complications of the particular condition or procedure involved.

Answering service

Claims of abandonment are serious allegations. An answering service is absolutely essential to convey and record on-call, night call, and sign-out information. These services may be: a part of a county medical or dental society; an agency serving doctors only; a service for a variety of professional people; or a recorder in the doctor's office and/or home. A combination of office recorder and a regular answering service is common.

Regardless of the type of service you use, the goal is to record and deliver messages in quick order. This is not difficult to accomplish. Some answering service personnel neglect to make note of calls; the doctor often fails to enter the call as well as his response into the patient's record.

From time to time a physician may need to have the answering service verify its attempts to reach him. The answering service should record calls in a permanent log book. The physician in turn must record the receipt and handling of the calls which his office personnel can enter on the patient's chart. He should append any information as an office note.

Obtaining vacation coverage is a necessity. The physician should send a formal letter to the colleague covering for him; in the letter he should state the dates and duration of time away from the office and a description of active and old flag cases that may need attention. Written verification is mandatory.

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20 Erford Road
Lemoyne, PA 17043
Phone 238-1635

Dear

Normally at this time because your account is long past due, it would be placed with a collection agency. However, we would prefer to hear from you regarding your preferences in this matter.

Please indicate your choice:

( ) 1. I would prefer to settle this account. Enclosed please find payment in full.

( ) 2. I would like to make monthly payments of $_____, until this account is paid. I understand that no interest is being charged for this delayed payment schedule.

( ) 3. I would prefer that you assign this account to a collection agency for enforcement of collection. (Failure to return this letter in *10* days will result in this action).

( ) 4. I would prefer that you cancel the balance of my account for the following reason(s):

Signed _____

Please do not hesitate to call if you have any questions regarding this matter.

Sincerely,

Figure 5. Final Letter may help the doctor discover the reason for nonpayment.

Civil rights

A doctor may elect not to treat a non-emergency patient who walks into his office. He needs no reason whatsoever to refuse to treat the patient. For example, he might not want to examine or treat lawyer cases and it is his prerogative to refuse to treat such a person. However, a doctor cannot deny treatment to any *class* of people, whether welfare recipients, Hispanics, blacks, etc., because that constitutes discrimination under state and federal laws.

The standard malpractice insurance policy does not cover a civil rights suit. What constitutes a breach of civil rights changes often. Be wary about refusing to treat people; physicians have been named in civil rights suits and the courts have not totally resolved the civil rights question.

Hospital policy may stipulate that the physician-on-call shall handle all cases referred to him. In this circumstance the physician is expected to respond affirmatively. Failure to honor this duty may mean a breach of privileges and ethics as well as civil rights improprieties.

Delinquent accounts

A doctor should resort to collection agencies only after very careful deliberation. He should never automatically give an account to an agency because three months or six months have elapsed without payment. Perhaps the insurance form was mailed late or not at all. Check the data sheet for improper billing (wrong responsible party, etc.); the history and office visits for clues to dissatisfaction; the outcome of treatment; and, if possible, whether the patient received his insurance check.

In certain select instances collection procedures may be reasonable but the vast majority of delinquent accounts are best treated as stores handle shoplifting. A good way to handle the problem is to compute the annual loss of bad debts and adjust the fee schedule accordingly. All phases of our economic life espouse this practice—the all-American solution to the bad debt problem.

One way of wading through the non-paying accounts is by way of the Final Letter (Figure 5). The letter may help identify legitimate grievances and financial distress of which the doctor has been unaware.

Charges for bad results

The propriety of charging for procedures to treat complications and bad results has long been debated by professional office consultants and doctors alike. There is no simple answer because each case must be handled individually. However, changing times and experience suggest the following: charge a nominal amount for repeat procedures and accept what the insurance allows; refrain from charging a patient who does not have insurance; and do not bill for office visits necessitated by a complication.

In other words, if a patient is a problem case, do not pressure him financially; he is already assuming the unexpected burdens of physical discomfort and loss of work.

Complaint mechanism

The physician should instruct employes to record all patient grievances in a separate book. He is often unaware of patients' criticisms of him and the office. Office aides often shield the doctor from "minor" problems as that is part of their jobs.

The doctor may be surprised if he checks grievance entries every few months. He may find that some changes in office policy are in order, especially if he finds similar complaints from different patients.

Hospital practice

Hospitals and emergency rooms accounted for 79 percent of malpractice incidents from July 1, 1975, to July 1, 1976, according to a credible national survey of 50 insurance companies. The report contained 4,742 cases of which 3,402 occurred in the hospital. Emergency rooms accounted for 332 cases. Doctors' offices showed 730 cases (15.4 percent).

Exposure to malpractice is greater in the hospital setting for a number of reasons. Patients are exposed to a multitude of personnel who enter into diagnosis and treatment. The physician spends a few minutes of each day with his patient. The remainder of time the "system" takes care of him. The sicker the patient, the more contact he has with hospital personnel, and the greater the opportunity for something to happen.

The captain of the ship is responsible for the action of his agents. What can and should the captain do to chart a safe course? He must run a tight ship by: seeing his patients the day of admission; outlining the plan of treatment again; going over the proposed surgery; performing an H & P; viewing the lab profile and anesthesia consultation; and securing whatever additional medical information is necessary before proceeding with treatment.

Daily progress notes are a must. They should contain the reasons for all treatments and tests—or the reasons why the treatments and tests were not performed. The absence of a progress note by the physician means in effect that he did not see the patient. The stickier the case, the greater the demand for notes.

Difficult and troublesome cases deserve scrutiny in the record room prior to dictating the summary and signing out the chart. This is the last time the chart is under the physician's control. He may summarize the entire course of events, reminisce as to the whys and wherefores, clarify ambiguities. The doctor's signature indicates that he is in agreement with the contents of the record of that hospitalization.

A busy surgeon can easily overlook side symptoms—mild hypertension, borderline diabetes, a little proteinuria, the chest x-ray report are easy to pass. Reappraisal in the record room offers another chance; consultation in those areas is even better. It will cost the patient; but remember, he wants quality care regardless of the cost.

When going over a chart the physician should draw a line through any notes with which he does not agree but should let those notes remain legible. He should not write inflammatory or obscene notes against the hospital, any employe, or other doctor. Each entry the physician makes, whether an original note, an addition to a note, or a disagreement with another note, must be initialed and dated.

The physician should circle, initial, and date adverse laboratory data as an indication that he at least observed and digested the variance. Also, it is important to justify the handling of a problem by including a note on the patient's chart. The solution might be proved wrong at a later date but the thoughts of the moment are what count. (The compound fracture was not taken to the operating room right away because—.) A complication resulting from delay in such a case will not look good to an expert witness who states five years later that such cases merit immediate surgery. The

. . . it is important to justify the handling of a problem by including a note on the patient's chart. The thoughts of the moment are what count. (The compound fracture was not taken to the operating room right away because–.) A complication resulting from delay in such a case will not look good to an expert witness who states five years later that cases merit immediate surgery. The best defense is a written offense—the more legible the better.'

best defense is a written offense—the more legible the better.

Complications will occur. Some of them are beyond the doctor's control. In such instances he must minimize the impact by leveling with the patient or family and notifying them when the patient's condition changes or when the treatment program is altered. If he cannot call the family, he must instruct an office representative to track down relatives. Office aides should learn the proper way to relate messages.

When the doctor calls the hospital to check the patient's status, he should ask the nurse to record the conversation in the patient's chart. In addition, the doctor must be sure to record phone calls to members of the patient's family as well as conversations with the patient. In cases of surgery, he should contact the family after each and every operation.

The above points seem like trivialities but they are not. A malpractice suit is a real war of words. The doctor has one opportunity to choose his statements—when he treats the patient. After that the medical writing is done by the courts.

There is no doubt that much of malpractice action is caused by the doctor irrespective of the treatment or lack of it, informed consent, insensitivity, or lack of communications. The attorney who listens to an aggrieved patient checks the hospital chart first before determining to institute litigation. If the chart is properly documented and denotes why a path of treatment was followed or not followed, the lawyer apprises the plaintiff of the difficulty in successfully pursuing the suit. An attorney does not want to waste his time if the record does not support a suit.

Hospital policy

Many of us have felt that certain elements of hospital care, which are beyond our control, need to be changed. Departmental staff meetings or cafeteria conferences provide opportunities for addressing these problems. The clearest way to proceed is to write a letter to the hospital administrator which outlines the recommendations and the necessity for them. Keep a copy of the letter in a folder under "personal correspondence." If the letter deals with a specific patient, place a copy of it in the patient's office record.

For doctors who practice in several hospitals, the need to scrutinize charts and write letters to administrators is extremely important. The standard of care differs in various institutions. Upgrading may take years. The only weapon you have is the pen.

'The lack of documentation of medical records is a constant in medical malpractice cases. For legal purposes anything not in writing is hearsay. People tend to have selective memories. It is surprising how often patients forget some treatments or conversations with the physician at the same time that they are certain of other guarantees and warranties made.'

Emergency room

The emergency room is a hotbed of activity as well as a frequent headache. Traffic assumes all dimensions. Legal ramifications are profound. How may a doctor reduce his malpractice exposure?

The physician must treat all emergency room cases as potential suits. He should do as complete a history and pertinent physical examination as possible; record *all* data; detain overnight any patient with a suspicious problem or admit suspicious cases outright; be a skeptic; give oral and written instructions and document them. Avoid treating emergency department cases over the phone; rather, ask emergency room personnel to obtain another physician. Middle of the night cases should be detained if the physician can't make an appearance.

The emergency room poses a tremendous liability problem as emergency patients are probably the most hostile clientele that exist. Short-cutting the emergency room is a short cut to court.

The path to court*

Malpractice is an elusive term. It applies to architects, embalmers, lawyers, doctors, and other professionals. As applied to doctors it usually means reprehensible misconduct towards a patient. It is bad, wrong, and injudicious therapy resulting in injury and proceeding from ignorance, carelessness, lack of skill, disregard of standards of care, and malicious or criminal intent.

When doctors attempt to counter-sue lawyers, the situation is different. The physician must prove that the negligence was malicious, a difficult thing to prove. Non-malicious negligence seems to be acceptable. Actions against lawyers resulting from the physician-patient relationship are gathering momento.

In order to prevail in a malpractice action a patient and his attorney must show: a legal duty due him; a breach of that duty; proximate causation; harm; and absence of contributory negligence by the patient. The duty owed the patient is the standard of care for that specialty and how a reasonable man would perform under the circumstances of the case.

Most physicians do not understand what constitutes malpractice. This is a legal determination. All too often M.D.s use the term improperly. Worse yet, some "experts" allege malpractice in correspondence and in court without the necessary legal ingredients.

A doctor should never accuse another doctor of malpractice in writing. The other doctor may have delivered less than a minimal standard of care in his opinion; but that is only one of the essential elements of malpractice. It is up to a lawyer—and a lawyer only—to establish malpractice.

The lawyer procures the hospital chart as the first stage of his "fact sheet." He attempts to determine if the physician has breached his duty

* *Zaslow, J. Journal of Legal Medicine, October 1976.*

to the patient. Another physician or lawyer familiar with standards of care is employed to make this determination. He must have the *entire* record before him. The reviewer must realize that a physician need not be held to a single standard when a representative minority follows another standard. In short, he must tell where accepted minimal standards have not been met.

'Almost all malpractice claims involving private doctors contain allegations of lack of informed consent. The blanket informed consent form which most hospitals use is of limited value in the event of complications and alternative treatments. In short, it is little more than a ticket to the operating room.'

Lawyers often file suits against everyone whose initials appear on a chart in order to prevent letting the statute expire against any possible defendants. Then, too, there are cases in which many persons may have committed breaches but the lawyer, through sheer incompetence, fails to investigate properly.

Interrogatories and depositions follow the filing of a suit. The plaintiff is examined and cross-examined by the various attorneys. A stenographer records and takes in shorthand all conversation. The doctor is deposed separately at about the same time as the patient and other parties involved.

The deposition offers an excellent opportunity to fix fault if there is fault. Often, the facts in a case are straightforward. The deposition stage can often be filled with delaying tactics and ambiguities used to hide the truth as opposing sleuths duel to maintain their clients' positions.

Generally, the plaintiff's lawyer will proceed to court if pretrial settlement conferences are not to his liking for he has expended much time and money in the case. If he can get the case to the jury, he might win.

The patient's attorney tries to persuade the jury that there is only one applicable standard of care—the one professed by his expert witness. Juries often overlook the accepted differences in management and choose to believe one witness or the other, one lawyer or the other. Each lawyer selects a witness that will benefit his client. These expert witnesses do not portray medicine as it is practiced; they are adversaries.

Part of the blame for the legal problems must be shared by those "experts" who do not understand the totality of medical malpractice. The only true test for malpractice is whether the doctor breached a standard of care. To allow evidence from someone who is truly not an expert in the defendant's field is not the correct way to arrive at a just decision; but expert witnesses allowed to testify for the plaintiff are often not in the same specialty as the defendant and often do not perform procedures about which they are asked to testify.

After both parties present their cases, the judge charges the jury. He interprets the legal principles for the jurors and should disclose that a difference of opinion does not make one expert witness right or wrong. Again, the issue is standard of care.

Legal education

All doctors require a deeper insight into the medical legal system. In many locales the courts of law continually cause alterations in legal aspects of standards of care. Doctors must become familiar with such revelations—revelations which can be more important than new advancements in medical science.

To learn about and keep up with the area of legal medicine every practitioner, especially surgeons, should subscribe to the following publications:

The Citation—a medicolegal digest for physicians, published twice monthly by the American Medical Association, 535 N. Dearborn Street, Chicago, IL 60610.

The Journal of Legal Medicine—a publication of the American College of Legal Medicine. Write to: GMT Medical Information Systems, 777 Third Ave., New York, NY 10017. Subscription is $20 per year.

Professional Liability Newsletter—an amalgum of California topics. Published monthly by Professional Liability Newsletter, Inc., 102 El Camino Real, Berkley, CA 94705. Subscription is $20 per year.

Blame for the crisis

The malpractice crisis is a syndrome. Medicine has not geared itself to accept malpractice as a separate disease. The pandemic nature of malpractice waxes and wanes and only occasionally inflicts a lethal blow. Its morbidity is tolerated by most physicians. It has a propensity to maim high risk physicians.

We must take certain measures to protect all of us—doctors, hospitals, and patients alike. First, the medical establishment from hospitals, county, state, and national medical societies and specialty organizations must find areas of personal incompetence and excise these lesions. Such a search must originate on a local level.

Second, medicine must seek out those medical witnesses who abuse the legal process for monetary gain. There are not that many, yet they have had a tremendous impact on health delivery via increased insurance costs, billions of dollars in defensive medicine, and improper medical care based upon court imposed medical standards and unnecessary services. This small cadre can be easily identified and most readily expunged.

Finally, residency programs, certifying exams, and continuing education activities should incorporate instruction in the operation of the legal system. Such instruction is long overdue. Many of the existing continuing education courses deal with rare, highly specialized conditions and diseases; but the malpractice pandemic causes more sorrow in this country than Dengue, leprosy, achondroplasia, and other uncommonly encountered entities. □

editorials

Benjamin Rush spirit lives on

The announcement of the names of the Pennsylvania Medical Society's Benjamin Rush Award recipients for 1977 appears on page of this issue of PENNSYLVANIA MEDICINE. The Award is presented annually to those Pennsylvanians who have made outstanding voluntary contributions in the promotion of better health and welfare for others either through actions or funds. Both a lay individual and a lay organization are recognized. Licensed doctors of medicine and persons employed by voluntary or official health or welfare agencies are not eligible.

The Award was conceived on the 100th anniversary of the Medical Society of the State of Pennsylvania in 1948 and was named for Dr. Benjamin Rush whose career exemplifies that of an energetic, public-spirited citizen. His accomplishments, many and varied, include the following: physician to the Pennsylvania Hospital 1783-1813, where he introduced clinical instruction; founder of the Philadelphia Dispensary, 1786, the first such endeavor in the country; treasurer of the United States Mint, 1799-1813; a signer of the Declaration of Independence and a member of the Continental Congress; one of the founders of the College of Physicians of Philadelphia. Dr. Rush was a well-read, well-trained teacher and an active social reformer.

County medical societies may nominate one group winner and/or one individual winner per year. From these, the Council on Professional Relations and Services chooses one individual and one organization for the State Society's Benjamin Rush Award. Counties may also submit past county award winners along with the current year's winners and are encouraged to do this. Information about the awards and nomination forms may be obtained from the Pennsylvania Medical Society.

State Rush Award winners from the last several years along with their contributions merit review. A teacher and transcriber of braille, Mrs. Richard Rollins of Haverford was awarded the 1974 individual award. The Children's Aid Society of Clearfield, which provides interim homes for children until they can be placed in foster homes or returned to their families, received the 1974 organization award. In 1975, Mr. Roger A. Congdon of Ulster received the individual award for his activities in founding an ambulance service and training about 2000 persons in first aid methods. For a variety of community services, The Susquehanna University Student Volunteer Program was named the 1975 group Rush Award winner. Mrs. Charles E. Fox of Philadelphia was recognized in 1976 for her work in rehabilitation of old and sick people. The Danville Ambulance Service was chosen for the 1976 group award for their services in connection with a Neonatal Retrieval Unit, called a "Baby Buggy."

The Benjamin Rush Awards, given by both county and state medical societies, show organized medicine's concern for the improvement of health care. Recognition of service rendered by volunteer individuals and groups for outstanding contributions in the field of health draws public attention to these activities. It is not too early to be thinking about county nominations for 1978.

David A. Smith, M.D.
Medical Editor

The physician and national health insurance

All physicians have a significant responsibility to be fully informed about the issues involved in the debate about national health insurance. We also must become fully aware of the program proposed by the physicians of America, through the American Medical Association.

It is doubtful that such a program is necessary to further improve the American medical care system. Nevertheless, polls reveal that only one in four people favor the current system of voluntary medical care; only 28 percent want universal medical care covered by taxes and administered by the federal government. By more than two to one they favor a mixture of private and public funding.

Numerous national health insurance programs have been introduced in Congress but the one that probably would have the most catastrophic effects upon medical care is the Kennedy-Corman Bill, strongly supported by the AFL-CIO. The bill would replace the present medical care structure with a completely federally controlled and financed system. The accompanying massive bureaucracy and intervention would seriously lower the quality of medical care and significantly increase its cost. The physician would become a civil servant. Individual initiative and opportunity for change and development, which have made American medical care the best in the world, would be obliterated.

In view of those factors, it is essential that the American physician offer a constructive program to better serve the American people and impede the enactment of such programs as the Kennedy-Corman Bill. It is essential to offer alternatives to the Congress. U.S. Senator John Tower of Texas,

known for his conservative political philosophy, has said, "The most viable means of avoiding the Kennedy-Corman version of socialized medicine is to oppose it with more reasonable alternatives."

To respond to that challenge the American Medical Association has offered such a choice. This approach would provide for essential private funding and administration of national health insurance. It would mandate employer offering of health care coverage, with voluntary acceptance by employes. The self-employed would get income tax credits scaled inversely to income to help pay for their coverage. Federal funds coming from general revenues would help the poor and jobless.

All of us have a duty to respond to the American people's desire for a form of national health insurance. We are fulfilling that obligation in offering a program that would be in their best interest and preserve the ability of the medical profession to continue to give high quality medical care.

Each of us must take part in this effort by being informed, informing others, and mobilizing our resources in support of the American Medical Association Bill.

Paul S. Friedman, M.D.
Philadelphia

correspondence

Co-Tylenol danger shown

To the editor:

Many people who are allergic to aspirin also are allergic to Tartrazine—especially those over 40 with the symptom complex of nasal polyps and asthma. Recent evidence suggests that aspirin sensitivity with or without nasal polyps may be present in children and adults with intrinsic asthma. In fact, some severe asthmatics may be sensitive to aspirin without realizing it.

It has been estimated that 25-80 percent of those individuals allergic to aspirin are also allergic to Tartrazine (yellow dye FD&C #5), which is present in some foods and drugs. Many patients as well as physicians are not aware of that fact.

One example is the pain reliever, Tylenol, which has been used as a substitute for those sensitive to aspirin—as it contains no aspirin, or Tartrazine. However, the medication "Co-Tylenol" does contain Tartrazine. I became aware of this fact when a patient was referred to me for angiodema and urticaria. History revealed that aspirin had been taken just prior to the onset of the urticaria and the angiodema. Elimination of the aspirin resulted in the elimination of symptoms. He was given a list of drugs containing aspirin and a list of drugs and foods containing Tartrazine. He was told he could use Tylenol.

The patient returned later with severe angiodema and urticaria. He had not taken any aspirin, but he had taken Co-Tylenol. It was not on the list of drugs I had given him. The company which manufactures Co-Tylenol did not give a list of their drugs which contained Tartrazine. A new list has just come out which does list the drugs containing Tartrazine—Co-Tylenol is one of these drugs. Tartrazine was not listed on the label of the Co-Tylenol as one of the ingredients.

Co-Tylenol can cause very severe reactions to someone allergic to Tartrazine. The similarity of names, Tylenol and Co-Tylenol, is very confusing and could be dangerous.

Claude A. Frazier, M.D.
Asheville, North Carolina

Workshop praised

To the editor:

I recently attended a Medical Assistants Workshop planned and sponsored by the Pennsylvania Medical Society. I found it very refreshing and like a shot in the arm to our practice. The program consisted of well organized materials and covered every aspect of the role an assistant plays in the physician's office.

The workshop was like a pep rally for me—it was hard to believe we sat for eight hours because the time passed so quickly.

I love the challenge of my profession. It gives me great satisfaction to feel that I have helped my doctors care for their patients. Your workshop helped me to do that better.

Aldine L. Oskin
Linesville

More on research

To the editor:

A note of appreciation for your editorial: "Basic Research—sine qua non for the quality of care."

This area of health care has been one of deep concern to many of us like yourself. Though it is disappointing to see such great effort being made by government in the area of regulation and cost accounting with minimal attention to research and training programs, I believe there are still some thoughtful persons in these public offices who are sensitive to the importance of a balanced health program.

I am certain that your office or PMS has circulated your concise statement of the importance of research to appropriate government officials.

C. A. Laubach, Jr., M.D., Director
Department of Cardiovascular Medicine
Geisinger Medical Center
Danville

MDs in the news

William F. Kellow, M.D., Philadelphia, and **Jack D. Myers, M.D.,** Pittsburgh, recently received awards of Mastership in the American College of Physicians, the highest honor presented to fellows by their peers. Dr. Kellow is dean and vice president of Jefferson Medical College, Thomas Jefferson University, and a member of the Liaison Committee on Medical Education which accredits United States and Canadian medical schools. Dr. Myers, former professor of medicine and chairman of the department, is presently university professor at the University of Pittsburgh School of Medicine.

Frieda Baumann, M.D., Wynnewood, recently received the Alumnae Achievement Award during the annual meeting of the Alumnae of the Medical College of Pennsylvania. During the meeting the alumnae also celebrated Dr. Baumann's ninetieth birthday. Dr. Baumann, emeritus professor of medicine, was cited for her achievements during her 38 years of teaching at the medical college.

George E. Hudock, Jr., M.D., was appointed recently to the State Board of Medical Education and Licensure. Dr. Hudock, coroner of Luzerne County, is secretary of the Luzerne County Medical Society and a member of the State Society's Commission on Forensic Medicine. He is co-director of pathology laboratories at Wilkes-Barre Mercy Hospital and attending pathologist at the Veterans Administration, Wilkes-Barre, and Wyoming Valley Hospitals.

David Myers, M.D., was the recipient of the Distinguished Service Award of the Pennsylvania Academy of Ophthalmology and Otolaryngology at its recent annual meeting in Bedford Springs. Dr. Myers, in private practice, is emeritus professor of otorhinolaryngology at the University of Pennsylvania School of Medicine and director of the Institute of Otology of the Presbyterian Hospital, Philadelphia.

Recently certified in their various specialties are the following physicians: **Thomas J. Bondy, M.D.,** Upper Yoder Township, in anesthesiology; **Arthur Giroux, M.D.,** Franklin, in the subspecialty of hematology; **Raymond F. Kostin, M.D.,** Harrisburg, in thoracic surgery; **John A. Mussio, M.D.,** Johnstown, in neurosurgery; **Baldev Singh, M.D.,** Altoona, in anesthesiology; and **James McGraw, M.D.,** and **George Gustainis, M.D.,** Honesdale, in family medicine.

Albright College recently awarded an honorary doctor of humanities degree to **Fred B. Nugent, M.D.,** Reading, for " . . . his profound commitment to providing improved health care services for all persons in the community." Dr. Nugent has practiced obstetrics and gynecology in Reading for over 40 years. He was the major force in the establishment in 1971 of the Southwest Christian Ministry Health Center, which through 1975 provided volunteer medical services to the poor in Reading.

Charles Shagass, M.D., recently received the Gold Medal Award of the Society of Biological Psychiatry. Dr. Shagass, acting director of the Eastern Pennsylvania Psychiatric Institute (EPPI), is professor of psychiatry at Temple University School of Medicine and since 1966 has been chief of clinical services at Temple and director of the psychiatric neurophysiology laboratory at EPPI.

Harold Graff, M.D., was appointed recently as clinical professor of psychiatry and human behavior at Jefferson Medical College, Thomas Jefferson University. Dr. Graff is associated with the Eastern Pennsylvania Psychiatric Institute.

Alan W. Johnson, M.D., Allentown, and **J. Pat Tokarz, M.D.,** Hershey, recently received Mead Johnson Awards for Graduate Training in Family Practice. Dr. Johnson, a third year resident in Sacred Heart Hospital's family practice program, graduated from Temple University School of Medicine. He had previously earned a bachelor of arts degree, a master's degree, and a doctorate in biology from the University of Vermont. Dr. Tokarz is a second year resident in family and community medicine at the Milton S. Hershey Medical Center, Pennsylvania State University, and a graduate of Stanford University and the University of Tennessee Center for Health Care Sciences. He is a member-at-large of the governing council of the Resident Physician Section of the American Medical Association.

The 1977-78 officers of the Pennsylvania Society of Internal Medicine are: **George R. Fisher, M.D.,** Philadelphia, president; **James R. Regan, M.D.,** Bethlehem, president elect; **Peter N. Hillyer, M.D.,** Paoli, secretary; and **Edward H. Hale, M.D.,** Pittsburgh, treasurer. The election of officers was part of the society's fifteenth annual meeting held recently in Pittsburgh.

The following physicians were elected recently to fellowship in specialty organizations: **Paul H. Douglass, M.D.,** York, and **Charles S. Grove, M.D.,** Pittsford, fellows of the American College of Obstetricians and Gynecologists; **Maurice J. Lewis, M.D.,** Harrisburg, fellow of the American College of Physicians; **Frederick J. Munson, M.D.,** Bethlehem, fellow of the American College of Radiology; and **Gerald P. Tracy, M.D.,** Scranton, fellow of the American College of Cardiology.

Among the major participants in the thirteenth scientific meeting of the American Academy of Facial and Plastic Reconstructive Surgery held recently in Boston were the following Pennsylvania otolaryngologists: **Mark May, M.D.,** Pittsburgh; **Eugene N. Myers, M.D.,** Pittsburgh; **David B. Soll, M.D.,** Philadelphia; and **Captain Fred J. Stucker, Jr., M.C., U.S.N.,** Philadelphia.

The Medical Alumni Association of the University of Pittsburgh School of Medicine presented the Philip Hench Distinguished Alumnus Award to **Leo H. Criep, Sr., M.D.,** class of 1920, at its recent annual alumni luncheon. Dr. Criep first joined the University of Pittsburgh faculty in 1922 and now holds the title of clinical associate professor of medicine emeritus.

Thomas Behrendt, M.D., was elected recently as chairman of the executive committee of the Pennsylvania Diabetes Institute. Dr. Behrendt, professor of ophthalmology at Jefferson Medical College, Thomas Jefferson University, has devoted much of his career to research into prevention of blindness from diabetes.

Robert Zelis, M.D., recently assumed the presidency of the American Federation for Clinical Research. Dr. Zelis is chief of cardiology and professor of medicine at the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey.

William A. Weidner, M.D., was named recently as a member of the American Medical Association's newly formed Section on Medical Schools. Dr. Weidner is professor and chairman of radiology at the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey.

The American Broncho-Esophagological Association recently honored **Francis W. Davison, M.D.,** by naming him the recipient of the 1977 Chevalier Jackson Award for outstanding achievement in the field. Dr. Davison, a past president of the organization, was director of the department of otolaryngology at Geisinger Medical Center, Danville, from 1936 to 1964 and since that time has served as senior consultant in the department.

Burton A. Fleming, M.D., has been named co-chairman of the program committee for the annual meeting of the National Association of Private Psychiatric Hospitals. Dr. Fleming is medical director and president of the Horsham Clinic, Ambler.

Stanley G. Schultz, M.D., was elected recently as a member of the International Cell Research Organization, a subdivision of the United Nations Educational and Scientific Cooperation Organization (UNESCO). Dr. Schultz is professor of physiology at the University of Pittsburgh School of Medicine.

John P. Galgon, M.D., Allentown, was elected to serve a second term as president of the Pennsylvania Thoracic Society, the medical section of the Pennsylvania Lung Association, during a recent organizational meeting. Other thoracic society officers are: **Robert F. Johnston, M.D.,** Philadelphia, president elect; **Frederick L. Jones, Jr., M.D.,** Danville, vice president; and **Durelle T. Scott, M.D.,** Kingston, secretary treasurer. The following physicians participated in the scientific session of the thoracic society's meeting: **Richard L. Myerowitz, M.D.,** Pittsburgh; **Basko Postic, M.D.,** Pittsburgh; **William J. Atkinson, M.D.,** Philadelphia; **George Bereznicki, M.D.,** Harrisburg; and **Sukhdev Grover, M.D.,** Pittsburgh.

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John F. Ditunno, Jr., M.D., Director
Department of Rehabilitation Medicine
Thomas Jefferson University Hospital
11th and Walnut Streets
Philadelphia, Pa. 19107
Telephone: (215) 829-6573

education

This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.

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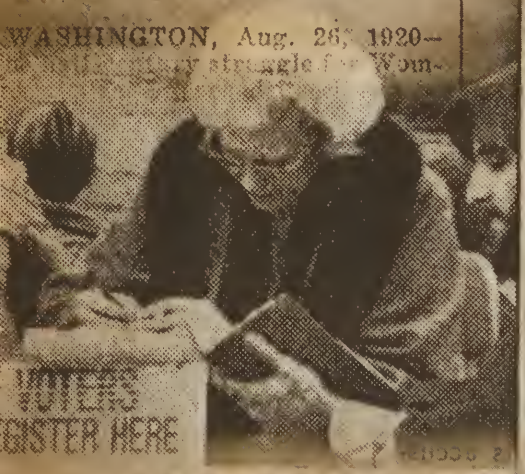
MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26, 1920—[illegible] struggle for Wom-



Social Security Bill Is Signed; Gives Pensions to Aged, Jobles

Roosevelt Approves Message Intended to Benefit 30,000,0 Persons When States Adopt Cooperating Laws—He Call the Measure 'Cornerstone' of His Economic Program.

WASHINGTON, Aug. 14, 19 The Social Security Bill, provid a broad program of unemploym insurance and old age pensi and counted upon to benefit s 20,000,000 persons, became law day when it was signed by Pr dent Roosevelt in the presenc those chiefly responsible for ting it through Congress.

Mr. Roosevelt call[illegible] the mea "the cornerstone [illegible] struc which is being [illegible] m[illegible]s comple[illegible] ri[illegible]

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sen[illegible]

TRUMAN CLOSES TED NATIONS CONFEREN ITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

OUL SIGNE the Draft Ends Nov

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

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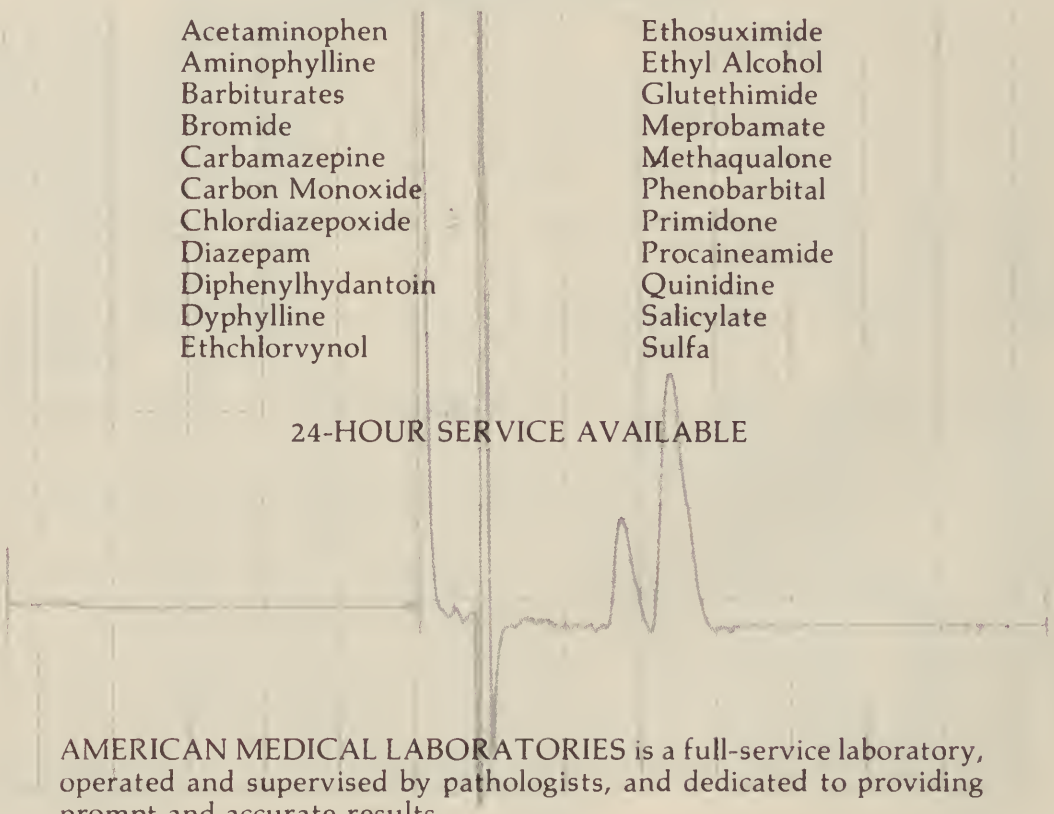

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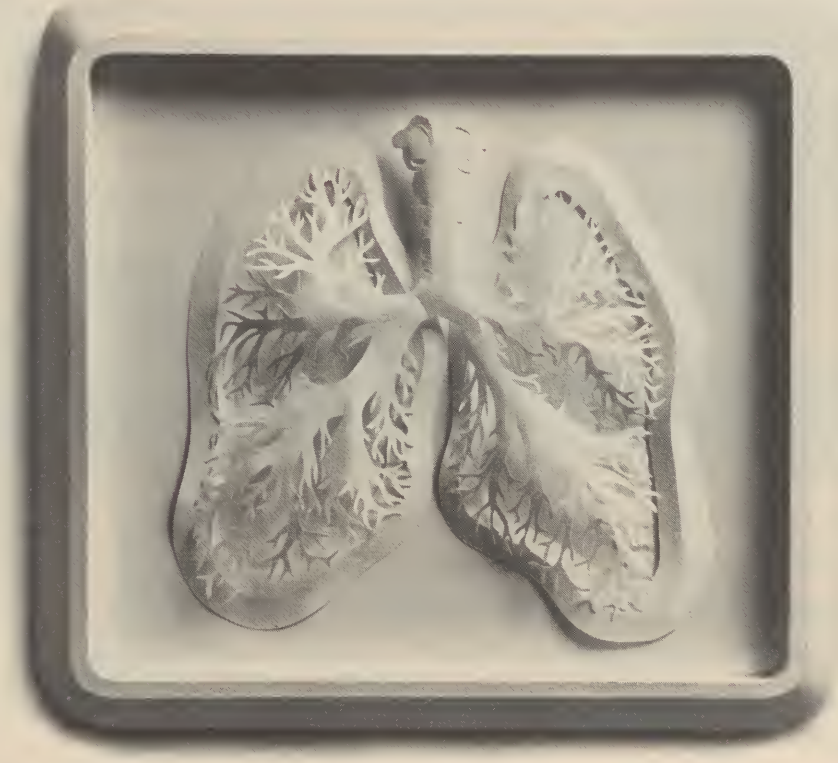

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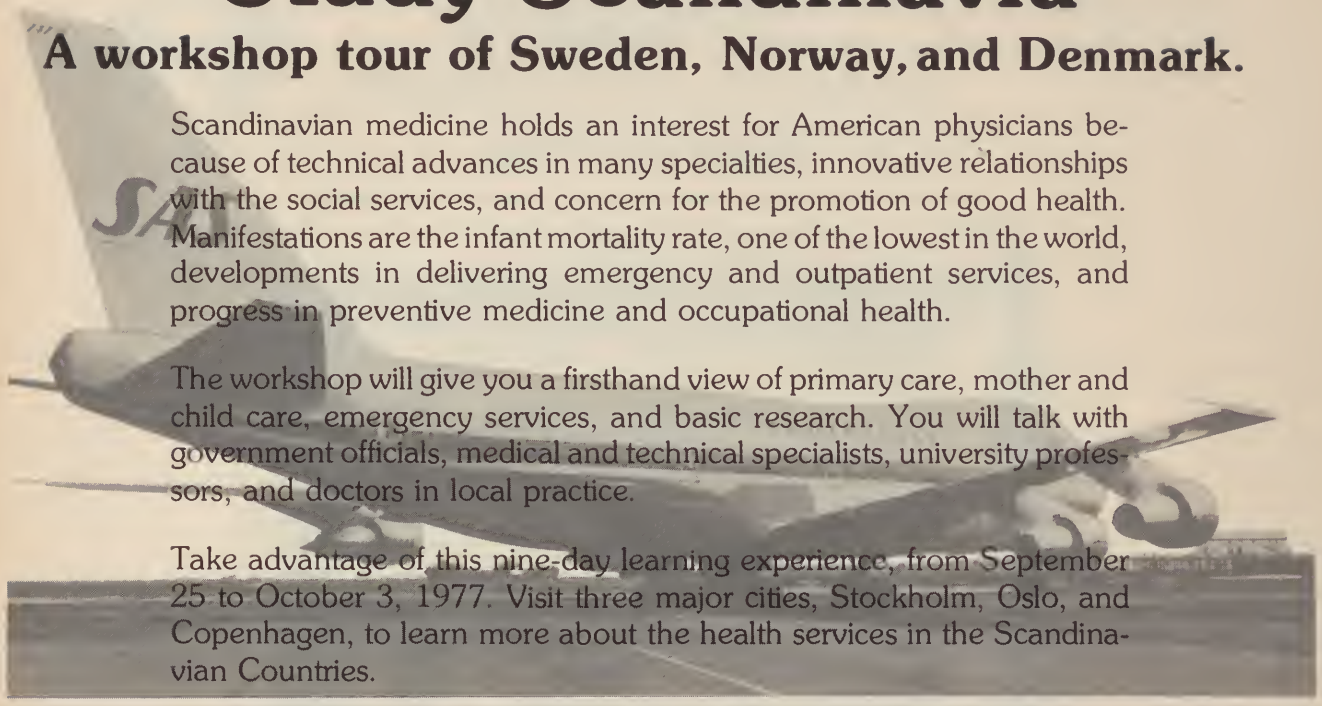

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; + + = 50% improvement; + + + = 75% improvement. Placebo effectiveness was + or + + in 12.7% of trials. Android-25 elicited a +, + + or + + + response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. HOW SUPPLIED: 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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Know your taxes

How capital gains can help save on income tax

DONALD L. DeMUTH, M.B.A., C.P.A.
EDWARD H. ACHORN, M.Adm., C.P.A.
Harrisburg

Find Schedule D confusing? This article translates into simple language the rudimentary points of capital gains taxation.

Capital gains (or losses) are gains (or losses) resulting from the sale (or exchange) of *any* property, with exceptions for varieties of business properties.[1] The properties are known as capital assets and include: stock, including shares of a professional corporation; bonds; cars, not used in business; furs; diamonds and jewelry; yachts; and personal residence.[2]

Many physicians think "capital gains" means that gains from the sale of stock are taxed at half the rate of other income provided the owner has held it for more than nine months. While this is generally true, it is worthwhile to examine some of the details.

The Tax Reform Act of 1976 has altered the provision for capital gains taxation. For a physician to be entitled to the beneficial capital gains tax rates, he must have held the capital asset for *more* than nine months, if sold in 1977, and *more* than one year, if sold after December 31, 1977. The old cutoff was more than six months.

Examine the difference in the taxable income of the two doctors in the following example. Both have taxable income derived from their practices of $50,000 in 1977. The first physician sells stock for a $2,000 gain. He has held the stock for nine months or less. Since he has not owned the stock for more than nine months, he is not entitled to the beneficial capital gains tax treatment. This gain is known as a short-term capital gain. The physician's taxable income is: $50,000 taxable income from his practice (after other deductions), and $2,000 short-term capital gain, giving a total taxable income of $52,000.

If the other physician hangs on to his stock for more than nine months before selling it this year, only one-half of his capital gain is taxable. This is called a long-term capital gain. His taxable income for 1977 is: $50,000 taxable in-

This article, part six in the series, Know your taxes, is the first of three articles on the subject of capital gains and federal tax laws. Mr. DeMuth is assistant professor of accounting and finance at the Capitol Campus of The Pennsylvania State University, Middletown. Mr. Achorn is assistant professor of accounting and management at Penn State. For reprints, write Mr. DeMuth at The Pennsylvania State University, Capitol Campus, Middletown, PA 17057.

1. The exceptions include property held for sale primarily in the course of the taxpayer's business, works of art and patents sold by the creator, business receivables, and noninterest bearing government securities issued at a price lower than its value at maturity. Gains from the sale of these items are all taxed at ordinary income tax rates. Real estate and depreciable property used in a business have special rules. CCH Editorial Staff, 1977 Federal Tax Course, *(Chicago, Commerce Clearing House, Inc., 1976), par. 708.*

2. Losses on capital assets, which are not of an investment or business nature, i.e., they are of a personal nature, are personal losses and are not deductible in determining capital gains and losses. Personal losses resulting from theft or property damage are deductions in computing itemized deductions.

come from practice (after other deductions), and $1,000 long-term capital gain, for a total of $51,000.

Both doctors are in the 50 percent tax bracket (if they are married). Therefore, the latter M.D. will pay $500 less income tax ($1,000 x 50 percent) than the former physician.

Table I compares the taxable incomes of four physicians. One has $52,000 of taxable income, all of which is derived from his practice; another has $50,000 of practice income and $2,000 of taxable dividends, both of which are taxable; the third has $50,000 of taxable practice income and $2,000 of short-term capital gains; the last doctor also has $50,000 of taxable practice income and $2,000 of long-term capital gains.

Capital gains taxation is relatively straightforward, if one only experiences gains. A physician is taxed on short-term capital gains in the same manner that his other income is taxed. Half of his long-term capital gains are taxed at regular rates and half are not taxed at all. But what happens if one year he has a capital loss? Does it make any difference if it is a long-term or a short-term loss? What if he has both? What happens if he has a short-term capital gain and a long-term capital loss in the same year or vice versa? Let us examine the complexities caused by capital losses.

TABLE I
Different Income Scenarios

Practice Income $52,000	*Practice Income* $50,000 *Dividends* $2,000	*Practice Income* $50,000 *Short-Term Capital Gains* $2,000	*Practice Income* $50,000 *Long-Term Capital Gains* $2,000
$52,000 Practice Income	$2,000 Dividends	$2,000 Short-Term Capital Gains	$1,000 Long-Term Capital Gains-Not Taxed
			$1,000 Long-Term Capital Gains-Taxed
—	$50,000 Practice Income	$50,000 Practice Income	$50,000 Practice Income
Fully Taxable	—	—	—
	Fully Taxable	Fully Taxable	One-Half Long-Term Capital Gain Not Taxable
—	—	—	—
Total $52,000 Taxable	Total $52,000 Taxable	Total $52,000 Taxable	Total $51,000 Taxable

Capital losses

If a doctor has short-term losses, long-term losses, or both, treatment is still relatively straightforward. Other taxable income may be reduced by a maximum of $2,000 in capital losses during 1977; beginning January 1, 1978, the maximum is $3,000. If a short-term capital loss should befall the physician this year, the first $2,000 can reduce other taxable income. If he has a long-term capital loss in 1977, 50 cents of each one dollar loss (50 percent) can be offset against other income up to $2,000. If the doctor has short-term *and* long-term capital losses, he first deducts the short-term capital loss, then 50 percent of the long-term capital loss until he offsets the losses or attains the maximum of $2,000.

To illustrate, suppose that physicians Randolph, French, and Kahn have a medical partnership and each has received $48,000 in earnings from the partnership. All of them suffer capital losses in 1977. Dr. Randolph has a $2,000 short-term capital loss; Dr. French has a $4,000 long-term capital loss; Dr. Kahn has a $1,000 short-term capital gain and a $2,000 long-term capital loss. By how much can capital losses reduce each man's other income? Each can reduce his other income by $2,000.

Dr. Randolph offsets the short-term loss against his other income; $2,000 is the maximum amount by which his other income can be reduced in 1977. Dr. French has 50 percent of the long-term capital loss of $4,000, or $2,000, to offset against practice income. Dr. Kahn reduces his income from other sources by the $1,000 of short-term capital loss plus 50 percent of his $2,000 of long-term capital loss, or $1,000. This brings to $2,000 the amount of other income the capital losses shield from taxation. Table II summarizes the position of each of the partners.

In this case all three doctors are able to deduct the maximum capital loss from other income. But what happens if Randolph has $3,000 of short-term capital losses, French has $6,000 of long-term capital losses, and Kahn has $2,500 of short-term capital losses and $3,000 of long-term capital losses?

A capital loss not used in the year in which it occurs, because it exceeds the maximum allowable deduction, can be carried forward to future years until it is completely used. In this case, Dr. Randolph is able to use the maximum $2,000 of his short-term capital loss to offset other income in 1977. The $1,000 which he does not use will be carried forward to reduce other income

TABLE II
Taxable Income After Subtracting Capital Losses

	Dr. Randolph	*Dr. French*	*Dr. Kahn*
Practice Income	$48,000	$48,000	$48,000
Short-Term Capital Loss	2,000		1,000
Tax Deductible Portion of Long-Term Capital Loss			
(50% x $4,000)		2,000	
(50% x $2,000)			1,000
Taxable Income	$46,000	$46,000	$46,000

in 1978. Dr. French knocks down his other taxable income by $2,000 this year by utilizing $4,000 of his $6,000 of long-term capital losses (remember, only 50 percent of long-term capital losses can be utilized in reducing other income). The remaining unused $2,000 of long-term capital gains will be carried forward to 1978; at that time, it will eliminate $1,000 ($2,000 x 50 percent) of taxable income. Finally, Dr. Kahn uses $2,000 of short-term capital losses to reduce his taxable income in 1977 (remember, short-term capital losses are utilized before long-term capital losses). He will then carry forward to 1978 $500 of short-term capital loss and $3,000 of long-term capital loss. This reduces 1978 taxable income by $2,000 ($500 short-term capital loss plus 50 percent x $3,000 long-term capital loss). Table III shows the taxable income positions of the partners in 1977 and 1978.

So far, we have demonstrated what occurs when both short-term and long-term capital losses occur in the same year and what happens when short-term and long-term capital gains are gar-

TABLE III
1977 Taxable Income After Subtracting Capital Losses

	Dr. Randolph	*Dr. French*	*Dr. Kahn*
Practice Income	$48,000	$48,000	$48,000
Maximum Short-Term Capital Loss	2,000		2,000
Maximum Long-Term Capital Loss Deductible			
(50% x $4,000)		2,000	
Taxable Income	$46,000	$46,000	$46,000

Capital Losses Carried Forward to 1978

	Dr. Randolph	*Dr. French*	*Dr. Kahn*
Short-Term Capital Loss	$ 1,000		$ 500
Long-Term Capital Loss		$ 2,000	$ 3,000

1978 Taxable Income Reduced By:

	Dr. Randolph	*Dr. French*	*Dr. Kahn*
Short-Term Capital Loss Carried Forward from 1977	$ 1,000		$ 500
Long-Term Capital Loss Carried Forward from 1977			
(50% x $2,000)		$ 1,000	
(50% x $3,000)			$ 1,500
Total Income Reduction	$ 1,000	$ 1,000	$ 2,000

nered in the same year. Let us now discuss the results of a short-term capital *gain* and a long-term capital *loss,* or vice versa, occurring in the same year.

Before we go on, we must clarify a point. We have discussed "short-term capital gains" and "long-term capital gains" as though there were one transaction resulting in a gain or loss. Actually, the result is the same whether there has been one, three, twenty, or a thousand transactions. Technically, gains resulting from the sale of capital assets, held nine months or less, in excess of losses on the disposal of similar assets are called "*net* short-term capital gains." Losses on the sale of capital assets, held more than nine months, in excess of gains or similar property are called "*net* long-term capital losses."[3] We will use the terms interchangeably (e.g., long-term capital gains or *net* long-term capital gains).

Tax break

When a doctor has short-term capital gains and long-term capital losses in the same year, he receives a true tax "break." The reason is that long-term capital losses are offset *dollar-for-dollar* against short-term capital gains, a tax break because usually only 50 percent of long-term capital losses can be used to reduce other income. When short-term capital gains exist, they can be offset by 100 percent of any long-term capital losses. The following example demonstrates this advantageous situation.

A physician has $50,000 of taxable income if he has $50,000 of practice income or $40,000 of practice income plus $10,000 of short-term capital gains. If he also has net long-term capital losses of $8,000, his taxable income depends on whether he has any short-term capital gains. Table IV shows the taxable income and income tax paid by a married physi-

3. CCH Editorial Staff, op. cit., *par. 703.*

TABLE IV
Long-Term Capital Loss

Practice Income	$50,000
Deductible Portion of Long-Term Capital Loss (50% x $8,000)	4,000
Taxable Income	$46,000
Income Tax	$15,060

cian with $50,000 of practice income along with the long-term capital losses.

Table V illustrates the outcome if the doctor has $40,000 of practice income and $10,000 of short-term capital gains. Notice that the 100 percent offset of long-term capital losses against short-term capital gains causes almost a $2,000 difference in the amount of income tax to be paid.

TAX TIP—If you incur a short-term capital gain this year, consider selling some securities, which you have held for more than nine months, which are currently trading for less than the price you paid. This allows you to reap the benefits of 100 percent deductibility of long-term capital losses.

Tax break

As expected, Uncle Sam is not inclined to make beneficent gifts in tax laws. The tax "break" which occurs when a physician has short-term capital gains offset by long-term capital losses is countered by a tax "brake" when he finds himself with long-term capital gains and short-term capital losses.

Examine the case of two orthopedic surgeons, Dr. Rohner and Dr. Webster, who both have taxable practice incomes of $80,000, long-term capital gains of $5,000, and short-term capital losses of $2,000. The only difference between the finances of the two orthopods is the timing of their capital gains and losses. Dr. Rohner's $5,000 long-term capital gain occurred in 1976 and his $2,000 short-term capital loss occurred in 1977. Dr. Webster's $5,000 long-term capital gain and $2,000 short-term capital loss both transpired in 1977.

When long-term capital gains are tallied in one year and short-term capital losses in another (Dr. Rohner's situation), half of the long-term capital gains are taxed and all of the short-term capital losses (to a maximum of $2,000 in 1977 and $3,000 thereafter) are deducted from other taxable income. However, when they occur in the same year (Dr. Webster's case), the short-term capital losses are subtracted from the long-term capital gains. The reason this is a tax "brake" is that short-term losses, which are generally deducted from income that is fully taxable, is being deducted from long-term capital gains, which is only 50 percent taxable. Table VI presents the difference between the two physicians' taxable income and income taxes.

Note that Dr. Webster's taxable income over the two year span is $1,000 more than Dr. Rohner's and Webster's income tax is $500 more for the period. This is entirely caused by the tax "brake."

TABLE V
Short-Term Capital Gain/Long-Term Capital Loss

Practice Income		$40,000
Short-Term Capital Gain	$10,000	
Long-Term Capital Loss	8,000	
Taxable Capital Gain	2,000	2,000
Taxable Income		$42,000
Income Tax		$13,100

TAX TIP—If you end up with long-term capital gains and short-term capital losses in the same year, consider selling some capital assets for a long-term capital loss. Such a move will maximize tax savings by offsetting the long-term capital gains and permitting the short-term capital losses to reduce income which is 100 percent taxable.

The next article will examine some of the idiosyncrasies and nuances of capital gains taxation. □

TABLE VI
Short-Term Loss and Long-Term Gain in Same Year Versus Different Years

Dr. Rohner	*1976*	*1977*	*Total*
Practice Income	$80,000	$80,000	$160,000
Taxable Portion of Long-Term Capital Gain (50% x $5,000)	2,500		2,500
Deductible Short-Term Capital Loss		(2,000)	(2,000)
Taxable Income	$82,500	$78,000	$160,500
Income Tax[4]	$33,310	$31,060	$ 64,370

Dr. Webster	*1976*		*1977*	*Total*
Practice Income	$80,000		$80,000	$160,000
Long-Term Capital Gain		$5,000		
Short-Term Capital Loss		(2,000)		
Long-Term Capital Gain in Excess of Short-Term Capital Loss		3,000		
Taxable Portion		x 50%		
Taxable Gain		1,500	1,500	1,500
Taxable Income	$80,000		$81,500	$161,500
Income Tax[4]	$32,060		$32,810	$ 64,870

4. Tax computed using the maximum tax on earned income and the alternative tax computation method where applicable.

Computers and medicine

Can computers help your practice?

EDWARD H. ACHORN, M.A., C.P.A.

Harrisburg

The computer has become a topic of discussion wherever professionals congregate. The physician is a target market for service bureaus, time sharing firms, computer manufacturers, and other firms dealing in computers. This is natural since the advent of medicare and other extensive plans has caused the business side of medical practice to become inordinately complex.

Some of the more common applications of computers follow. **Receivables and income**—improve patient billing; streamline third party billing; provide financial control over receivables and income; provide analysis of services provided; provide analysis of source of referrals; provide analysis of who does the work in group practices; minimize bad debts and contractual adjustments; and improve office communications.

Payables and disbursements—Insure taking of discounts; minimize over-charge by vendors; and simplify general ledger procedures.

Data collection

The first step in installing a computer system is to establish a sound data collection system. Traditionally, professional people resist time recording or service recording. It may be that the service ultimately will be written off; however, it should be accounted for. The physician (or his business manager) must decide. Such a decision should not be left to chance.

One good data collection system makes use of the appointment calendar to tie in services performed, cash collecting, billing, etc. (Figure 1).

The appointment calendar is simple and straightforward to use. It can enhance either a computer or manual system by providing a check list for the physician to insure that services are not missed. The calendar includes a dollar control of receivables which, together with statements, etc., enhances the financial integrity of the office.

A simple control sheet may be developed for use in either a pegboard or computer system; the control sheet also tells the physician where he stands on a daily basis (Figure 2).

To make such a data collection system work, an office must: (1) establish an account number for each patient; (2) use service code (preferably Blue Shield); (3) reconcile the checking account with the cash balance; and (4) balance the customer statements with control figures. Do those details sound elementary? It is amazing how many people don't bother with them.

The format of the data collection system is not important. The primary feature is that the system, using an organized check list, is initiated as a part of the process of seeing the patient. Excellent adaptations of the concept have been used by specialties dealing in heavy Blue Shield or medicare claims.

The use of a programmable floppy disk at the patient's entry point has enhanced the preparation of Blue Shield claims. The system is used to prepare the claim, capturing the essential elements for other processes (receivables, service analysis, referral source, etc.). Once this is accomplished, the physician is ready for the rest of the system.

Do not underestimate the data collection process. The results of establishing sound control will be

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felt, even in a manual system. Frequently, the mere establishment of sound manual procedures will accomplish the desired effect.

Accounts receivable

The next process in a receivable system will be a daily register-proof list—a report which provides a detailed listing of what is going into the receivables file (Figure 3).

The important features of this report are: (1) a front end edit which identifies bad customer (patient) numbers; (2) a proof list which can be used as an audit trail when problems occur; and (3) a control which is established to balance to the daily control sheet to insure accuracy of charges and credits.

The net deposit should represent the deposit to the bank—on a daily basis. The deposit should be made intact, and minor disbursements made through an imprest petty cash fund.

A satisfactory computer billing system flags items with error procedure codes or patient numbers. At the outset, the physician may be troubled with errors which could be symptoms of bad office communications, a bad program, sticky fingers, or just misunderstanding. Resolving errors takes some time in the beginning; once under control, a smoothly flowing system will result.

The system can also provide an aged trial balance (Figure 4) listing outstanding invoices according to the number of days overdue.

As is readily apparent in Figure 4, the trouble items are in the 60 days or over columns. Let us consider the following points:

1. The older the item, the less likely it is to be collected. Further, unless the office sends him a statement or contacts him personally, the patient will probably not pay.

2. It may be the office's policy to write off certain types of accounts, perhaps because of kindness or professional courtesy. The more written off because of poor collection procedures, the less can be done because of empathy.

3. Most malpractice suits include items overdue. In some cases, this could be a signal of vulnerability to such a situation.

4. If all the controls are operable and a patient claims he has paid an item listed as overdue, a misapplication of cash might have occurred—accidentally (wrong patient) or intentionally (bad news).

Doctor X
July 24

Patient	Desc	Cash	Charges		
			Patient	Blue Shield	Other 3rd Party
8:00					
8:15					
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
10:45					
11:00					
11:15					
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7:00					
7:15					
7:30					
7:45					
8:00					
8:15					
8:30					
8:45					
9:00					
TOTALS:					

Figure 1. Appointment calendar to tie in services performed, cash collecting, and billing.

Daily Control Sheet Date: 7/15/77

Opening Check Book Balance		1,250.00
Add: Cash Receipts, Cash Pay Patients	325.00 (A)	
Cash Receipts, Patients A/Rec	250.00 (B)	
Cash Receipts, Blue Shield	275.00 (C)	
Cash Receipts, Other 3rd Party	185.00 (D)	
Cash Receipts, Miscellaneous	15.00 (E)	
Total Deposit		990.00
Total Cash Available		2,240.00
Less: Disbursements (Checks #631 to #635)		475.00
Ending Check Book Balance		1,765.00
Opening Accounts Receivable Balance		31,939.00
Add: Charge Services, Patient	450.00 (F)	
Blue Shield	300.00 (G)	
Other 3rd Party	110.00 (H)	860.00
Sub-Total		32,099.00
Less: Payments (B + C + D)	650.00	
Write-Offs	110.00	760.00
Closing Accounts Receivable Balance		31,339.00

Income: Cash Pay Patients		325.00 (A)
Charge Patients - Patient		450.00 (F)
Blue Shield		300.00 (G)
Other 3rd Party		110.00 (H)
Miscellaneous		15.00 (E)
Less Write Offs		(110.00)
Daily Income		1,090.00

Figure 2. Control sheet to record daily financial status.

A word of caution on the last point: White collar fraud is one of the most difficult problems in business. People tend to place confidence in the next person. Banks, which are most vulnerable, establish effective controls and let the employes know those controls are being used—an ounce of prevention. In other words, place your confidence, but establish controls, and use them. The physician should: enforce vacations; reconcile the bank statement occasionally; prove controls (or have the auditor do it); prove the total statements to the controls and see that *all* are mailed; and field some of the patient complaints about bills having been paid, and follow through.

Obviously, the physician cannot do these things regularly, but the realization that they will be done occasionally is actually a kindness to the one in whom he is placing his confidence.

A computer system can provide an analysis of services performed during a given period of time (Figure 5). Such an analysis includes a breakdown of separate services, the number of times each service was provided, income from each service, percent of total income from each service, and frequency of each service compared to the sum of all services.

By examining the analysis of services a physician is better able to locate problems in his practice. He might find evidence of lost or misbilled items (if he thinks he performed more of a particular service than the analysis shows) which can cause a loss of gross income. He may find that he frequently performs an outdated service, that he could improve the effectiveness and organization of his time, or that he should change the fees he charges.

Source of income

A source of income analysis is another feature which a computer system can provide. Some specialties have no need for such

PAGE 1 ACCOUNTS RECEIVABLE DATE: 11/27/76

CUSTOMER #	INVOICE	DATE	JOB #	SOURCE	AMOUNT	BALANCING
2 76600	008164	10/15/76	7485	40	250.00	
3 76600	008164	10/15/76	7485	40	250.00	.00
2 77750	008168	10/19/76	7484	40	161.40	
3 77750	008168	10/19/76	7484	40	161.40	.00
2 77760	008180	10/20/76	7485	40	614.50	
3 77760	008180	10/20/76	7485	40	614.50	.00
2 36300	008205	10/26/76	7486	40	249.50	
3 36300	008205	10/26/76	7486	40	249.50	.00
INVALID CUSTOMER # ABOVE INVOICE						
2 36301	008211	10/27/76	5763	40	416.00	
2 36301	008211	10/27/76	5763	40	24.96	
3 36301	008211	10/27/76	5763	40	439.96	1.00***
2 52900	008216	10/27/76	5764	40	6700.00	
2 52900	008216	10/27/76	5764	40	402.00	
2 52900	008216	10/27/76	5764	40	100.00	
3 52900	008216	10/27/76	5764	40	7202.00	.00
2 36300	008224	10/28/76	5771	40	1751.00	
3 36300	008224	10/28/76	5771	40	1751.00	.00
2 53100	008225	10/29/76	5775	40	295.00	
3 53100	008225	10/29/76	5775	40	295.00	.00

BALANCING SUMMARY

1 INVOICE OUT OF BALANCE
1 INVALID CUSTOMER NUMBER

ACCOUNTS RECEIVABLE TOTAL 10,963.36

DISTRIBUTION TOTAL 10,964.36

Figure 3. Report provides daily listings of information going into receivables file.

NOVEMBER 30, 1976

ACCOUNTS RECEIVABLE TRIAL BALANCE

CUSTOMER NUMBER	CUSTOMER NAME	T R	INVOICE NUMBER	INVOICE AMOUNT	DATE	0 TO 30	31 TO 60	OVER 60
00030	EDWARD DOE	1	030903	150.00	10/4/76		150.00	
00050	SAMUEL DOE	1	030904	175.00	11/1/76	175.00		
00700	JOHN DOE	1	029995	250.00	9/30/76			250.00
00900	JOHN SMITH	1	031000	425.00	11/15/76	425.00		
010000	SAM SMITH	1	029990	400.00	9/30/76			
010000	SAM SMITH	6	029990	350.00	11/15/76			50.00
011000	SUSIE SMITH	1	030905	500.00	11/15/76	500.00		
022005	JOHN SZAMAN	1	030906	100.00	11/16/76	100.00		
022100	JOHN XRAY	1	030907	200.00	11/1/76	200.00		
022000	SAM XYZ	1	031000	150.00	10/29/76		150.00	

ACCOUNTS RECEIVABLE RECAP:

ACTIVE ACCOUNTS	9
0 TO 30 DAYS	1,400.00
30 TO 60 DAYS	300.00
OVER 60 DAYS	300.00
TOTAL DUE	2,000.00

Figure 4. Aged trial balance listing outstanding accounts according to number of days overdue.

an analysis while others find it useful (Figure 6).

Some might argue that a physician should not be selling his services. However, no patients equals no revenue equals no practice. Further, detecting trends is a good way to detect satisfaction or the lack of it. If referrals are dropping from a particular source, is it not enlightening to go to the source for the reason. The cause may be another specialist situated more closely to the patients. A drop in referrals might be a signal for relocation. If the cause is patient dissatisfaction, perhaps the doctor should make a critical self-evaluation. If the cause is misunderstanding, he might be able to clear the air.

REFERRAL SOURCE
XYZ MEDICAL GROUP — MONTH OF SEPT 76

REF #	DESCRIPTION		RSV	AMOUNT
019	ABC GROUP			
	SHARON WHITE	201 23 4567	1284	16.00
	SUE SAMUELS	123 56 4789	1284	16.00
	JAN BROWN	645 12 3789	1284	16.00
	SAM WHITE	456 12 3789	8741	10.00
	JOE SMITH	987 65 4321	8741	10.00
	TOTAL		5	68.00
023	DEF GROUP			
	ED STOLTZFUSS	421 64 4261	1284	16.00
	JOHN MUNNEMACHER	641 21 6001	1284	16.00
	JAMES JOHNSON	201 16 4091	1284	16.00
	TOTAL		3	48.00
	GRAND TOTAL		8	116.00

Figure 6. Source of income analysis may reveal trends such as an increase or drop in referrals.

Receivable system

A question which naturally arises in setting up a receivable system such as described is: Should I use an open item or a balance forward system? The nature of a computer system eliminates the ledger card as a source of information. Information formerly contained by the ledger will be available, but not as readily, so it is important to decide which receivable system to use.

The balance forward system normally applies cash to the oldest balance. It is the least cumbersome, for it is only necessary to identify cash as to patient number. The chief disadvantage is that if the patient is paying a later item and not paying an earlier item, this fact will be lost in the balances. Further, Pennsylvania Law forbids charging service charges on service charges; an office using service charges needs a more complicated program.

Most physician billing systems use the balance forward technique. However, this author prefers the open item system. The chief disadvantage of such a system is that payments must be identified by invoice as well as patient. This represents some added effort in applying cash when received. On the other hand, the statements and records reflect more clearly the patient's intent with his payments. In other words, it tends to uncover the sour situations more quickly.

A basic decision the physician must make is how to obtain the service of a computer. Batch service bureau? On line with a terminal to a service bureau? Batch in-house equipment? On line in house? The least expensive method probably would be the service bureau. The difference in cost between that option and "on line in house" would probably be substantial.

On the other hand, response time (access to information) would probably be the least with "on line in house." In other words, there are advantages and disadvantages in each method, which forthcoming articles in this series will discuss. □

PRACTICE ANALYSIS
XYZ MEDICAL GROUP — MONTH OF SEPT 76

RVS CODE	DESCRIPTION	NO.	AMOUNT	% FREQ	% REVENUE
0195	LESION ¼ TO ½ INCH	9	45.00	5.62	2.93
1284	DISLOC SHOULDER CLOSED REDN	15	240.00	9.38	15.63
2442	VENO PUNC/SCALP VEIN/FLD THERAPY	12	180.00	7.50	11.71
8001	SMA 12	7	49.00	4.37	3.19
8646	CEPHALIN FLOCCULATION	8	56.00	5.00	3.64
8716	RH TITER	10	100.00	6.25	6.51
8741	COOMBS DIRECT	6	60.00	3.75	3.91
8897	SALICYLATES BLOOD	12	60.00	7.50	3.91
8911	PAP SMEAR	13	130.00	8.13	8.46
8959	URINE GLUCOSE FERMENTATION	12	120.00	7.50	7.82
9000	INITIAL OFFICE VISIT	14	210.00	8.75	13.67
9003	OFC VISIT FOLLOW/BRIEF	20	110.00	12.50	7.16
9004	OFFICE VISIT	22	176.00	13.75	11.46
	TOTALS	160	1536.00		

Figure 5. Analysis of services may help locate problem areas in the practice.

Anencephaly—survey of 60 cases

D. K. GUHA-RAY, M.D.

Gallup, New Mexico

Female predominance in anencephaly has been well documented and favors hypotheses of genetic etiology. Timson[1] has studied 3719 cases of anencephaly discussed in scientific publications from different parts of the world and found an overall distribution of 1102 males to 2617 females, a ratio of 1:2.4.

This paper presents the results of a study of anencephalic infants delivered at the Magee-Womens Hospital, Pittsburgh, from 1959 to 1973, and compares those results with previously published reports.

Of approximately 90,000 deliveries at Magee-Womens Hospital, 58 mothers delivered 60 anencephalic infants, an incidence of 0.67 per 1000 deliveries. There were 25 male and 35 female anencephalics, a ratio of 1:1.4. A control group of 15,412 consecutive births at Magee yielded 7845 males and 7567 females, a ratio of 1.04:1. Among the Caucasian infants were 23 male and 31 female anencephalics, a ratio of 1:1.34; among non-Caucasian infants were two male and four female anencephalics, a ratio of 1:2 and an incidence of 0.741 and 0.285 per 1000 deliveries, respectively.

The 58 mothers surveyed at Magee had had a total of 202 known pregnancies resulting in 108 normal infants, 30 abortions (in 12 mothers), 60 anencephalics, two infants with spina bifida with meningomyelocele, one hydrocephalic, and one infant with hare lip.

Variables

Incidence of anencephaly varies throughout the world. Ireland, parts of the United Kingdom, and areas of the United States which have large Irish populations, all have a high incidence of anencephaly. Female preponderance appears greater in the regions of high incidence (Table I).

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The report of a survey of 38 cases of anencephaly among the non-white (predominantly Negro) population in upstate New York documents a slight male excess (1.18 males to 1.0 females) and a female excess (1 male to 2.2 females) among the white population (Table 1). A study in Alabama reports similar male-female distribution of anencephalics in both the white and non-white populations. Low incidence and almost equal numbers of male and female anencephalics have been noted among the polygenic population in Singapore.[2] Reasons for the varying results are unknown.

Renwick in 1972 attempted to correlate the varying incidence of anencephaly with the amount of blighted potatoes consumed by the populations in different areas and seasons.[3] Later epidemiological and animal experimental studies have failed to support his hypothesis.[4,5,6]

Statistics from Magee reveal no significant seasonal fluctuation in the total number of anencephalic births (Table II). Data from Rhode Island[7] and Liverpool[8] agree with Magee's statistics but a significant increase in the birth rate during winter months

has been observed in Birmingham, United Kingdom,[9] and Scotland.[10]

During our survey, female preponderance, noted in most stages of gestation, was more marked between 34 and 37 weeks, while less marked in the over 39 weeks group (Table III). These findings have been supported by other studies;[11] other researchers have noted no *significant* variation in the male-female anencephalic distribution with different lengths of gestation.[8]

Data from Magee show female preponderance with a birth weight of

TABLE I

Sex Ratio of Anencephalics in Relation to Incidence at Different Places

Author	Year	Place	Incidence Per 1000 Births	No. Anencephalics Male	Female	Male: Female
Coffey & Jessop	1957	Dublin	5.9	26	110	1:4.2
Stevenson & Warnock	1959	Belfast	4.6	12	27	1:2.3
Carter, et al.	1967	S. Wales	3.54	89	270	1:3.2
Smithells, et al.	1964	Liverpool	3.2	52	125	1:2.4
Williamson	1965	Southhampton	1.95	7	20	1:2.85
MacMahon	1953	Rhode Island	1.93	98	223	1:2.3
Naggan & MacMahon	1967	Boston	0.98	88	211	1:2.4
Gittelsohn & Milham	1962	New York	0.85	683	1478	1:2.2
Solowy & Shepard	1971	C. Virginia	1.0	11	14	1:1.56
Cassady	1969	Alabama	0.83*	131	232	1:1.77
			(0.18)	(12)	(17)	(1:1.4)
Frezal, et al.	1964	France	0.55	147	219	1:1.5
Erez & King	1966	New York	0.5	16	28	1:1.8
Guha-Ray	1975	Pittsburgh	0.67*	25	35	1:1.4
			(0.29)	(2)	(4)	(1:2)
Searle	1959	Singapore	0.77	31	33	1:1.06

*Incidence among Caucasians is 1.2 in Alabama and 0.74 in Pittsburgh. Statistics of Negro population are shown in brackets.

TABLE II

Male-Female Conception of Anencephaly in Relation to Months and Seasons

Months	Seasons	No. Anencephalics Male	Female	Total Male-Female Anencephalics in Each Season Male	Female	Total in Each Season (%)	Control* (%)
December		6	3				
January	Winter	2	4	10	9	19	4512
February		2	2			(31.7)	(23.9)
March		1	3				
April	Spring	1	1	5	9	14	4550
May		3	5			(23.3)	(24.0)
June		2	2				
July	Summer	1	2	5	7	12	5025
August		2	3			(20.0)	(26.5)
September		1	4				
October	Fall	0	6	5	10	15	4866
November		4	0			(25.0)	(25.6)

*Control group consists of total number of normal births in the years 1960, 1965 and 1970 at Magee-Womens Hospital.

2000 g or less, a ratio of 1:1.79, and equal distribution among those weighing more than 2000 g. Other studies have yielded similar results.[8,11,12]

Hydramnios was absent in 18 (72 percent) of the males and in thirteen (27.2 percent) of the females born at Magee ($p<0.025$) (Table IV). That finding agrees with the study by Millic.[13] Our statistics show that peak incidence of hydramnios in male fetuses was between 30 and 34 weeks (four out of eight cases), and between 35 and 39 weeks (12 out of 13 cases) in females. While there was no incidence of hydramnios between 40 and 45 weeks in males (out of nine), it was present in four out of 12 female anencephalics. Hydramnios occurred in two females (out of three) and one male (out of two) anencephalics with diabetic mothers.

Five male and five female anencephalics were born macerated or died sometime before birth, while 20 (80 percent) males and 30 (85.7 percent) females were born alive or died shortly before birth. All ten macerated infants weighed 2500 grams or less and their gestational ages were 39 weeks or less (Tables V and VI). Inability of the female anencephalic fetus to withstand stress has been noted in one study, which had only a 20 percent female survival rate as compared to a 40 percent survival rate in the males.[13]

Our study reveals no significant difference of incidence of anencephaly in relation to either maternal age or year of birth. Results of other studies show that there may be some relation between the maternal year of birth and the subsequent anencephalic birth.[15] Anencephalic infants whose mothers were outside the age group

TABLE III

Sex Distribution of Anencephalics by Duration of Gestation

Gestation in Weeks	*Male*	*Female*
19 - 24	1	1
25 - 29	1	3
30 - 34	8	6
35 - 39	6	13
40 - 45	9	12
19 - 33	9	9
34 - 37	2	12
38 - 45	14	14
19 - 38	14	21
39 - 45	11	14

TABLE IV

Incidence and Distribution of Hydramnios in Relation to Gestation

Sex of Anencephalics	*Hydramnios*	*Total*	*Distribution in Relation to Gestation in Weeks*			
			19 - 29	*30 - 34*	*35 - 39*	*40 - 45*
Male	7(28%)	25	1	4	2	0
Female	22 (63%)	35	2	4	12	4
Total	29 (48.3%)	60	3	8	14	4

TABLE V

Sex, Time of Death, and Birth Weights of Anencephalics

Weight In Grams	*Time of Death*				*Macerated or Presumed Dead for Sometime Before Birth*	
	After Birth		*Intrapartum*			
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
Under 1500	1	3	5	5	2	5
1501-2000	1	5	2	5	2	-
2001-2500	2	6	-	1	1	-
2501-3000	3	3	-	2	-	-
3001-3500	3	-	2	-	-	-
3501-over	1	-	-	-	-	-
Total	11	17	9	13	5	5

Eight pregnancies, one with male and seven with female infants were terminated by intrauterine hypertonic saline injection method in the intrapartum group.

TABLE VI

Sex, Time of Death, and Duration of Gestation of Anencephalics

Gestation in Weeks	*Time of Death*				*Macerated or Presumed Dead for Sometime Before Birth*	
	After Birth		*Intrapartum*			
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
19-24	0	0	1	1	0	0
25-29	0	1	1	2	0	0
30-34	2	0	5	3	2	3
35-39	2	9	0	2	3	2
40-45	7	7	2	5	0	0
Total	11	17	9	13	5	5

of 26-35 years were predominantly female. Mothers in the 26-35 year old group had an equal number of male and female anencephalics—15 of each sex. Mothers who were born between the years 1930 and 1949 delivered about the same number of male and female anencephalic infants—24 males and 25 females.

The Magee survey included the incidence and sex distribution of anencephaly in relation to parity. Our data show an increased incidence of anencephaly in the second pregnancy—9 males and 12 females, 35 percent of all anencephalics included in the study. From the fifth pregnancy onward, the incidence increased significantly. Female excess appeared in all parities. Our findings vary from other studies[8,10] which report a significant excess of primiparae among the mothers of anencephalics. Another study[11] shows no difference in the incidence of anencephaly in relation to parity.

Our study reveals no significant difference between anencephalics and the control group in relation to either rhesus or ABO blood groups. Our findings, showing an increased proportion of affected mothers in blood group O, agree with one previous study[8] and differ from another.[11] Female anencephalics predominate in all blood groups except A, in which males are in excess.

Among the cases surveyed at Magee was a twin pregnancy in which one twin was a female anencephalic and the other a normal female. By studying scientific publications, the author has noted 164 similar cases (author's unpublished data) of which 74 were male and 90 were female—a ratio of 1:1.1. The ratio differs significantly from the male-female ratio of anencephalic infants from single pregnancies.

Autopsy, performed in 32 cases, showed that anencephaly had been the only anomaly in five males (38.5 percent) and 16 females (84 percent). Eight males (61.5 percent) and three females (16 percent) had other associated anomalies. Potter[14] notes that in her study females comprised 90 percent of anencephalics with anomalies limited to the neural tube and bony encasement; female preponderance was not so high when the anomalies were present elsewhere in the body.

Table VII shows that in 46 affected mothers without a history of abortion, the male-female ratio of the affected infants (22 males and 26 females) and of the other siblings (49 males and 40 females) are similar to that of the control group (7845 males and 7567 females). Among the 12 affected mothers with a total of 30 abortions there was a female excess both in the affected infants (three males and nine females) and non-affected siblings (eight males and 15 females).

TABLE VII

Abortion Distribution and Sex Distribution of Infants Born of Mothers Prior to or Following Anencephalic Birth

Mothers of Anencephalic Infants	*No. Anencephalics*	*Total No. Births Excluding Anencephalics*			
		Normal		*Abnormal**	
		Male	*Female*	*Male*	*Female*
A. History of abortion	12	7	15	1	-
B. No history of abortion	48	46	40	3	-
Total	60	53	55	4	-

**In Group A there was a male infant with hare lip. In Group B there were 2 infants with spina bifida and meningomyelocele, one infant with hydrocephaly.*

Our findings suggest that more affected and/or non-affected male embryos or fetuses are aborted unrecognized in early pregnancy. This may be a factor of apparent unbalanced distribution of male-female anencephalics in later gestation. The subject requires further study. □

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Metastases to the patella with bone scan, tomography, magnification film correlation

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Hershey

Metastases to the patella are rare, presumably because of its relatively poor blood supply.

Routine radiographic findings in patients with metastatic lesions in the patella have been described by previous authors.[1,3,8,11] Other authors have described correlation with arthrography and angiography.[10] Review of the literature over the past fifteen years fails to reveal any previous description of bone scan correlation and the use of magnification filming in a case of metastatic disease to the patella. The following report describes such a case.

Case report

A 65 year old white female had a left radical mastectomy in 1971 for an upper quadrant intraductal carcinoma of the breast. The patient remained well without any additional therapy until July 1974 when she developed local recurrence of a tumor in the axilla near the suture line; it was treated by excisional biopsy and external cobalt irradiation.

In early December 1974, the patient developed pain in the area of the distal femur and knee on the right side. Radiographs were obtained and revealed no evidence of intrinsic osseous pathology.

Figure 1. Routine radiographs demonstrate a mottled, pathologic, destructive process involving the inferior aspect of the patella.

A few weeks later the patient began to complain of pain in the right hip. She was sent for radiographs and while getting out of the wheelchair, her leg collapsed and the subsequent radiographs revealed that she had sustained a pathologic, subtrochanteric fracture of the right femur. This was treated by open reduction, internal fixation, and external cobalt therapy. No evidence of other metastatic disease was detected at that time.

In January 1975, the patient was admitted to the Milton S. Hershey Medical Center for the first time for further evaluation and consideration for radiotherapy and chemotherapy. On admission, she continued to complain of right knee pain and on physical examination she was noted to have localized pain over the patella, limitation of flexion, and increased pain on flexion. There was no effusion, erythema, or palpable deformity. An SMA-12 was normal. Additional studies included a normal liver, spleen, and brain scans.

Dr. Rothermel is assistant professor of radiology at The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey. Drs. Miller, Hottenstein, and Dunn were associated with Hershey during preparation of this paper. Currently, Dr. Miller is associated with the University of Utah Medical Center in Salt Lake City, Utah; Dr. Hottenstein is in the radiology department at Harrisburg Hospital; and Dr. Dunn is associated with the Sallon Clinic, Inc., in Worcester, Massachusetts.

Figure 2. Tri-spiral tomogram confirms the presence of a destructive, pathologic process in the inferior aspect of the patella.

Radiography of the right knee demonstrated a mottled pattern with patchy, lytic areas and sclerosis (Figure 1). In view of the patient's history and physical examination a metastatic lesion to the patella was suspected. The findings were confirmed by tri-spiral tomography (Figure 2), and magnification radiographs (Figure 3). A Technetium-99m polyphosphate bone scan also showed increased activity in the right patella, and also in the proximal right femur, cervical and lumbar spine (Figure 4).

The patient was given additional radiotherapy to the newly demonstrated metastases in the right distal femur and patella. She was also placed on 15 mg of diethylstilbesterol daily and discharged to be followed as an outpatient.

Discussion

Metastatic lesions to small peripheral bones are rare and most

frequently seen in patients with primary pulmonary carcinoma.[6] They are more frequent in the hand than in the foot.[8] Rarely do they occur below the knee and they are even more infrequent in the patella.[10]

Patellar metastases have been reported from breast,[7] lung,[3,1] prostate,[2] lymphosarcoma,[9] esophagus,[10] uterine cervix,[10] and malignant melanoma.[10]

Figure 3. Magnification radiographs accentuate the destructive changes in the inferior aspect of the patella.

Figure 4. 99m Tc polyphosphate bone scan demonstrates increased activity in the right patella and also the proximal right femur, cervical and lumbar spine.

Primary neoplasms of the patella are also extremely rare, osteosarcoma,[2,4] hemangioma,[10] aneurysmal bone cyst,[10] and giant cell tumors[5] having been reported.

Routine radiographs reveal the metastases as lytic or blastic deposits.[1,3,8,11] Arthrograms may demonstrate irregularity of the synovial surface and nodularity.[10] Arteriography may reveal increased vascularity of the synovium adjacent to the metastatic focus.[10]

In our case, magnification radiographs accentuated and confirmed the presence of destruction in the patella. The value of magnification radiographs in orthopedics has been evaluated by Gordon.[5]

Bone scanning with 99m Tc polyphosphate can also be helpful in evaluating the patella for metastatic disease as demonstrated in this case. □

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• **Rachel Ash,** Philadelphia; Woman's Medical College, 1926; age 83, died April 20, 1977. A cardiologist at Children's Hospital for 50 years, she was a pioneer in the treatment and detection of heart disorders in children. She was associate professor of cardiology at the University of Pennsylvania School of Medicine.

Joseph M. Beierle, Pittsburgh; Marquette University School of Medicine, Milwaukee, Wisconsin, 1944; age 58; died April 17, 1977. He was director of the family health center at St. John's General Hospital and was in the private practice of medicine for 32 years.

• **Verner B. Callomon,** Pittsburgh; University of Pennsylvania School of Medicine, 1915; age 84; died April 15, 1977. He was a retired chief of respiratory diseases at Allegheny General and Montefiore Hospitals and chief of medicine at Allegheny General.

• **Alfred E. Chadwick,** New Brighton; University of Pittsburgh School of Medicine, 1929; age 73; died April 27, 1977. He had been a physician and surgeon in the New Brighton Area since 1930. A past president of the Beaver County Medical Society, he received the county society's Practitioner of the Year Award in 1964 and the State Society's Voice of Medicine in Pennsylvania Award in 1968.

• **Philip A. Coletta,** Pittsburgh; University of Pittsburgh School of Medicine, 1945; age 55; died April 20, 1977. He was medical director of the Biodecision Laboratory and on the staff of Shadyside and Columbia Hospitals.

• **Joseph F. Comerford,** Scranton; Jefferson Medical College, 1917; age 81; died September 11, 1976. He had served as chief of the surgical services at Scranton State, Mercy, and St. Mary's Hospitals.

• **Alfred H. Diebel,** Ft. Lauderdale, formerly of Bala Cynwyd; Jefferson Medical College, 1925; age 78; died February 7, 1976.

• **Herbert E. Eisenhard,** Allentown; Eclectic Medical College, Cincinnati, Ohio, 1927; age 76; died April 1, 1977. He had received the State Society award for fifty years in medical practice.

• **Wilfred E. Fry,** Ardmore; University of Pennsylvania School of Medicine, 1924; age 77; died April 22, 1977. He was in the private practice of ophthalmology, and attending surgeon and director of the corneal clinic of Wills Eye Hospital.

• **Angelo M. Gigliotti,** Ellwood City; Hahnemann Medical College and Hospital, 1928; age 76, died March 28, 1977. He had practiced family medicine, surgery, and obstetrics in Ellwood City since 1929.

• **George L. Gomez,** West Chester; Hahnemann Medical College and Hospital, 1936; age 66; died March 21, 1977. He had practiced medicine in West Chester since 1938 and was on the staffs of Memorial and Chester County Hospitals.

• **Wallace Hobbie,** Carlisle; Northwestern University School of Medicine, 1944; age 62; died May 5, 1977. He was a surgeon in Carlisle for 24 years.

• **Joseph M. Kazmierski,** Pittsburgh; University of Pittsburgh School of Medicine, 1942; age 59; died March 30, 1977. He had practiced medicine since 1946.

• **John H. Kooser,** North Huntingdon; University of Cincinnati College of Medicine, 1929; age 73; died April 6, 1977.

• **Philip L. Kreider,** Quakertown; Temple University School of Medicine, 1957; age 44; died April 17, 1977. He had been associated with Lehigh University's health service from 1970 to 1976 when he began private practice in Quakertown.

• **Edward W. Pangburn,** Lewisburg; University of Pennsylvania School of Medicine, 1920; age 84; died April 25, 1977. He had practiced medicine and rheumatology in Philadelphia, Pittsburgh, and Lewisburg.

• **George H. Pfohl,** Pittsburgh; University of Pittsburgh School of Medicine, 1928; age 71; died March 28, 1977. He had practiced surgery and taught surgery at the University of Pittsburgh School of Medicine.

• **Daniel B. Pierson, Jr.,** Ardmore; University of Virginia School of Medicine, 1930; age 75; died January 8, 1976. He was former assistant professor of clinical medicine at Jefferson Medical College and had been associated with Lankenau Hospital.

• **Fount B. Robinson,** Oxford; Vanderbilt University School of Medicine, 1926; age 77; died April 27, 1977. He had practiced family medicine for 50 years and received the State Society 50 year award. He was a past president of the Chester County Medical Society.

• **Maurice Rosensweig,** Pittsburgh; Jefferson Medical College, 1923; age 78; died March 29, 1977. He was a former staff physician at the Veterans Administration Hospital in Aspinwall.

• **Dominic J. Salines,** Allentown; Hahnemann Medical College and Hospital, 1944; age 57; died April 6, 1977. He had practiced medicine in Allentown since 1947.

• **Howard D. Sivitz,** Palm Springs, Florida; Temple University School of Medicine, 1926; age 75; died May 7, 1977. A charter member of the American College of Obstetrics and Gynecology, he had practiced OB/GYN in Philadelphia for 52 years before retiring in 1972.

• **Frederick C. Sloan,** Pittsburgh; Hahnemann Medical College and Hospital, 1927; age 76; died April 2, 1977. He had practiced medicine in Barnesboro from 1930 to 1964 when he retired and moved to Pittsburgh.

• **Charles R. Snyder,** Marysville; Jefferson Medical College, 1914; age 86; died April 4, 1977. He had been a family practitioner in Marysville for 60 years.

• **Vera Sorokanich,** Scranton; Temple University School of Medicine, 1948; age 54; died April 10, 1977. She had been chief of otolaryngology and bronchoesophagology at Scranton State General Hospital, Moses Taylor Hospital, and Community Medical Center.

• **Roy B. Sullivan,** Pittsburgh; University of Pittsburgh School of Medicine, 1938; age 66; died March 27, 1977. He had been associated with South Side Hospital since 1940.

• **William N. Wesner,** Johnstown; Hahnemann Medical College and Hospital; 1934; age 65; died December 15, 1976.

• **William N. Winkelman, Jr.,** Philadelphia; University of Pennsylvania School of Medicine, 1945; age 56; died March 8, 1977. In the practice of psychiatry, neurology, and psychoanalysis, he had taught neurology at the University of Pennsylvania School of Medicine 1951 to 1963.

• **William C. Wycoff,** Pittsburgh; University of Pittsburgh School of Medicine, 1934; age 68; died May 14, 1977. He was an orthopedic surgeon at West Penn Hospital.

• **Charles Z. Yoder,** McAlisterville; Hahnemann Medical College and Hospital, 1951; age 54; died April 20, 1977. He was in private family practice and was on the courtesy staff of Lewistown Hospital.

Norman L. Daley, Allentown; Hahnemann Medical College and Hospital, 1928; age 75; died March 30, 1977. He had served as a psychiatrist and surgeon at Allentown State Hospital for 21 years until his retirement in 1967.

Joseph J. Hecht, Pittsburgh; Jefferson Medical College, 1922; age 80; died March 31, 1977. He had practiced dermatology for 50 years before retiring in 1971.

Howard C. Pieper, Red Bank, New Jersey; University of Iowa School of Medicine, 1932; age 69; died April 14, 1977. He was director of the health services of Lehigh University, Bethlehem, from 1968-72.

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- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

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chlordiazepoxide HCl/Roche

5 mg, 10 mg, 25 mg capsules

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

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Please see preceding page for a summary of product information.

Pennsylvania Medicine

Vol. 80, No. 8 **AUGUST 1977**

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A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

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Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

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2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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I invite you to discuss frankly with me
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my services or my fees.
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a friendly, mutual understanding
between doctor and patient.

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Your patients are worried about the cost of health care. Everyone wants to see costs contained. Read the article on page 24 which summarizes some of the major concerns being expressed. Then, in your ongoing effort to assist in health care containment, and to improve physician/patient relations, post this sign. It is 8″ x 10″ in size and suitable for framing. Merely tear along the perforated line to remove it.

medigram

ARBITRATION PANELS CONSTITUTIONAL Philadelphia Court of Common Pleas Judge Kalish ruled on July 29 that the mandatory arbitration section of Pennsylvania's medical malpractice law is constitutional. But he declared unconstitutional Section 510 of Act 111. This section permits the decision on liability and findings of fact of the arbitration panel to be introduced as evidence in an appeal to the court. The opinion clearly states that the mandatory insurance provision of the Act was not considered. To be heard in September is the suit of Orlo G. McCoy, M.D., of Canton, Twelfth District trustee, which will test the section which requires those covered by the Act to have malpractice insurance coverage.

NEW JUA RATES APPROVED Insurance Commissioner William J. Sheppard has approved new rates for the Joint Underwriting Association. JUA coverage for medical malpractice effective August 15 will cost exactly as much as coverage by Argonaut. Included in the rate increase are the same changes in territories and relativities as were granted to Argonaut. The increase in income to the JUA is 3.9 percent. The original request was for 75.2 percent. Some 1,700 physicians are covered by the JUA. The effects of the changes in territories and relativities granted to Argonaut were felt statewide. Territory I Class I subscribers suffered a 97 percent increase; Class II, 125 percent; and Class III, 56 percent. Territory II saw Class I rates up 52 percent and Class II up 72 percent. In Territory III Class I rates rose 60 percent and Class II, 81 percent. In Territory IV Class II rates rose 54 percent, and most other rates increased about 35 percent. Territory IV also saw the biggest decrease in premiums with Class V coverage costing 36 percent less.

FDA ISSUES HEARING AID REGULATIONS Beginning August 15, 1977, hearing aids may be sold only to people who have been examined by a licensed physician, preferably one who specializes in diseases of the ear. The examination must take place within six months prior to the purchase. The physician must certify in writing that there is a hearing loss. Hearing aids may not be purchased without the certificate. The FDA regulations are similar to Pennsylvania's new hearing aid law, but that law is scheduled to become effective two years from now, while the FDA's effective date is August 15.

SOCIETY REPEATS FLOOD RECOVERY PLAN Just as the last of those assisted in rebuilding in 1972 are paying off their interest free loans, the State Society has reinstated the flood loan program. Members can borrow up to $7,000. Group practices of three or more physicians can borrow up to $21,000. Secretaries of county medical societies have further information on the interest free loans. It is estimated that 40 physicians were affected by the Johnstown flood.

FDA BANS PHENPHORMIN Physicians have only a 90-day transition period in which to change diabetes patients being maintained on phenphormin (DBI, Meltrol) to insulin or some other diabetes therapy. The order came July 26. The FDA said phenphormin is thought to be a prime cause of lactic acidosis. It will remain available for people working in hazardous occupations where the possibility of going into insulin shock would be an overriding health problem, and for people who are unable to administer insulin to themselves. Leonard Bachman, M.D., secretary of health, has acted to have it removed from the Generic Drug Formulary.

PMS REPRESENTATIVE HEADS PSRO COUNCIL Sidney O. Krasnoff, M.D., of Elkins Park, has been elected president of the Pennsylvania Professional Standards Review Council, after serving as temporary chairman. He is the representative of the State Society on the council, which will oversee the activities of Pennsylvania's 12 PSROs.

PMS MEMBERS GET $46,000 BONUS For 255 physicians who participate in the Society's Workmen's Compensation Insurance Program Christmas comes early. This year they will receive a total of $46,000 in refunds. During the past four years Casualty Reciprocal Exchange of the Dodson Insurance Group has averaged a refund of 40.6 percent. Dodson, which insures a number of professional associations, has a favorable loss ratio and thus can refund part of the premium, which is set by the state. The 255 participants in the Society endorsed program will receive an average refund of $180--$30 more than the dues they pay.

AMA TO HOLD MEDICAL STAFF WORKSHOP A Hospital Medical Staff Leadership Workshop will be held at the Marriott Motor Hotel Downtown in Philadelphia September 23-24. The purposes are to counsel physicians in managing their relations as staff members with the hospital and to review the broad area of risk management both in the office and the hospital. Hour for hour Category One credit will be given. The cost is $150 for AMA members and $200 for non-members. For more information contact the Department of Hospitals and Health Facilities at the AMA.

DR. SALOOM SUES HEW SECRETARY Raymond J. Saloom, D.O., of Harrisville, a member of the Board of Directors of the Pennsylvania Medical Care Foundation, has sought court action to prevent his early retirement from the National Professional Standards Review Council. Health, Education, and Welfare Secretary Joseph A. Califano dismissed four members prior to the expiration of their terms in a move to establish staggered terms. Dr. Saloom was successful in seeking a preliminary injunction July 8 in U.S. District Court in Pittsburgh. Final disposition of the matter will occur after the court's summer recess. Dr. Saloom has widespread support across the country and particularly among Pennsylvania physicians in his fight "for a principle."

NURSE PRACTITIONERS REGULATIONS APPROVED Regulations governing the activities of nurse practitioners were approved July 13 by the State Boards of Medical Education and Licensure and Nurse Examiners. They provide that nurse practitioners have a year of specialized training at a certified school of nursing to become qualified. Then, under the supervision of a physician, they may diagnose and prescribe treatment. Certified registered nurse practitioners will bill directly to third party payers. The regulations were published in final form in the Pennsylvania Bulletin on July 23. The nursing board expects as many as 1,000 applications in the next several weeks.

INSURANCE DEPARTMENT ISSUES RISK REGULATIONS The Insurance Department has adopted new regulations requiring insurance companies to incorporate risk management plans on policies issued on or after January 1, 1978. The provisions include compliance with the PMS continuing education requirement, the 1974 Medical Practice Act, and the federal provisions for Professional Standards Review (PSRO). For podiatrists and osteopathic physicians, the continuing education requirements of their professional associations apply.

Pennsylvania Medicine

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AUGUST 1977 Volume 80, Number 8

NEWSFRONTS

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8 Dr. Rial elected speaker of the House of Delegates—*expert resolution passes*

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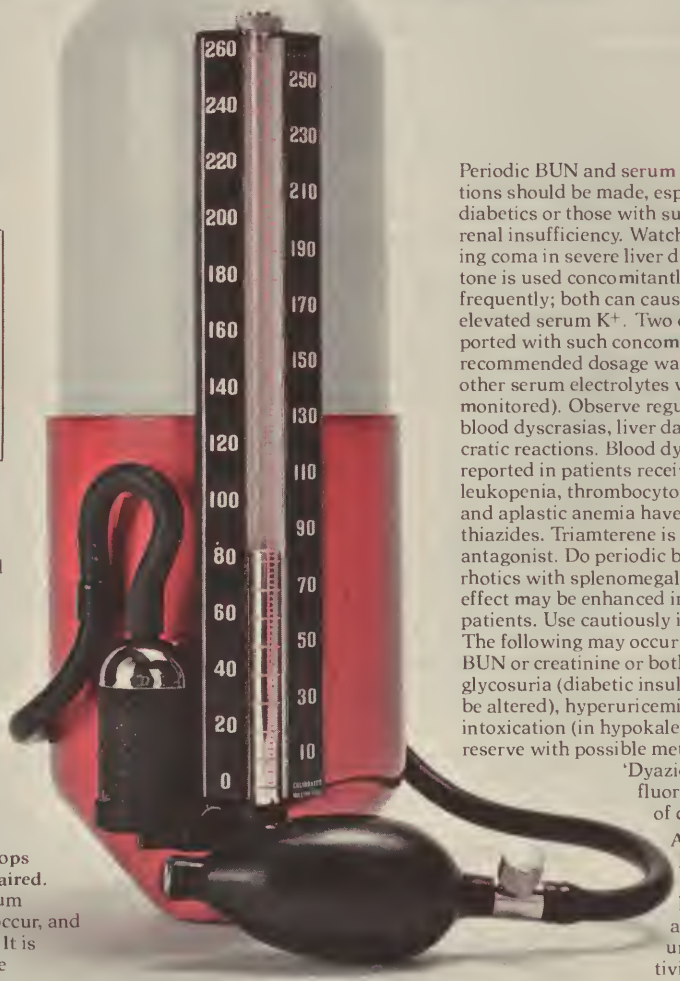

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* Warning
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.* SERUM K^+ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

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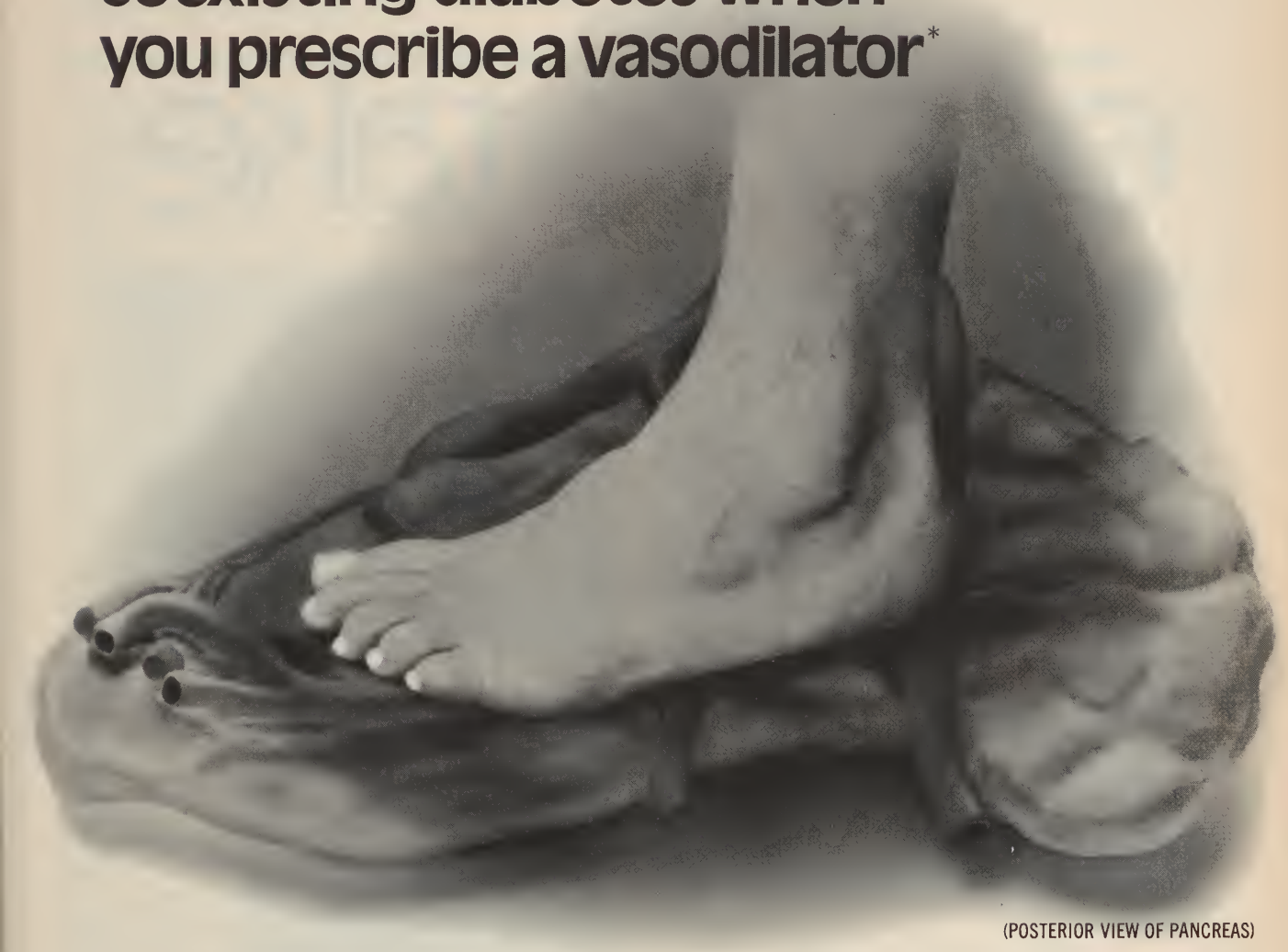
consider the effect on coexisting diabetes when you prescribe a vasodilator*



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Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily.
Intramuscular: 5 to 10 mg.(1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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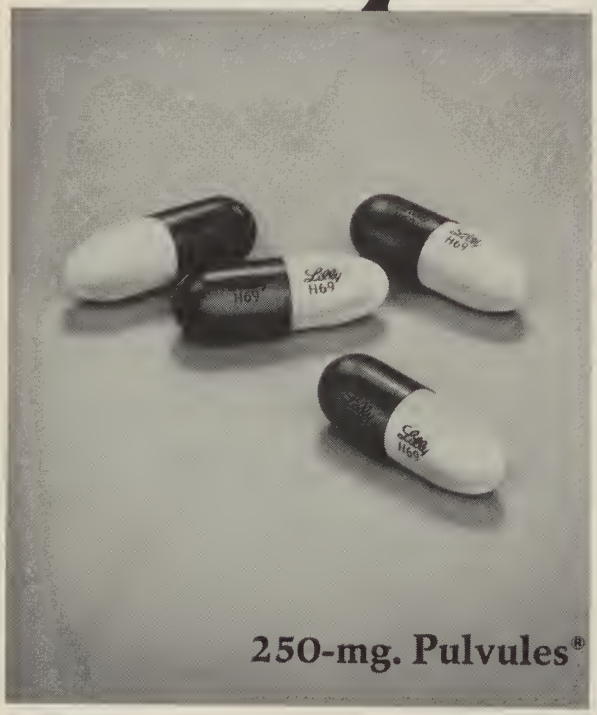

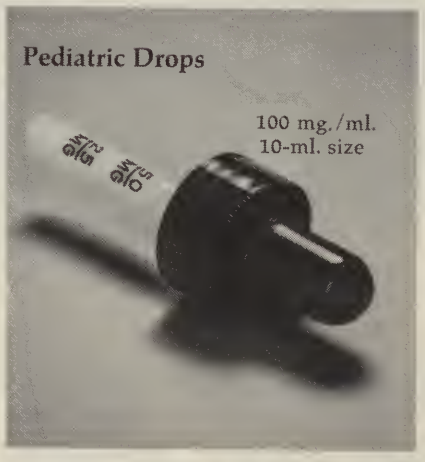

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Society president elect selects council members

The State Society Board of Trustees and Councilors has approved members of the four administrative councils, as selected by John V. Blady, M.D., president elect of the Society. The following council members will serve during Dr. Blady's term as president.

Council on Education and Science—Abram M. Hostetter, M.D., chairman, (Lebanon); David W. Kistler, M.D., vice chairman, (Luzerne); David P. Connolly, M.D., (Allegheny); William E. DeMuth, Jr., M.D., (Cumberland); Leonard M. DelVecchio, M.D., (Berks); James B. Donaldson, M.D., (Philadelphia); Frederick D. Fister, M.D., (Lehigh); Robert L. Folk, M.D., (Montour); Arthur H. Hayes, Jr., M.D., (Dauphin); James J. Houser, M.D., (Venango); Charles L. Leedham, M.D., (Dauphin); Robert N. Moyers, M.D., (Crawford); Herbert C. Perlman, M.D., (Cumberland); Paul C. Royce, M.D., (Bradford); Ray G. Sarver, M.D., (Westmoreland); Jacob Schut, M.D., (Philadelphia); Virginia E. Washburn, M.D., (Allegheny); William B. Yeagley, M.D., (Indiana); and Nikitas J. Zervanos, M.D., (Lancaster).

Council on Governmental Relations—R. William Alexander, M.D., chairman, (Berks); Thomas W. Bonekemper, M.D., vice chairman, (Montgomery); Frederick G. Brown, M.D., (Montour); Paul A. Cox, M.D., (Cumberland); Herbert Fellerman, M.D., (Luzerne); George E. Hudock, Jr., M.D., (Luzerne); Philip E. Ingaglio, M.D., (Philadelphia); Thomas J. Kardish, M.D., (Bucks); Lawrence J. Mellon, Jr., M.D., (Delaware); Peter L. Saras, M.D., (Luzerne); A. Lynn Weigel, M.D., (Allegheny); Bernard B. Zamostien, M.D., (Philadelphia); and Charles K. Zug, III, M.D., (Northampton).

Council on Medical Service—Henry H. Fetterman, M.D., chairman, (Lehigh); John J. Danyo, M.D., vice chairman, (York); Joseph V. Caliguiri, M.D., (Allegheny); William E. DeWar, M.D., (Wayne-Pike); Lester A. Dunmire, M.D., (Allegheny); Wayne W. Helmick, M.D., (Beaver); John Helwig, Jr., M.D., (Philadelphia); Webb S. Hersperger, M.D., (Cumberland); Paul F. Kase, M.D., (Dauphin); Robert L. Lasher, M.D., (Erie); John T.

Continued on page 11.

AMA delegates didn't vote on this one

At the opening session of the AMA's Annual Meeting in San Francisco, in June, the speaker recognized Matthew Marshall, Jr., M.D., of Pittsburgh, one of Pennsylvania's ten delegates. Although Pennsylvania's delegates were to become involved in serious debate over other resolutions, particularly in defense of the delegation's "expert witness" resolution, none of that activity, reported on pages 8 and 9, had begun.

Dr. Marshall approached the podium and read the following "informational resolution:"

Whereas, A national objective has been to eliminate deaths from heart disease, cancer and stroke; and

Whereas, Trace amounts of substances known to cause heart disease, cancer and stroke are probably present in all naturally occurring foods; and

Whereas, Fourteen cases of water daily, even without cyclamates, would be harmful; and

Whereas, Noise and light have been found harmful to mental tranquility and have been used as instruments of torture; and

Whereas, God knowingly and willingly produced apples without properly worded inserts warning against their potential harmful effects; and

Whereas, Not even God should be free from liability from manufacturing defects; therefore be it

RESOLVED, That all persons be placed immediately in an environment without food, water, noise or light so they may be assured death only from natural causes; and be it further

RESOLVED, That the American Medical Association join in a suit with those agencies and persons who proclaim themselves capable of assuring man's perfection and immortality to require God to immediately recall all '77 or earlier model humans for the necessary repair and replacement parts to be installed without charge or inconvenience to the individual, and with suitable compensation for pain and suffering to such individuals; and be it further

RESOLVED, That this resolution be implemented as soon as an environmental impact study has been conducted to certify this will not upset the ecological balance of Treponema pallidum.

At AMA meeting

Dr. Rial elected Speaker of House of Delegates;

"How the West Was Won, San Francisco Style," was the story being told all over the Commonwealth in July by members of the jubilant Pennsylvania Delegation to the AMA.

All of the delegates and alternates attended the session which saw William Y. Rial, M.D., of Swarthmore, sworn in as speaker of the AMA House of Delegates. James B. Snow, M.D., of Philadelphia, was re-elected to the AMA Council on Scientific Affairs. The Pennsylvania Auxiliary brought back an office of prestige. Mrs. Manuel A. Bergnes, of Norristown, was elected president elect. She will become the second Auxiliary president from Montgomery County and the seventh from Pennsylvania. Mrs. John A. Schneider of Pittsburgh was re-elected eastern regional vice president.

But the biggest victory the Delegation won for its constituency was the adoption of a resolution it has been fighting to have passed since the Philadelphia AMA meeting last December. After a meeting in the spring between the AMA Judicial Council and representatives of the State Society led by President William J. Kelly, M.D., reached no meeting of the minds on the expert witness resolution introduced in December, the Delegation resubmitted it with some change in the language.

The prospects for Resolution 52(A 77) looked grim, but under the leadership of Chairman Malcolm Miller, M.D., Dr. Kelly and Matthew Marshall, Jr., M.D., the Delegation introduced a substitute in an attempt to find wording that could be approved by the AMA Judicial Council.

With the support of several other delegations the resolution which came to be known as the Pennsylvania substitute was adopted as follows:

"RESOLVED, That the American Medical Association express concern about physicians who testify in medical malpractice cases without having a current basic educational and professional knowledge as a general foundation for their testimony; and be it further

"RESOLVED, That the AMA is concerned about the impact of testimony of those physicians who make it part of their occupation to function frequently as hired expert witnesses and color their testimony accordingly; and be it further

"RESOLVED, That the AMA condemn those physicians who interfere with the proper administration of justice by giving false or misleading testimony or misrepresenting their qualifications; and be it further

"RESOLVED, That the AMA urge the courts to refuse to admit as expert testimony the testimony of those physicians who do not have clear-cut qualifications as recognized by their peers; and be it further

"RESOLVED, That the AMA urge state and county medical societies to take appropriate legal action or initiate disciplinary action before the appropriate medical licensure board when physicians testify without having a current basic educational and pro-

DR. RIAL

PENNSYLVANIA DELEGATION

expert witness resolution passes

fessional knowledge, testify falsely or give deliberately misleading testimony; and be it further

"RESOLVED, That the AMA encourage state medical associations to seek a legislative definition of acceptable expert witnesses."

DR. MARSHALL

The guidelines on the ethics of physicians testifying as expert witnesses were approved by the House of Delegates. AMA policy will now say that "expert witness" physicians should be professionally qualified in the judgment of their peers, to provide the testimony sought in malpractice cases.

Further, the AMA expressed its concern over physicians who are hired as expert witnesses as part of their occupations, condemn those who give "false or misleading" testimony or misrepresent their qualifications. State medical associations are urged to seek legislative definition of expert witnesses, and state and county societies were urged to take action against physicians who are unethical in giving expert testimony in court actions.

AMA policy also now states that courts should refuse to admit as expert witnesses those physicians who do not have "clear-cut" qualifications in the judgment of their peers.

Resolution 51 (A-77), Status of Residency Programs, did not fare well. The resolution called on the AMA House to change its position that hospital residents are employes, and to state opposition to organizations formed by residents for collective bargaining purposes. While the resolution stirred almost as much debate as the AMA's position on national health insurance, the House finally concurred with the recommendation of the reference committee. The reference committee, after hearing much testimony, held that residents can be both students *and* employes, even though the educational aspect is the prime reason for entering into the employer-employe relationship.

DRS. MILLER, GEORGE A. ROWLAND, RAYMOND C. GRANDON

In other actions, the House restated its position on national health insurance;

Delegates approved a policy statement on terminal illness, opposing mercy killing or euthanasia, but approving the withdrawal of extraordinary life support when biological death is imminent; and

The Board of Trustees approved and expanded a public relations program that will include an insert in *Time* and *Newsweek*.

John H. Budd, M.D., of Ohio, was installed as president; and Thomas Nesbitt, M.D., of Tennessee, was elected president elect.

Medical Practice Act has final rules

Three years ago, the new Medical Practice Act became a reality. Finally, in May of this year, regulations to implement that act were promulgated. The regulations are primarily designed to clarify mechanics under which the State Board of Medical Education and Licensure will operate. This agency is empowered under the Medical Practice Act to implement the law; consequently, much attention is given to procedures on licensing and testing.

Four types of licensing procedures are outlined: license without restriction; temporary license; limited license; and across the border license. Basic requirements for license without restriction are a passing score on National Board, FLEX, or such an examination, one year of approved graduate medical education, graduation from an approved U. S. or Canadian medical school, or from a foreign medical school with a passing score on ECFMG examination.

In the section on temporary license, the new regulations clear the way for "Fifth Pathway" students. Under this approach, a U.S. citizen who goes abroad for medical school takes an additional year of clinical training upon return to this country. Last year, the Pennsylvania Legislature passed an appropriations bill to fund students in the clinical year needed for the Fifth Pathway. Currently two Pennsylvania medical schools are participating in this program: Medical College of Pennsylvania and the University of Pennsylvania School of Medicine.

In addressing the matter of names for professional associations and professional corporations, the regulations altered the requirement of state and county medical society approval. Approval of such names now rests with the State Board alone. These names "must be acceptable to the Board and not tend to mislead or confuse the public by appearing to indicate approval of a governmental agency, township, municipality, county or other unit of local government." Place names are, therefore, possible but must in no way imply endorsement of the place.

Additionally, the regulations on this section permit mixed professional associations and mixed professional corporations with osteopaths, optometrists, dentists, or podiatrists. For each of these professions, the responsible state board must also concur in permitting mixed groups. This change is in keeping with the revised statements of medical ethics from the AMA which caution only against forming such an association with "unscientific" groups or people.

Among the other items included in these new regulations are requirements for hospital affiliations with medical schools, residency application standards and qualifications for midwives.

As other concerns need to be addressed, the State Board of Medical Education and Licensure is authorized to promulgate additional regulations. One such item which the State Board has considered is the regulation of nurse practitioners. Another area which may require future attention is the whole question of discipline which the new Medical Practice Act specifically addresses.

THE UROLOGICAL Association of Pennsylvania, Inc., met June 25-26 at the Hotel Hershey for its annual meeting and election of officers. New officers are: Russell Allyn, M.D., Harrisburg, president; Robert H. Clymer, M.D., West Reading, president elect; and Richard Currie, M.D., Philadelphia, secretary treasurer. Executive Committee members are: George Barrett, M.D., Easton; Harold Brown, M.D., Danville; Dr. Currie; Robert Dilcher, M.D., Allentown; G. John Gislason, M.D., Abington; and Gary Leach, M.D., Erie.

STATE SOCIETY executive vice president John F. Rineman (above, right) attended the meeting and provided a malpractice update for the urologists. With him are Dr. Clymer (left) and immediate past president Louis Wilkerson, M.D., Drexel Hill.

Membership expected to exceed 1976 record

Mid-year membership in the State Society totalled 13,911, up 391 from mid-1976. The intern/resident category showed the greatest increase (23 percent) while active dues paying, affiliate, and associate categories together rose three percent. Increases in affiliate and associate categories have corresponding declines in senior/active and old senior categories.

Total American Medical Association membership from Pennsylvania suffered a decrease of 172, down by 166 in active dues paying and by 56 in dues exempt. AMA intern/resident and military membership increased by 50; but of the 93 intern/resident AMA members, only 47 are dues paying.

The State Society will be able to retain ten delegates to the AMA House of Delegates as it needs only 146 additional members to keep them. County medical societies' membership reports since June 30 indicate that by the end of 1977, total State Society membership will again pass 14,000.

Emergency physicians choose officers, board

The Pennsylvania Chapter of the American College of Emergency Physicians has chosen new officers and three new members of its board of directors.

William W. Resinger, M.D., became the chapter's president during a meeting which was held as part of the organization's first Mid-Atlantic Regional Congress in Philadelphia. Dr. Resinger is medical director of the Emergency Medical Services Council of Northwestern Pennsylvania, Inc., in Erie.

The chapter's general assembly elected Joseph A. Fortuna, M.D., president elect, to assume the presidency in 1978. He is director of emergency services at the Medical Center of Beaver County, Rochester Unit.

Re-elected officers are: Richard S. Evans, M.D., Pittsburgh, director of Allegheny General Hospital's division of emergency medicine, secretary; and John R. Paluso, M.D., Charleroi, director of emergency services at Monongahela Valley Hospital Association, Inc., treasurer.

New members of the board of directors are: William F. Blank, M.D., Altoona; Philip W. Dean, M.D., Pittsburgh; and Roland T. Keddie, M.D., J.D., Johnstown. Other directors are: Margaret I. Chepko, M.D., Verona; Cataldo Corrado, Jr., M.D., Uniontown; H. Arnold Muller, M.D., Hershey; Dr. Paluso; Thomas A. Saracco, M.D., Pittsburgh; and H. William Stewart, M.D., Huntingdon.

A.H. HOSTETTER, M.D., chairman elect of the Council on Education and Science, presented testimony for the State Society in Hershey recently. He spoke before the first of a series of town meetings being held to gather testimony by the Governor's Council on Physical Fitness and Sports. Shown with him is Franco Harris, council chairman, who has been known to play a little football on a couple of famous fields in the Commonwealth.

Council members

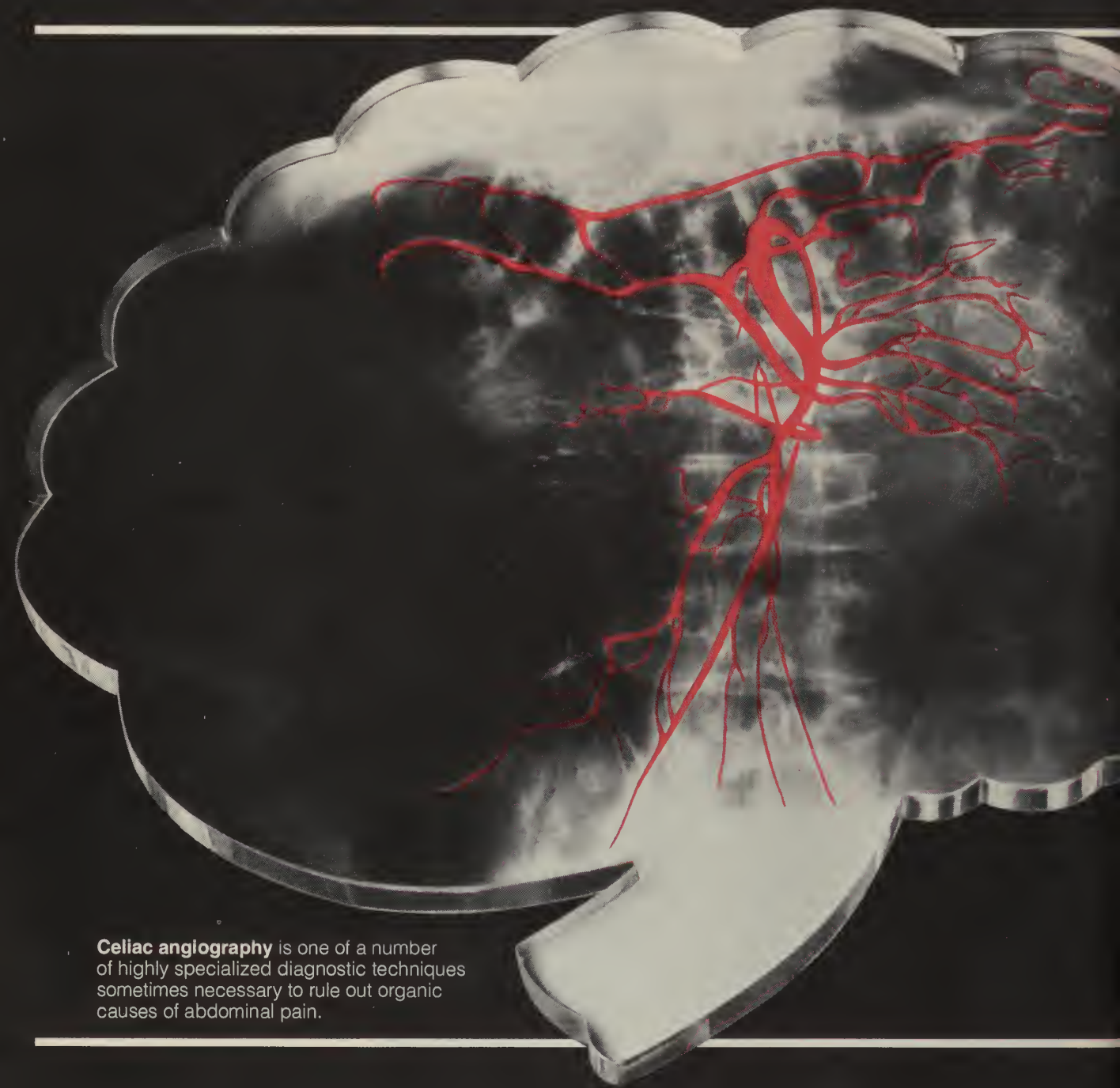
Continued from page 7.

McGeehan, M.D., (Elk-Cameron); John M. Rathgeb, M.D., (Westmoreland); and Charles R. Shuman, M.D., (Philadelphia).

Council on Professional Relations and Services—Robert Poole, III, M.D., chairman, (Chester); David F. Gillum, M.D., vice chairman, (Tioga); Gerald L. Andriole, M.D., (Luzerne); Donald G. Crawford, M.D., (Dauphin); George E. Ehrlich, M.D., (Philadelphia); Samuel S. Faris, M.D., (Montgomery); Joseph A. Girone, M.D., (Bucks); Robert R. LaFontant, M.D., (Westmoreland); Robert M. Laughlin, M.D., (Allegheny); Thaddeus Lekawa, M.D., (York); Roldan S. Medina, M.D., (Fayette); and William A. Shaver, M.D., (Lebanon). There is one vacancy on the Council on Professional Relations and Services.

Chapter XIV, Section 2(g) of the Bylaws of the Pennsylvania Medical Society mandate that appointments to the Committee on Relationships with Allied Professions be made subject to confirmation by the Board of Trustees and Councilors; since the committee plans to recommend its dissolution to the 1977 House of Delegates, Dr. Blady will await House action before making appointments to the committee.

THE LOWER G.I. TRACT: ORGANICALLY SOUND



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*This drug has been evaluated as possibly effective for this indication.
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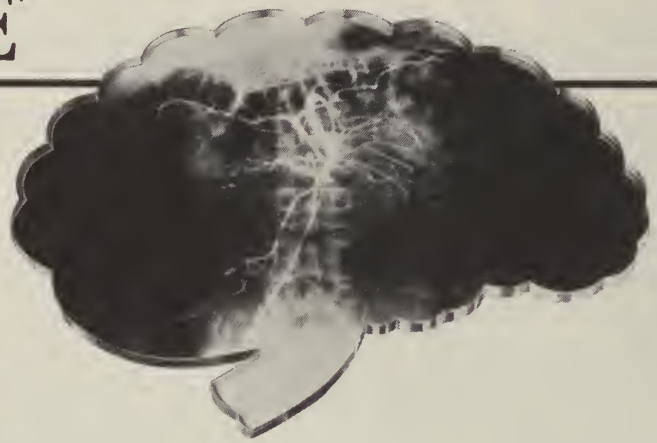

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* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

ROCHE

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editorials

The laetrile dilemma

"It has been estimated that consumers waste $500 million a year on medical quackery and another $500 million annually on some 'health foods' which have no beneficial effect. Unnecessary deaths, injuries and financial loss . . . can be expected to continue until the law requires adequate testing for safety and efficacy of products and devices before they are made available to consumers."—John F. Kennedy, Message to Congress, February 21, 1963.

Sir William Osler once wrote, "A desire to take medicine is, perhaps, the great feature which distinguishes man from other animals." Home remedies and nostrums played an important part in the history of medicine in the United States. While the ingredients of patent medicine were sometimes ludicrous and often dangerous and results of self-treatment chancy, its use should be viewed within its historical context. Few professional restraints were practiced and educated physicians were in very short supply. Population was scattered and travel to the nearest doctor was often a hardship. Small wonder, then, that Americans turned to the ready made medicines sold by barkers who extolled their wondrous "cures."

In 1906 the federal government passed the Food and Drug Act in an attempt to control the marketing of medicines which purportedly cured almost any disease imaginable. This was the first positive move away from home remedies. Since the spring of 1976, the move to legalize laetrile through legislation at the state level has met with success. To date, eleven states have passed "laetrile laws." Based on purely emotional arguments—if all else fails, why shouldn't the patient have it?—laetrile proponents offer a non-invasive, non-mutilating "cure" for cancer.

The National Cancer Institute, in the face of public pressure, announced on June 23, 1977, that it will conduct a laetrile test. Dr. Guy R. Newell, acting director, stated that the National Cancer Institute has "reconsidered our position because of a lot of factors, and one of them is societal pressures" and that the experiment does not "change our opinion that laetrile is not effective."

On June 5, 1977, the Pennsylvania Medical Society's Board of Trustees adopted the following position on laetrile: "Laetrile (apricot pits) has no scientific basis for the treatment of cancer. Laetrile is not recognized by any acceptable body of qualified experts in the field of drug research or cancer treatment as a safe and effective drug. The legalization of laetrile may exploit the victims of cancer by offering false hope for the hopelessly ill. The only people to be helped by the legislation of this drug would be its promoters who prey on the misguided beliefs of some cancer victims and their families."

To legitimize laetrile because of societal and resultant political pressure is to reject the scientific foundation of modern drug therapy. Educated physicians are no longer scarce yet quackery and nostrums still pose a threat to the health and safety of our people. Charles Evans Hughes, the late Chief Justice of the United States Supreme Court, commented, "Allowing the broadest range to the conflict of medical views, there still remains a field in which statements as to curative properties are downright falsehoods." If legalization of laetrile is permitted to occur, how long will it be before promoters of other "cures" demand equal recognition? Legislators have opened Pandora's Box in some states but Pennsylvania legislators should not give their support this shameful episode in the national effort to eradicate cancer.

David A. Smith, M.D.
Medical Editor

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Buffet: 11:15 a.m. to 12:30 p.m. "Shotgun start": 12:45 p.m.
Hors d'oeuvres and cocktails: 6:30 p.m. Dinner 7:30 p.m.

Entry Form

$75.00 fee includes greens fees, cart, buffet, cocktails, hors d'oeuvres, dinner, prizes. No fee refund after September 9.

Limited to 124 golfers **Entry deadline: September 8**

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1. Goth, A.: Medical Pharmacology, Principles and Concepts, ed. 7, St. Louis, C. V. Mosby Company, 1974, p. 455.

2. Schneider, R. P., and Roach, A. C.: An Antacid Tasting The Relative Palatability of 19 Liquid Antacids. South. Med. J. 69: 1312-1313 (Oct.) 1976.

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"Probably" effective: as adjunctive therapy in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, acute enterocolitis, and functional gastrointestinal disorders).

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

Warnings: Patients with severe cardiac disease should be given this medication with caution.

Fever and possibly heat stroke may occur due to anhidrosis.

In theory a curare-like action may occur, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted.

Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthīne.

Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

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Adverse Reactions: Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

Dosage and Administration: The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

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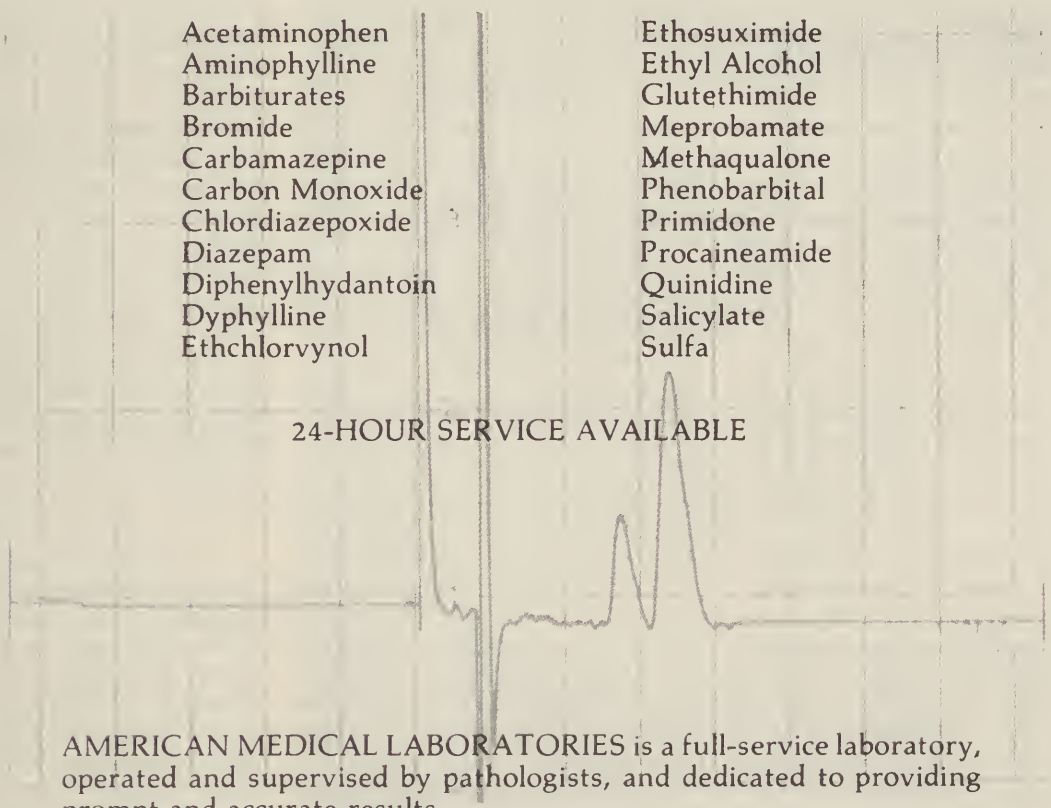

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ROBERT L. LAMB

Director of Communications

In recent years, the cost of medical care has been rising approximately twice as fast as the rest of the Consumer Price Index. In 1976, the overall Consumer Price Index (CPI) climbed 4.8%, but the total medical care component of the CPI climbed 10.1%. Total U.S. health care expenditures in fiscal 1976 were $139.3 billion, an increase of $17 billion, 14% over 1975 according to the Social Security Administration. This total covers personal health care, such as hospital care and physician services as well as public health programs, research, and facilities construction. Inflation plus increased demand for physician's services resulted in total expenditures for physician's services rising by 16% in 1975 and by 15% in 1976.

Because the economy is growing at a slower rate than health care expenditures, the percentage of gross national product allocated to health is increasing. Health as a percentage of GNP was 7.8% in 1974, 8.4% in 1975 and 8.6% in 1976.

All of this would be academic to physicians except for the ever expanding role of the federal government in financing health care. About a decade ago, the federal government was paying only 10% of the nation's health care costs. But after the passage of medicare and medicaid in 1965, the figures jumped dramatically. By the end of fiscal 1976, the federal government was paying about 30% of the nation's health expenditures. When state and local funds are added, government's share equals about 42% of the nation's total health bill.

Unfortunately, government's biggest commitment to medical costs is to the most inflationary part of the health care dollar—hospitalization. In 1976, government's share of hospital bills amounted to 55%. The availability of these public dollars has gradually influenced the whole health care delivery system. Health care delivery has tended to go where the dollars are—the hospital. From 1950 to 1974, the share of the health care dollar spent for hospital care grew from 31% to 40% while the proportion going to physicians has decreased slightly from 22% to 19%.

Big budget item

Health has now become the fourth biggest item in the federal budget, ranking behind defense, interest on the national debt, and income security programs. It is not surprising then that federal officials have viewed rising hospital costs as a "crisis." The response of the Carter Administration has been the proposed 9% cap on hospital income.

While spending for physician's services occurs at about half the rate of spending for hospital care, many people still view the physician as the villain. In a 1976 poll conducted by the *Philadelphia Bulletin,* 20% of the people surveyed felt that doctors' fees were the principal reason for medical care being "too expensive." It was the reason cited most frequently. This is probably because present insurance plans cover mostly in-hospital costs, not visits to the doctor's office.

In a statewide random telephone survey conducted by the Pennsylvania Medical Society in 1975, Pennsylvanians were highly critical of physicians' fees. When asked to compare physicians of today to those of 20 years ago, surveyors found a 40.6% drop in the number of people who thought doctor's charges today are fair compared to those of 20 years ago.

To summarize then, hospital costs, more than half of which are paid by government, are rising at a rate of about 15% a year, far faster than the general consumer price index. Through increased utilization, advancing technology, and price inflation, the total effect of these rises on the federal budget is devastating. The result is that Congress may be forced to take draconian steps to slow the meteoric rise of hospital costs.

The danger is that in taking these steps, unacceptable regulations will be imposed on physicians. Already a number of states have attempted to trim their medicaid costs by imposing such administrative measures as mandatory second opinions for medicaid elective surgery and other regulations on medicaid nonemergency admissions. The Ralph Nader health group has launched an attack on the medicare prevailing fee concept and the Carter Administration has been rumored to be working on a cost containment program on physicians' fees, to follow its 9% hospital cap.

Business speaks out

Complicating the situation are rumblings from a traditional ally of the healing arts, the business community. In the past, with the blessing of business and industry, the nation's private health care insurance industry has flourished. Of this, there is no better example than Pennsylvania Blue Shield. PBS, fathered by the Pennsylvania Medical Society, has become the model of the industry. And as long as the cost increases for Blue Cross and Blue Shield plans remained within the parameters of the overall consumer price index, health care benefits were an affordable part of union contracts. But in recent years, health care costs have absorbed a dominant share of every new contract.

Thomas A. Murphy, chairman of the

General Motors Corporation, has underscored the cost of so called "fringe" benefits by pointing out that GM's health care costs shot up by 21% or $123 million on an annual basis in 1975. Only $15 million of the increase was for improved benefits. The other $108 million resulted in higher prices and increased employee claims under group health policies.

Charles L. Glass, assistant treasurer for Eastern Airlines, Inc., told the White House Council on Wage and Price Stability that health insurance costs at Eastern increased from $430 per employee in 1973 to $850 estimated in 1976 reflecting an annual increase of 25%. This increase occurred during a time when only minor changes were made in the benefit package. He also noted, "Except for the cost of fuel, I am unaware of any single cost element which has escalated as much as medical insurance costs."

John J. O'Connell, vice president of Bethlehem Steel Corporation, reported that health care benefit costs rose from $48 million in 1970 to $113 million in 1976. On a per employee basis, costs rose from $371 in 1970 to $1,069 in 1976 reflecting an annual rate increase of 19%.

Bernard R. Tresnowski, senior vice president of the Blue Cross Association, testified that premium rates for the large Blue Cross/Blue Shield federal employee program increased 22% in 1973, 26% in 1974, and 32% in 1975 for a total rise of 103% in only 3 years.

Unions concerned

The common interest of unions and management in the rising tide of health care costs has led to experiments in cost control. In a study done in September 1976, the Council on Wage and Price Stability was able to identify some 126 projects now underway in industries across the country designed to reduce health care costs. The largest experiment underway is the development of alternative delivery systems such as HMOs. There are also projects in preventive care. Other companies are experimenting with prospective review of elective surgery, alternative methods of provider reimbursement, self-insurance, involvement in health planning, and claims review.

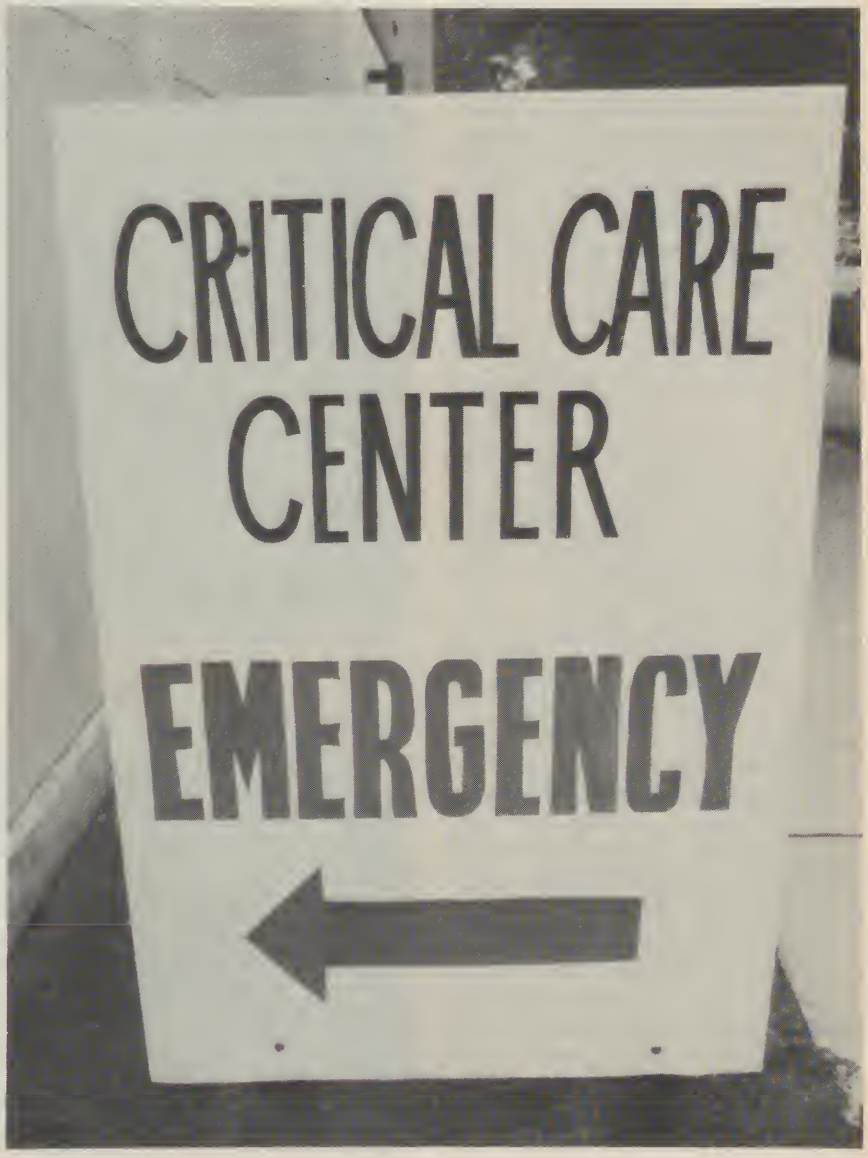
Perhaps the pioneer experiment in prospective review of elective surgery has occurred with the United Store Workers and the AFSCME (American Federation of State, County, and Municipal Employees) District Council 37 in New York City. Data collected from this program which began in 1972 on a voluntary basis suggests that elective surgery can be reduced about 4%.

Motorola, the largest employer in Arizona, became active in the health care field when it saw its health care costs skyrocketing in Phoenix. Rockwell International practices claims review through a new information management system called "The Quarterly Trend Report."

Caterpillar Tractor Company is supporting the development of a medical care foundation review of hospital admissions to determine the necessity and length of stay of hospital confinement. The Greyhound Corporation is purchasing peer review services from the Maricopa Foundation for Medical Care. Proctor and Gamble sponsors the Midwest Foundation for all its employees at all Cincinnati locations. Begun in 1975 and cosponsored by Blue Cross of Southwest Ohio and the Cincinnati Academy of Medicine, the foundation provides peer review, monitors hospital stays, and works with physicians toward an agreement on fees.

Is regulation inevitable?

Must physicians sit back and wait for the government to take control over all medical activity, or are there



steps which the profession can take now to stem radical governmental interference?

Richard C. Bates, M.D., writing in *Medical Economics,* has said, "almost nothing in medicine gets done without a doctor's willing it; but—more important to cost cutting endeavors—almost nothing can be denied a physician who demands care for his patient." This raises the specter of the physician wearing a new hat—that of purchasing agent for his patients. Unfortunately, the goals of a good purchasing agent may not be compatible with "the best medical care" or with the desires of the patient.

Victor R. Fuchs, professor of economics at Stanford University, has said, "It is true that physicians' fees have risen more than twice as fast as other consumer prices since the end of World War II and that their incomes have almost doubled in the last decade, but physicians' fees and income are only a small part of the cost problem." According to Fuchs, of every $100 spent for health in the United States, only about $20 goes for physicians' services compared to more than $40 for hospital care and another $10 for drugs.

He estimates that even if a physician's income were to be reduced by 20% while holding utilization constant, this would reduce total health costs by only 3% This is contrasted with the physician's influence on other elements of cost. Expenditures for hospital care and out-of-hospital prescription drugs account for about 50% of total health outlays.

Fuchs concludes, "Physician decisions have significant influence on these costs: the volume of surgery, the number of hospital admissions, the length of stay in the hospital, the number and type of prescriptions—all are subject to physician control."

As PSRO data have become available, we are seeing significant differences in lengths of stay for like procedures contrasted between the east and west—as much as nine days per diagnosis (e.g., Diabetes Mellitus). Even in Pennsylvania, we have seen significant differences in utilization and length of stay between, for example, western Pennsylvania and the rest of the state. A study, conducted during 1976 by Blue Cross of Western Pennsylvania, showed that the higher the ratio of beds to physicians, the higher the admission rate.

One can also see statistically significant differences in the length of stay for a procedure as handled by an east coast fee-for-service surgeon as compared with a similar admission by a west coast surgeon employed by a pre-paid health care plan.

Since admissions and length of stay presently appear to be the most fruitful cost saving potentials available to physicians and hospitals, certainly the profession must consider these significant variations seriously.

Is it possible to practice conservation voluntarily? Perhaps, if all parties—physicians, patients, hospitals—see that it is in their immediate self-interest to do so. Certainly, voluntary restraint and conservation are preferable to government regulation, since it is unlikely that government will allow health care rationing to occur naturally through uncontrolled pricing.

Unless the U.S. rate of productivity grows dramatically and unemployment drops, there will probably not be

enough dollars in the economy to allocate 9, 10, or 11% of the GNP to health care. The segment of the health care industry most vulnerable to control is physicians. As the highest paid professionals in the country, they become an obvious target for federal regulators. We suggest that unless dramatic voluntary conservation steps are taken by physicians in their role as purchasing agents for patients, odious government controls are inevitable.

What can you do?

Stop apologizing. The finest medicine in the world is practiced in America. There is absolutely no need to apologize. Most of our problems stem from our desire for "Cadillac medicine" at "Honda prices." Those who idolize socialized medicine should move to England where, according to Harry Schwartz of the *New York Times,* "there is an unhappy English woman who has been waiting since September of 1957 for Britain's national health service to provide her with an orthopedic operation."

Our problems have arisen during the last 50 years when further extensions in life expectancy have become less and less dependent on inexpensive public health measures (immunization) and more and more reliant upon expensive sophisticated labor-intensive surgical and therapeutic procedures. America's total commitment to the value of *every* human life harkens back to a time when the most extraordinary measures known to medical science might have cost several hundred dollars. Today, the cost of maintaining a single human life for even 24 hours can run to many thousands of dollars.

At some point, American society may be forced to determine whether it can afford to provide every means known to medical science to keep every American alive for as long as possible. In preparation, it may be prudent for physicians to begin thinking how they will respond when directed by government to ration facilities and care on a cost-effective basis.

Even now, it is the responsibility of every physician to talk to his patients about the great health problems which lie ahead. The physician who has not taught his patients about some of the dilemmas in providing the world's best health care should not complain later when the prerequisites of his profession are taken from him. There is an obligation to prepare patients for the day when they will be asked to make these crucial national health decisions.

Cost factors beyond physician control

In the marketplace, there are major factors pushing up medical costs which are beyond the control of individual doctors or the profession in general. They relate to the state of the

DEMANDS FOR increased health insurance benefits—workers' demands for more covered services as well as the demands of sheer population growth—have caused expansion of facilities for delivery of and payment for health care. On the opposite page are Harrisburg Hospital (top) and the older Pennsylvania Blue Shield building, Camp Hill. Blue Shield's new office building in Camp Hill is shown in the bottom photo on this page. Holy Spirit Hospital, Camp Hill, is in the middle photo, while the top photo is a view of the grounds of Harrisburg Hospital.

art, the expectations of patients, the general economy, and the current national litigious temperament. Patients should recognize the following as beyond the control of physicians:

1. Sophisticated new equipment and treatments, such as open heart surgery, coronary and intensive care units, linear accelerators and cobalt units, hemodialysis units, and whole body scanners, to name a few.
2. Defensive medicine triggered by the malpractice scare.
3. Six-fold and more increases in malpractice insurance premiums.
4. Application of minimum wage laws to hospitals.
5. Increased demand for care by the worried well.
6. Unionization of hospital personnel.
7. Occupational Health and Safety Act requirements on hospitals.
8. Unemployment insurance benefits for hospital personnel.
9. The cost of federal and state regulation.
10. Duplication of hospital inspections and audits.

What can PMS do?

Certainly, the Pennsylvania Medical Society has an obligation to inform the public about health care costs and the things that patients and their doctors together can do to help contain medical costs. Examples of future activities include:

1. A pamphlet or a series of pamphlets for distribution in physicians' offices on the subject of health costs.
2. The Society's weekly health column and radio show to devote space on health care costs.
3. The Society's Speakers' Bureau to include health costs in its repertoire of subjects.
4. Articles such as this in PENNSYLVANIA MEDICINE.
5. Programs on medical costs for county society and hospital medical staff meetings.
6. Discussions on medical costs at such meetings as Officers' Conference.
7. Formal assignment of cost control to one of the administrative councils so that it becomes a formal part of the Society's annual agenda.
8. Seek an increase in physician fee schedules for medicaid so that private physicians can care for medicaid patients in their offices at lower cost to taxpayers than in hospital emergency rooms and clinics.
9. Improve the climate for nursing homes in Pennsylvania so that more nursing home beds are built to take the strain off expensive acute care facilities.
10. Promote the training of more family practitioners.
11. Develop incentives for better distribution of physicians by specialty in Pennsylvania.
12. Develop better manpower statistics to facilitate the study of specialty shortages by geographic areas and to facilitate the better functioning of the medical manpower marketplace in Pennsylvania.
13. Solve the malpractice crisis.

Steps doctors can take together

As members of hospital medical staffs, physicians can work in concert to discipline the way health care is ordered and delivered. Hospital medical staffs can:

1. Audit the utilization of hospital services and design educational programs to revise physician diagnostic and prescribing patterns where necessary.
2. Form risk management committees.
3. In the role of purchasing agents for their patients, find out the costs of their hospital orders.
4. Avoid weekend admissions (A

Michigan Blue Cross-Blue Shield study revealed that Friday and Saturday admissions result in longer hospital stays than do admissions on any other days of the week).

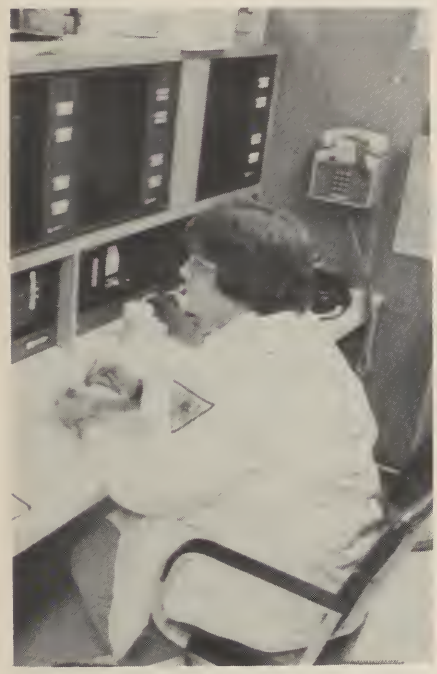
5. Review all standing orders and cut out the fat where possible. Honor tests by referring hospitals where appropriate.

6. Make peer review work.

7. Provide representatives to serve on hospital boards;

8. Make health planning work.

9. Get along with 10% fewer beds. (The National Institute of Medicine has set as a national goal 4.0 non-federal short term general hospital beds per 1,000 population by 1981 representing a cutback of 10% of the current supply of 4.4 beds per 1,000. In 1975 Pennsylvania had 4.5 beds per 1,000.)



What can the individual M.D. do?

1. Spend more time listening and talking to patients. In nearly every survey done, the public faults physicians for not spending enough time with their patients. The Society's telephone survey of Pennsylvanians in 1975 revealed that while most Pennsylvanians felt physicians were more competent today than they were 20 years ago, they also felt that physicians were personally less interested in what happens to their patients. They said today's doctors spends less time with their patients than did doctors 20 years ago. Even in the matter of obtaining informed consent, many physicians still abdicate this vital communication responsibility to a nurse.

A STEP which physicians can take together in attempting to control costs is to avoid weekend hospital admissions as they result in longer stays than admissions during the week. Among the cost factors which are beyond physicians' control is the sophisticated equipment used in intensive care (lower photo, opposite page) and cardiac care (adjacent photo) units as well as the growing complexity of routine office equipment (below). Photographs on this and the opposite page were taken at the Polyclinic Medical Center, Harrisburg.

2. Experiment with less expensive (non-physician) personnel such as nurse practitioners and physicians' assistants.

3. Learn to delegate less critical activity to subordinates and reserve physician time for things only a doctor can or should do.

4. Spend more money for competent secretarial and managerial talent so that less physician time is spent on the business side of the practice.

5. Install a patient education center to cut down on the frequency of hospitalization and other problems of patients with chronic conditions. Attempt to change the destructive life style of patients.

6. Enroll in some of the practice management courses, many of which are held in Pennsylvania each year under the sponsorship of the Pennsylvania Medical Society's Council on Education and Science.

7. Prescribe generics where feasible and point out to the patient the attempt to save him some dollars.

8. Buy supplies at 30-50% savings from the Pennsylvania Medical Cooperative.

9. Take a pointer from banks and supermarkets and open the office at night and on weekends so patients don't have to take time off from work.

10. Learn to improve communication skills by finding out how you actually come across to your patients in one of several tested and proven sensitivity courses available. For more information, contact the Council on Professional Relations of the Pennsylvania Medical Society.

11. Post the enclosed sign in your office to let patients know that you welcome questions about your fees and payment procedures.

12. Stop passing the buck to the insurance company by saying, "Well, you have insurance don't you?" Instead, worry with the patient about who's going to pay the bill.

Every journey begins with a few steps. Let the profession take these steps freely together lest they later take them in leg irons.

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On the way to a claims-made policy form

ROBERT L. ARCHER

Harrisburg

'. . . the advantage of the claims-made policy form is that the insurance company in its rate-making deals with hard data; that is, claims that it expects to pay or defend. The company does not deal with incurred but not reported claims, the area of judgment which causes great difficulty.'

Upheaval in the area of professional liability insurance has created so much difficulty in the market place that presently only four insurance companies write substantial numbers of policies in Pennsylvania. They are the Medical Protective Insurance Company, the Argonaut Insurance Company, the Pennsylvania Hospital Insurance Company, and the Joint Underwriting Association which is the residual market.

According to insurance companies' statistics, the major problem is that the number of claims for professional liability is increasing as is the severity (size of settlement) of those claims. A 10,000 claim study by the National Association of Insurance Commissioners presents evidence in support of the insurance companies.

Most rating plans for professional liability insurance utilize an "occurrence policy" which merely means the insurance company pays any future loss which may be discovered even though the policy is no longer in force.

The other type of policy is the "claims-made" policy which states that future discoveries will be covered if and only if the policy is in force at the time discovery is made. For instance, if a tort were to occur in 1977, the policy lapsing at the end of the year, and the tort were discovered in 1978 or later, there would be no insurance coverage. That is not an attractive situation for a physician who may elect to retire or otherwise leave an insurance company and insure elsewhere; the physician is personally liable for claims discovered after he leaves the insurance company.

The solution is to purchase a "tail" policy at the time of termination of insurance so that any losses discovered in the future will be covered by the insurance company. The overriding concern of physicians regarding claims-made policy forms is that when they retire or otherwise leave the insurance company they will not be able to afford purchase of the tail policy and will be subject to a great deal of unknown risk.

A claims-made policy form can accomplish several important objectives. The first objective is immediate reduction of premiums. The second is to assist the insurance companies in making rates in order to reduce prospective judgment in determining what future cost of claims might be under the occurrence policy. The third objective is to demonstrate a method of exercising individual physician responsibility so that when a tail policy is necessary the funds are there to pay for it.

Mr. Archer is director of Health Policy and Operations with the Pennsylvania State Insurance Department, Harrisburg.

Premium reduction

The first issue is an immediate reduction in premium. In insurance rating for professional liability, the companies report to the Insurance Department the premium income for a policy year or accident year and show how the losses which resulted in that policy year developed; this is called a loss development schedule.

A New York study shows that during the first policy year the actual claims reported and not paid or reported and paid are about 60 percent of the total claims that will be reported for that policy year. During the second year the figure is 23 percent; the third year, 10 percent; the fourth year, 3 percent; fifth year, 1 percent; and the remaining 2 percent is reported in subsequent years, sometimes as long as 22 years after the policy year.

What an insurance company does when it receives a doctor's premium is to place it in various reserves, first taking out acquisition costs and taxes, and then charging those reserves with unearned premiums, claims cost, defense cost, and administrative expenses. Theoretically, at the end of five years in Pennsylvania the net in the reserve funds would be zero, except those funds earmarked to

TABLE 1
OCCURRENCE/CLAIMS-MADE RATE EXHIBIT

	YEAR ONE	YEAR TWO
Cost of Occurrence Policy	$ 1744	$ 1744
Cost of Claims-Made Policy	$ 698	$ 1395
Cost of Tail Policy	$ 1090	$ 1918

(NOTE: Tail policy cost for year two is cumulative because it includes future liability arising from both years one and two.)

settle filed claims, which may take several more years. The same procedure is followed for each policy year.

Predicting future costs

What claims-made does for the system is to eliminate what the industry refers to as "incurred but not reported" claims. Obviously, when the policy goes into effect on January 1, no claims have been reported so most of the money begins to flow from the unearned premium account to a reserve called "incurred but not reported" (IBNR). As claims develop the money is taken out of IBNR and placed in a claims reserve, which is an estimate of what a reported incident may develop based on the insurance company's judgment.

The problem is that a company looks ahead five years. If the company were not forced to do that and were required to deal only with reported incidents where there is a reasonable expectation of a claim, the only reserves they would need to maintain are reported claims reserves and one-year IBNR. Thus, a substantial portion of that first year's premium would not need to be charged because most of it covers losses to be discovered in future years. Accordingly, the first year's premium under a claims-made policy form could be reduced from, say, $2,000 on the occurence policy to $400 on the claims-made policy.

In the second year of the claims-made policy form there is modest activity in claims for that policy year but claims from the preceding year begin to come in. A higher premium must be charged in order to cover reported claims from the preceding year plus those from the current year. This continues on through the fifth year, at which time in Pennsylvania the Catastrophe Loss Fund insures any further reported losses.

Administrative cost and certain other expenses aside, and all other things equal (that is, inflation not being present), the difference in cost between a claims-made policy form and an occurrence policy form over a five year term is equal to one year's occurrence policy rate. One may determine the figure by adding together the annual differences between claims-made and occurrence prices for the five years.

Let us consider an example using actual numbers filed by the Argonaut Insurance Company (Table I). If a physician retires at the end of the first year, during which his occurrence policy cost would have been $1,744 but he only paid $698 for claims-made, the cost of the tail coverage is $1,090. If he retires at the end of year two, the cost of the claims-made policy for year two is $1,395 and the tail coverage is $1,918. The jump to $1,918 the second year reflects future liability from both years. If inflation, increase in claims, and severity were moderated, the change would be reflected through a reduction; if those factors were to increase, the tail price would rise.

In short, the advantage of the claims-made policy form is that the insurance company in its rate-making deals with hard data; that is, claims that it expects to pay or defend. The company does not deal with incurred but not reported claims, the area of judgment which causes great difficulty. The apparent disadvantage to the physician is that he would have to pay a premium for tail coverage when he retires from the insurance company; the tail coverage would equal an occurrence policy rate for that year.

Physician's responsibility

The advantages seem to outweigh the disadvantages. If, for example, a substantial financial commitment at the time of retirement is a problem, the physician may find a method to prepare for eventual tail policy purchase. The Insurance Department proposes that the physician fund the difference between the occurrence policy and the tail policy each year for the five years. This gives him control over the money. He is entitled to the investment income on that money and the premium he is paying is predicated upon reported and paid losses.

Since interest on investment may not counteract the inflation of increasing claims and severity, the insurance company can provide a periodic statement which shows on an annual basis the actual cost of a tail policy should the physician elect to purchase it. This may sound like a difficult task, but in fact it is no different than the company's procedure in making occurrence policy rates. With the policy renewal statement the insurance company sends the doctor a bill for a claims-made policy and a statement showing the cost of tail coverage at that time. If the physician were to be insured for ten years under claims-made, for example, he would put into reserve a larger portion during the earlier years. The reserve amount would taper off to a point at which additional monies would be deposited only to offset the effects of inflation less any interest accumulating from the fund.

The Insurance Department has asked insurance companies to write optional claims-made policies in Pennsylvania. By law companies writing claims-made policies must offer a tail policy, the rates of which require Insurance Department approval. □

In-house system versus computer service bureau

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DONALD L. DeMUTH, M.B.A., C.P.A.

Harrisburg

The age of computers has arrived. Last month's article dealt with the possible uses of computers in the management of a medical practice. The following paragraphs examine the advantages and disadvantages of installing a computer in the office and using a computer service bureau.

Common alternatives

1. A semi-automated system uses a terminal in the physician's office. The terminal may be in the form of a cathode ray tube (CRT), or it may be in the form of a non-visible unit, such as a typewriter-like printer.

2. A computer service bureau is probably the most common approach. In this case, the physician has no equipment in the office. He merely sends his work to the service bureau and, in turn, receives the finished work.

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3. A modification of the previous approach is the use of a service bureau; however, the physician has terminal(s) in his office which are used to transmit the work to and from the service bureau. In all cases, there is a need to record data in a machineable form. In this case, office personnel record data.

4. With an automatic system using an "in-house" computer, the work is done in batches, perhaps at the end of the day.

5. Another type of automatic system uses "on-line" CRT terminals. With this technique, the charges and credits, etc., are entered directly as they occur.

Some aspects of the computer industry are in a state of rapid change while others remain stable. Much is said about obsolescence; however, the techniques of computerization have not changed radically—only the hardware has changed. When deciding to proceed in a given direction, the physician should understand that he is making a five to seven year commitment because:

1. The cost of programming (software) is high and must be amortized.

2. Getting maximum advantage of the investment credit requires a seven year holding period.

3. Once equipment is amortized, it is still operable. There is still a major market for used computer equipment as much as 15 years old. Thus obsolescence is not a major factor.

An examination of the advantages and disadvantages of the different approaches to computerization will aid in understanding the processes.

Advantages

Computer service bureau—Costs are usually incurred on a per-document basis, thereby permitting the expansion and contraction of the practice with cost in direct proportion. (In modern accounting terminology, these are referred to as variable costs.)

A service bureau eliminates the need for a large investment in equipment. The doctor does not need to satisfy requirements for a room with appropriate electricity and air conditioning if he uses a service bureau.

High-priced computer personnel are not required. The inordinate salary of a programmer and/or operator and its related effect on other salaries is avoided.

A bureau usually permits submission of claims to third parties on magnetic tape, thereby improving processing time and cash flow.

Service problems are eliminated; the service bureau is responsible for maintenance of the equipment.

With a well-run bureau, the doctor will not be farmed. A good preventive measure is to obtain a cost estimate before commencing a project and make payment upon its completion.

In-house computer—Long term costs will decline significantly, once

the system is paid for and/or amortized.

An in-house system presents no limitation to cycle. Bills or statements may be prepared as desired. (This capability should be used sparingly, however, to prevent the skyrocketing of costs.)

The ability to build files and programs, thereby enhancing flexibility, is a distinct advantage of an in-house computer. In a static (non-growth) practice, the advantage is marginal.

Costs are essentially fixed. Increases in practice volume do not automatically mean proportionately increased costs. (This can be a disadvantage on the down side.)

If using an on-line CRT, instant inquiry from patients may be handled; posting is always up to date and does not wait for the cycle to be processed. (The extra hardware needed to take advantage of this feature is an additional cost.)

If a physician's practice volume is sufficient to justify a system in-house, he is master of his own fate.

Just as in real estate, to own one's computer is to hedge against inflationary costs.

Disadvantages

Service bureau—Entries cannot be made directly; computer codes and account numbers must be used. (This is probably the case with in-house equipment.)

Patient input needs to be recorded twice—once by the receptionist and again by the key-punch operator of the service bureau. The double recording can be reduced if "on-line" equipment is used.

System changes involve a third party. If using a package program, it may not be feasible to change. (This is a disadvantage of packages, whether in-house or out-house, in that title normally rests with the software or computer firm, and change implies re-programming or seeking another package.)

In order to use a service bureau, the office must be disciplined to a cycle. Charges and credits must be closed out on a cutoff date—a deadline. (This is also true of in-house batch-type computers.)

'Caution: In any agreement, even if it is a handshake, take pains to clarify ownership of data and programs, and their confidentiality. . . . Who owns the programs? . . . Who owns the data? . . . What price confidentiality? . . . Under any circumstances, the doctor must know what he is getting into–and to understand.'

In-house equipment—The computer needs a room with appropriate electric and air conditioning. A typical system will need two hundred square feet, a 30-ampere dedicated circuit, and room air conditioning plus.

A staff programmer may be needed for an in-house system. In many cases, programming services are available on a per diem basis, so a staff programmer may not always be necessary.

An operator is needed to run an in-house system. Depending on the complexity and the nature of the system, this may or may not be a major consideration. For example, a minicomputer may be effectively operated by office personnel.

An office using an in-house system must exercise care in backing-up files and providing for data security, both from a fidelity and from an error standpoint.

Costs are basically fixed. If practice volume decreases, costs will remain essentially the same.

Service problems, when they occur, are the user's headaches. This is not normally a problem, for most manufacturers provide excellent maintenance on a contract basis. When multiple manufacturers are involved, however, they often disagree about whose equipment is causing the problem; such disagreement can delay repair.

Usual costs

Examining advantages and disadvantages of different approaches is a matter of common sense. An important aspect of such an examination is consideration of the nature of the arrangements.

If the physician were to consider moving his office, he would most probably examine the major alternatives from an economic standpoint. In "Computerese" this is known as a feasibility study, which may take many forms. Under any circumstances, the doctor must know what he is getting into—*and to understand.*

Service bureau—Normally charges are based on a per document basis —perhaps per statement, per bill, or per line item.

Postage is usually a separate charge.

Programming charges are usually on a per diem basis for "customizing."

Service bureaus usually charge extra for supplies—a significant factor because of inflation. The doctor should make sure those charges are specified.

If "open item" receivables are used, service bureaus normally charge per open item. (This simply refers to the system whereby records are kept by billing, as opposed to a simple balance from the previous month.)

Frequently bureaus charge for storage media such as disk packs, tapes, etc. Transactions with those bureaus should include a clear statement in regard to ownership of the physical asset.

Special runs are usually billed per hour of machine time. The physician should know the rates as well as the basis for computer time (meter time or the clock on the wall).

Caution: In any agreement, even if it is a handshake, take pains to clarify ownership of data and programs, and the confidentiality thereof. Seldom will confidentiality be a problem, but the question of data and programs has several ramifications:

1. Who owns the programs? In what forms are they made available? In what programming language? Most desirably, the programs should be made available in 80 column card form or some other commonly used media. These should be source (not ob-

ject) programs in any common language such as RPG or COBOL. There is probably little reason not to permit joint ownership; thus the service bureau can expand its scope of services. However, the user should bargain for ownership, as well, to insure continuity of operations in the event of catastrophe such as fire, flood, or bankruptcy.

2. Who owns the data? In what form is it to be made available? There is probably little legal question that the user owns the data, but it must be made clear that it is solely his and not usable by the service center. Further, should a change be made—for whatever reason—it should be clear in what form the data is maintained, and what costs will be incurred in securing the data.

3. What price confidentiality? Any reputable service center will accept the physician's need for privacy. However, even the best of organizations may have a bad apple, and steps should be taken to detect and prevent this. Several "blind" names in a master file is one of several common techniques.

In-house equipment—The obvious major cost is the initial investment in hardware. Mini-computers are now available at a starting price of $30,000. This may be adequate, or it may be necessary to have additional hardware. Generally the degree of sophistication and number and content of records dictate the costs. For example, if a doctor is content to operate in a "batch mode," i.e., if he is willing to forego the luxury of being able to inquire about account status by use of CRTs, he will be able to considerably reduce the hardware required. If record size is held down, this luxury may still be available.

As mentioned above, an in-house system often requires an operator. The degree of training needed depends on the size of the system. Additionally, a "back-up" operator should be available in the event of illness. The process need not be sophisticated, and that back-up person may have other normal duties but should be able to keep the day to day process running.

Preparations necessary for installation create added expenses—a room with a dedicated circuit of 30 amperes and air conditioning. The mini-computers do not require as much environmental planning as the more sophisticated hardware.

Programming costs, nebulous by nature, are difficult to pin down and easy to get out of control. The manufacturers frequently supply "package" programs. Usually, these are either not susceptible to modification or may be modified only at a very substantial cost. A new development in the industry is the advent of software houses which sell programs and do contract programming. These programs may be less expensive than the manufacturers'. Another alternative is the use of "moonlight" programmers to tailor programs to specific requirements. While the latter alternative may be less expensive, it is also more treacherous, for the moonlighter's first responsibility is his prime job. The physician should consider a tight contract containing completion dates, penalty clauses, and mechanics of payment.

Service costs are usually handled by maintenance contract, and while substantial, are usually predictable. Service is normally reliable unless the service location is a great distance from the computer.

Supplies costs have been subject to inflation, and are a significant item.

A rule of thumb which may help in testing estimates is that machinery, labor, and overhead are usually incurred in approximately equal parts. While it is not scientific, the rule can be used to test the validity of cost estimates and provide confidence in the estimates; it may also suggest missing or overestimated costs.

The information above may seem technical in nature but it is really a matter of common sense.

In summary, when considering using a computer in a medical practice a doctor should use the following guidelines:

1. Understand the proposed system thoroughly.
2. Pinpoint responsibilities.
3. Pinpoint rates and costs.
4. Be assured of projected volumes. If underestimated, the physician's costs will be proportionately greater.
5. Be clear as to ownership of programs, data, and the media by which they will be returned. □

The Pennsylvania Society of Colon and Rectal Surgery

Scientific Meeting

September 16 **Union League**

Philadelphia

Executive Council meeting 5:00 p.m., followed by cocktails at 6:00 p.m., and dinner at 7:00 p.m.

Program:

Surgery of intestinal injury following radiation therapy to the urinary bladder

Colonoscopy—practiced with a surgical conscience

Ileorectal anastomosis in the surgery of inflammatory bowel disease.

Application of ultrasound in the management of intra-abdominal disorders

Non-members are cordially invited to attend and may send their reservations with check in the amount of $15.00 per person to W. Davy Smith, M.D., Providence Medical Center, 2112 Providence Ave., Chester, PA 19013.

Fall Courses 1977
New York University Post-Graduate Medical School

Clinical Anesthesia Today (CAT III)

Tuition $200* **September 16-18**

For practitioners and nurse anesthetists to improve and update skills in clinical anesthesia. Stress is on new management and care concepts, especially In circulation, respiration, anesthetic agents, obstetrics, neuroanesthesia and pediatrics. Includes group workshops in respiratory care and a special session on government regulation and malpractice. Review will assist in preparation for the ADA oral examination. Tuition $100 for residents and nurse anesthetists. (21 AMA Category I Credit hours)

Clinical Rheumatology for Primary Physicians

Tuition $165* **October 9-10**

Practical knowledge and application of the newest developments in the diagnosis and treatment of the rheumatic diseases. Special attention to the more common disorders such as rheumatoid arthritis, gout, osteoarthritis and various musculoskeletal syndromes. Problem cases are presented and discussed. Several concurrent lectures in Spanish are offered. (14 AAFP prescribed hours; 14 AMA Category I Credit hours.)

Introduction to Medical Genetics for Primary Physicians

Tuition $165* **October 11-12**

Basic concepts and genetic terminology are defined. Differential diagnosis with emphasis on inborn errors of metabolism is reviewed with special attention to practical application in clinical situations. Office counseling and treatment including dietary and replacement therapy and the implications of genetic screening are considered (14 AAFP prescribed hours; 14 AMA Category I Credit hours).

General Diagnostic Radiology

Tuition $275* **October 10-14**

An in-depth survey of all subspecialties of diagnostic radiology including neuroradiology and bone and joint radiology. Basic concepts and practical clinical applications are reviewed with particular attention to currently accepted procedures as well as newer developments, e.g., computerized tomography and its application to the trunk and head. A refresher course for practicing radiologists and a review for candidates preparing for radiology exams. Tuition $175 for residents, fellows and military personnel. (30 AMA Category I Credit hours.)

Dermatological Diagnosis & Management for the Primary Physician

Tuition $200* **October 26-28**

Common dermatologic problems are considered with emphasis on unraveling diagnostic possibilities in a presenting complaint and providing relief of the patient's symptoms while the evaluation is underway. Format includes clinical presentations and a workshop on therapeutics. (21 AAFP prescribed hours; 21 AMA Category I Credit hours).

Introduction to Echocardiography

Tuition $165* **October 20-21**

Basic physical concepts of sound and ultrasound are reviewed, echocardiographic equipment is described and demonstrated and examination techniques are illustrated. Indications for examination in adults and children are presented and the echocardiographic patterns of patient problems commonly seen in practice are examined. Assumes no previous experience with the subject. Will assist physicians evaluate their patients' echocardiograms and intelligently interpret the literature. (14 AMA Category I Credit hours.)

Management of Common Orthopedic Problems for the Primary Physician

Tuition $165* **October 22-23**

An intensely practical review of the diagnosis and management of common orthopedic problems as seen in the office and emergency room. Topics include neck and shoulder pain, hand trauma, low back pain and disc disease, the painful hip, the painful knee, the sprained ankle, common foot problems and frequently missed fractures. Instructors stress their personalized approach to diagnosis and management. (14 AMA Category I Credit hours; AAFP and Emergency Medicine credit pending.)

Hypnosis for the Primary Physician

Tuition $165* **October 29-30**

A practical demonstration on how and when to employ hypnosis in office practice. The use of the Hypnotic Induction Profile (test and measure of hypnotizability) is taught as a diagnostic tool and a therapeutic agent in the treatment of smoking, weight control, management of pain, seizure disorders, control of breathing disorders, blood pressure, functional cardiac arrhythmias and the management of phobic reactions. The relation of hypnosis to TM, yoga, biofeedback and acupuncture is examined. (14 AAFP prescribed hours; 14 AMA Category I Credit hours.)

Additional Courses—Fall 1977—• Management of the Alcoholic and the Alcohol Abuser, Oct. 13-15 • Internal Medicine: An In-Depth Review, Sept.-April • Diagnosis of Inflammatory Skin Diseases (dermatologists, pathologists), Oct. 13-15 • Helping Children Cope, Oct. 15 • Hotchkiss Symposium on Male Infertility, Nov. 5-6 • Neurosurgery/New York City 1977, Nov. 28-Dec. 1 • Urodynamics, Dec. 3-6 • Advanced Clinical Diagnosis of Neuromuscular Disease, Dec. 8-9 • Diagnostic Radiology for the Primary Physician, Dec. 9-10.

* Tuition includes continental breakfast, lunch, refreshments, and written materials.

For more detailed information write or phone: Registration Department, NYU Post-Graduate Medical School, 550 First Avenue, New York, NY 10016; (212) 679-3200, ext. 4038.

MDs in the news

D. Rohrer Eshelman, M.D., Lancaster, recently returned to Nazareth, Ethiopia, where he had worked for 18 years, in order to answer an emergency call from the 80-bed HaileMariam Mammo Memorial Hospital there. Dr. Eshelman first went to Ethiopia in 1950 and for ten years was the only doctor in the hospital in Nazareth. In 1968, when he returned to Lancaster, the hospital had three doctors and a school for medical training. Because of the recent unrest in Ethiopia, the three doctors resigned from the hospital, so Dr. and Mrs. Eshelman are filling in for four months until a new doctor arrives. Since 1968 Dr. Eshelman has been an emergency room physician at St. Joseph's Hospital.

State Society awards for 50 years in the practice of medicine were recently presented to **Luther I. Fisher, M.D.,** Bethlehem; **Fred E. Murdock, M.D.,** DuBois; **Anthony J. Sparta, M.D.,** Easton; and **Raymond Wing, M.D.,** Easton.

John B. Coates, Jr., M.D., Phoenixville, was installed recently as president of the Chester County Medical Society during its annual dinner meeting. He is a retired brigadier general in the United States Army. The other officers of the county society are: **Thomas S. Johnston, M.D.,** West Chester, president elect; **E. Thomas Deutsch, Jr., M.D.,** Malvern, vice president; **Norman A. Goldstein, M.D.,** Phoenixville, secretary; and **Pascal J. Imperato, M.D.,** Paoli, treasurer.

The Community of Beallsville recently celebrated the nintieth birthday of **Milton F. Manning, M.D.** Dr. Manning began his practice in Beallsville in July 1913 and continued seeing patients until last May—almost 65 years in medical practice.

Three physicians at Temple University Hospital were recently recognized for their excellence as chief residents of the department of medicine. They are: **Frank S. James, M.D.,** currently with Temple under a fellowship in cardiology; **Matthew B. Naegle, M.D.,** also with Temple as associate professor of medicine and a staff member of the diagnostic center; and **Craig Sussman, M.D.,** who is presently a fellow in endocrinology at Vanderbilt University, Nashville.

Bruce G. Pitts, M.D., was named recently as resident of the year by the department of medicine at Temple University Hospital. The award, given to the hospital by the Upjohn Company for the outstanding resident among the first-year group, was presented for the first time. Dr. Pitts received his medical degree from the University of Pennsylvania School of Medicine.

Physicians on the faculty of the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, have received the following academic promotions: **Arthur H. Hayes, Jr., M.D.,** professor of medicine and pharmacology; **Rodrigue Mortel, M.D.,** professor of obstetrics and gynecology; **William S. Pierce, M.D.,** professor of surgery; **Arthur B. Abt, M.D.,** associate professor of pathology; **Joseph D. Babb, M.D.,** associate professor of medicine; **John H. Dossett, M.D.,** associate professor of pediatrics; **Laszlo Geder, M.D.,** associate professor of microbiology; **Alexander Kalenak, M.D.,** associate professor of surgery; **David M. Leaman, M.D.,** associate professor of medicine; **Gary G. Nicholas, M.D.,** associate professor of surgery; **Robert B. Page, M.D.,** associate professor of surgery; **Javad Towfighi, M.D.,** associate professor of pathology; **Joseph J. Trautlein, M.D.,** associate professor of medicine; **Lottie A. Varano, M.D.,** associate professor of radiology; **Victor Whitman, M.D.,** associate professor of pediatrics; **Willis W. Willard, M.D.,** associate professor of family and community medicine; and **Keith H. Marks, M.B., B.Ch.,** assistant professor of pediatrics.

J. Mostyn Davis, M.D., Shamokin, joined more than sixty other witnesses in Philadelphia June 16 to testify during hearings of the National Commission on Smoking and Public Policy. Dr. Davis, who is chairman of the State Society's Officers' Conference Committee, addressed the commission on the subject of smoking as it relates to pregnant women and young people. The hearings, sponsored by the Philadelphia Division of the American Cancer Society, were conducted as part of the national organization's "Target Five" campaign to reduce smoking among youth and adults by 50 to 25 percent respectively in the next five years. State Secretary of Health Leonard Bachman, M.D., and Robert C. Eyerly, M.D., Danville, chairman of the Pennsylvania Cancer Coordinating Committee, also addressed the commission.

The Fogarty International Center of the National Institutes of Health recently awarded a senior international fellowship to **William S. Frankl, M.D.,** St. Davids. Beginning January 1978, Dr. Frankl will work for one year in the Cardiothoracic Institute of the University of London. He will study myocardial function and ionic exchange in anesthesia in order to delineate the cellular basis for development of arrhythmias often seen in patients given anesthesia, especially for cardiac surgery. Dr. Frankl is professor of medicine and director of the cardiovascular division at the Medical College of Pennsylvania and president of the Southeastern Pennsylvania Chapter of the American Heart Association.

John A. Waldhausen, M.D., was elected recently to a two-year term as president of the Thoracic Surgery Directors Association. Dr. Waldhausen is professor and chairman of surgery and chief of the division of cardiothoracic surgery at the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey.

Eastern Pennsylvania Chapter of the American College of Surgeons
Twenty-Sixth Annual Meeting*
Wednesday, November 9, 1977 Holiday Inn East-Bethlehem, Pa.

Schedule of Events

Registration—8:15-9 a.m.

Morning Session
General Surgery Program
Marfil Room

Presiding Officer
Harry G. Light, M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Harry Goldsmith, M.D., Samuel Gross Professor of Surgery, Thomas Jefferson University Medical School, Philadelphia, PA., SUBJECT: LIVER SURGERY.

9:45 a.m.: Robert Freeark, M.D., Professor and Chairman, Department of Surgery, Stritch School of Medicine of Loyola University of Chicago, Maywood, IL., SUBJECT: DIVERTICULAR DISEASE OF THE COLON.

10:30 a.m.: Francis D. Moore, M.D., Elliott Carr Cutler Professor of Surgery, Harvard Medical School, Boston, MA., SUBJECT: THE TREATMENT OF BREAST CANCER IN VARIOUS STAGES OF DEVELOPMENT.

11:15 a.m.: Harry H. LeVeen, M.D., Chief of Surgical Service, Professor of Surgery, State University of New York, Veterans Administration Hospital, Brooklyn, NY., SUBJECT: TREATMENT OF TUMORS WITH RADIOFREQUENCY - THERMOGRAPHY.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.
Presiding Officer: Harry G. Light, M.D., F.A.C.S., President, Eastern Pennsylvania Chapter of the American College of Surgeons. SPEAKER: Francis D. Moore, M.D., SUBJECT: "HOW FAST DO WE WANT SURGICAL MANPOWER TO GROW?"

Afternoon Session
Presiding Officer
Stuart H. Irons, M.D., F.A.C.S.
Wilkes-Barre, PA

2:00 p.m.: Resident's Paper.

2:30 p.m.: PANEL DISCUSSION MODERATOR: Charles K. Zug, III, M.D., F.A.C.S., Bethlehem, PA.

PANELISTS: Robert Freeark, M.D., Harry Goldsmith, M.D., Harry H. LeVeen, M.D., Francis D. Moore, M.D., SUBJECT: SURGICAL COMPLICATIONS—THEIR AVOIDANCE OR TREATMENT.

4:00 p.m.: CHAPTER MEETING.

Morning Session
Gynecologic and Urologic Program
Sala De Oro Room

Presiding Officer
Frank S. Flor, M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Earl F. Greenwald, M.D., Associate Professor of Obstetrics/Gynecology, Director of Section of Gynecological Oncology, Temple University School of Medicine, Philadelphia, PA , SUBJECT: CARCINOMA OF THE CERVIX.

10:00 a.m.: Equinn W. Munnell, M.D., Professor of Clinical Gynecology & Obstetrics, College of Physicians and Surgeons, Columbia University, New York, Attending Obstetrician & Gynecologist, Presbyterian Hospital, New York, NY., SUBJECT: CARCINOMA OF THE ENDOMETRIUM.

11:00 a.m.: Joseph N. Corriere, Jr., M.D., Professor & Director, Division of Urology, University of Texas, Houston, TX., SUBJECT: UROLOGICAL COMPLICATIONS FOLLOWING GYNECOLOGICAL SURGERY.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.

Afternoon Session

2:00 p.m.: Panel Discussion and Question-and-Answer Session with Questions Submitted by Audience.

Morning Session
Trauma Program
Darsena Room

Presiding Officer
Charles F. Snyder, Jr., M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: William P. Graham, M.D., Chief, Plastic Surgery, Hershey Medical School, Hershey, PA., SUBJECT: SOFT TISSUE INJURIES.

9:45 a.m.: Carl T. Brighton, M.D., P.H.D., Professor & Chairman, Department of Orthopedics, University of Pennsylvania. SUBJECT: "THE TREATMENT FRACTURE NON-UNION WITH ELECTRICITY"

10:30 a.m.: Peter Janetta, M.D., Professor & Chairman, Department of Neurosurgery, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: THE CEREBELLOPONTINE ANGLE AS PANDORA'S BOX. THE CRANIAL NERVE DYSFUNCTION SYNDROMES.

11:15 a.m.: Felicien Steichen, M.D., President PA Division, American Trauma Society, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT PRESENT AND FUTURE TRENDS IN THE MANAGEMENT OF TRAUMA.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.

Afternoon Session

2:00 p.m.: Felicien Steichen, M.D., PRESENTATION OF A CASE OF MULTI-SYSTEM TRAUMA

PANEL DISCUSSION OF MANAGEMENT Carl T Brighton, M.D., William P Graham, M.D., Peter Janetta, M.D., John Ryan, M.D.

4:00 p.m.: CHAPTER MEETING.

*** in association with the Lehigh Valley Obstetrical Society and the American Trauma Society, Pennsylvania Division.**

As an organization accredited for continuing medical education, the Pennsylvania Medical Society certifies that this continuing medical education offering meets the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

Eastern Pennsylvania Chapter of the American College of Surgeons
20 Erford Rd, Lemoyne PA 17043

Annual Meeting Registration (Pre-Registration Requested)

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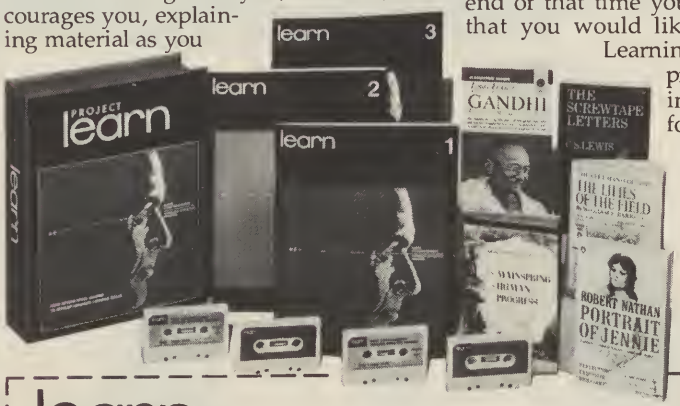

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August	15-19	Atlanta, Georgia	701
	15-19	Burlington, Vermont	702
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C

Know your taxes

Test your capital gains tax I.Q.

DONALD L. DeMUTH, M.B.A., C.P.A.
EDWARD H. ACHORN, M.Adm., C.P.A.
Harrisburg

Do you think that capital gains tax laws state only that any gains from the sale of stock are taxed? Answer the following questions and you might be surprised.

- You bought a convertible a year before production ended. Now you are going to give up the glamour for the safety and economy of a diesel powered Mercedes. You sell the convertible for more than you paid for it, since it is now a collector's item. Will you have to pay a capital gains tax on the difference between the convertible's purchase price and the amount for which you sold it?
- You own some stock, the price of which you believe is as high as it will be; you are considering selling it now to realize substantial capital gain. The only reason you have not sold the stock yet is that earlier this year you sold some other securities and garnered big gains on that transaction. If you sell the stock you will be in a much higher tax bracket than if you wait until next year to sell. Is there any way you could sell the stock now and push off paying the capital gains tax until next year?
- A radiologist friend of yours has bought some municipal bonds to take advantage of the federal income tax free interest. He buys some new equipment and sells the bonds at a price less than he paid for them. Will he be able to subtract the loss from his other capital gains?
- A pediatrician had bought a vacation cabin in the mountains several years ago for $10,000. During a recent dry spell, the cabin was totally destroyed by a forest fire. He has received $15,000 from the insurance company and does not intend to rebuild the cabin or buy another. Is this a capital gain?
- You are a numismatist and have sold some coins which you had owned for several years at a $750 profit. Since coin collecting is your hobby, not your business, must you pay capital gains tax on the transaction?
- Your wife lost a diamond ring which cost $200 ten years ago. The insurance company has paid you $650, the ring's market value at the time it was lost. Must you pay a capital gains tax on the $450 difference between the insurance proceeds and the cost?
- If you sell your ownership in a practice for $50,000, your tax will differ depending on whether you are selling an unincorporated solo practice, your share of a partnership, or your shares of stock in a professional corporation. Is this statement correct?

If you answered "no" to any of the above questions, read further to discover why all answers are "yes." Even if you have a perfect score, you might pick up some other pointers from the following paragraphs.

Mr. Achorn is assistant professor of accounting and management and Mr. DeMuth is assistant professor of accounting and finance at The Pennsylvania State University's Capitol Campus, Middletown. For reprints write to Mr. Achorn or Mr. DeMuth at The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.

Short sale against the box

At this writing, Eastman Kodak's stock has been suffering a beating as a result of competitive inroads by Polaroid. You own some Kodak stock and believe its price will continue to take a pounding. You would sell it now for a profit but because you have already sold other capital assets, you are in a higher tax bracket than you expect to be in next year. Is there any way for you to sell the stock and defer taxation until next year when you are in a lower bracket?

Yes there is—through what is known as a short sale against the box. Essentially, a short sale of Kodak involves borrowing the stock from your broker and selling it. The next year, you give your broker the shares you own to replace those which you borrowed. The following example illustrates the mechanics of the transactions.

You own Kodak stock which you acquired for $40 per share. In May 1977 you sell the stock short for $60, borrowing the shares that you sell from your stockbroker. In January 1978 you give the broker the shares you bought for $40 to replace the shares of stock you sold.

You recognize the gain for tax purposes in 1978, when the borrowed stock is returned (called "covering the short sale"). The term "against the box" indicates that you presently own the securities (and they are probably kept in a safe deposit box).

Whether a gain is long-term or short-term depends on the date of acquisition of the stock and when the short sale is closed. It does not depend upon when the borrowed shares are returned. In the previous example, if

TABLE I
Municipal Bonds

	Municipal Bond I		*Municipal Bond II*
Interest	$80		$40
Short-Term Capital Gain		$40	
Income Tax (50%)		20	
Gain After Tax		$20	$20
Total After Tax Return	$80		$60

the shares had been acquired in May 1975 and the short sale took place in May 1977, the gain is of a long-term nature. On the other hand, if the sale took place in May 1977 and the shares had been acquired in December 1976, the gain would be a short-term gain. Your stockbroker can fill you in on the procedural details of short selling.

Installment sales

If a doctor has sold some real estate or personal property without receiving the full purchase price at the time of the sale, he may defer recognizing a gain until the future when he receives payment. To qualify for deferral of the gain for tax purposes the physician cannot receive more than 30 percent of the selling price in the year of the sale.

For example, suppose the M.D. sells some raw land for $30,000; he had bought it years earlier for $10,000. Therefore, he has a long-term capital gain of $20,000. If his taxable practice income is presently $65,000 and he expects this to continue in the future, his taxable income if he receives the sale proceeds this year is $75,000 ($65,000 in practice income plus 50 percent of the $20,000 capital gain) and his income tax on that amount is $29,560.[1]

If he only has practice income of $65,000 in the future, his taxable income will be $24,560.

If he receives only 25 percent of the $30,000 of sales proceeds ($7,500) for each of four years, his taxable income each year is $67,500 ($65,000 in practice income plus 25 percent of the $10,000 taxable portion of proceeds) and his income tax is $25,810.[1]

The total income tax paid over the four year period in this example is the same, but the installment method defers the payment of the tax. If you are in a tax bracket lower than 50 percent, it may be possible not only to delay, but also to reduce the total tax paid. An axiom of tax advisors states that if tax payment cannot be avoided, it should be delayed as long as feasible. The authors rigorously support this position.

Another point to remember when making an installment sale is to be sure to charge at least a 6 percent annual interest rate on the unpaid portion of the selling price. Otherwise the IRS may foul your plan to defer the tax payment.

Municipal bonds

While the interest on municipal

1. Tax computed using the maximum tax on earned income and the alternative tax computation method where applicable.

TABLE II
Tax Ramifications

Event	*I* *Robbery*	*II* *Boat Sale*	*III* *Lost Watch*	*IV* *Wreck*
Proceeds	-	$2,000	-	$1,600
Market Value	250	1,600	350	2,500
Gain (Loss)	($250)	$ 400	($350)	($900)
Disposition	*Personal Theft Loss - Reduce by $100 and Deduct, if Itemized Deductions Used*	*Personal Gain-Taxable at Appropriate Capital Gains Tax Rates*	*Personal Loss-Not Arising from Casualty or Theft - No Effect*	*Personal Casualty Loss-Reduce by $100 and Deduct, if Itemized Deductions Used*
Taxable Gain (Tax Deductible Loss)	($150)	$ 400 *(if short-term)* $ 200 *(if long-term)*	*None*	($800)

bonds is not taxable, any gains or losses on the difference between the selling price or proceeds at maturity and the purchase price are taxable according to the capital gains tax rules.

For example, a doctor in the 50 percent tax bracket has a choice of two investments: a municipal bond which matures in almost a year and pays $80 in interest (remember that in 1978 the cut-off point for long-term capital gains is one year); and a bond which matures in almost a year, pays $40 in interest, and sells at $40 less than its maturity value (total interest plus capital gain equals $80). The doctor should choose the former bond because it yields more money after income tax, as shown in Table I.

TABLE III
Alternative Tax

Practice Income		$62,000
Income Tax on Practice Income[1]		$23,060
Net Long-Term Capital Gain	$10,000	
Net Short-term Capital Loss	4,000	
Excess	6,000	
Tax Rate	x 25%	
Tax on Capital Gain	1,500	1,500
Income Tax		$24,560

Personal, hobby gains and losses

Losses on the sale or disposition of items utilized for personal enjoyment or in a hobby are *not* deducted from taxable income. The only exception to this rule is for losses from theft or casualty. If a physician itemizes deductions, he is permitted to deduct the portion of each personal or hobby loss in excess of $100 arising from each casualty or theft in determining taxable income.

However, Uncle Sam is not so benevolent as to allow gains on personal or hobby property to escape taxation. All such gains, no matter how they arise, must be taxed in accordance with capital gains tax law.

Let us examine the tax ramifications of the following events involving a particular physician during 1977:

1. The doctor was robbed at gun point by a drug addict attempting to support his habit. He lost $250 which he had in his wallet; his credit cards were discarded and never used.
2. He sold a motor boat for $2,000; he had bought it earlier for $1,600. It was used solely for his family's pleasure.
3. He mislaid his wristwatch, which was worth $350 at that time. It was uninsured.
4. The physician had an automobile accident in a sports car he drove for enjoyment. It was totally destroyed and had a market value of $2,500 at the time of the accident. He recovered $1,600 from his insurance company.

Determine the tax treatment of each item (Table II).

Alternative computation method

If the following fact pattern aptly describes your situation, you will benefit by computing your income tax by the alternative method:

1. Married with ordinary income (generally, taxable practice income) of $52,000 or more, *OR;*
2. Single with ordinary income (generally, taxable practice income) of $38,000 or more;
3. Have a net *long-term* capital *gain* in excess of a net *short-term* capital *loss* or a zero net short-term capital loss.

If, in addition to the above, your excess net long-term capital gain is $50,000 or less (which is typical for physicians), compute your tax by first determining the tax on ordinary (practice) income. Then add to that figure one-fourth (25 percent) of the excess net long-term capital gain over the net short-term capital loss.

For example, Dr. Morris is married and has $62,000 of taxable practice income. He has sold some stock and has a $10,000 net long-term capital gain and a $4,000 net short-term capital loss. Table III shows the computation.

If the excess of the net long-term capital gain over the net short-term capital loss exceeds $50,000, the alternative tax computation method is slightly more complex. We will not discuss it as it interests so few readers.

Sale of home

As previously stated, a gain on the sale of personal property is subject to capital gains tax. There is an exception to this law. If a doctor moves into a new home any time between 18 months before and 18 months[2] after

2. The limit, after selling the home, is extended to 2 years if a new home is built, provided construction has commenced by the end of 18 months after the sale.

TABLE IV
Selling a Home

	Dr. Lazerfeld	*Dr. Carns*	*Dr. Mezzio*
Sales Proceeds - Old Home	$40,000	$50,000	$60,000
Purchase Price - Old Home	45,000	40,000	40,000
Gain (Loss)	($5,000)	$10,000	$20,000

TABLE V
Buying a Home

	Dr. Carns	*Dr. Mezzio*
Purchase Price - New Home	$55,000	$55,000
Purchase Price - Old Home	40,000	40,000
Gain on Which Tax Potentially Does Not need to Be Paid	$15,000	$15,000
Gain on Sale of Old Home	$10,000	$20,000
Excess of Purchase Price of New Home in Excess of Old Home	15,000	15,000
Taxable Portion of Gain	*NONE*	$5,000

selling his old home, he is permitted to avoid paying tax on the gain of the sale of the old home to the extent that the *purchase price* of the *new* home exceeds the *purchase price* of the *old* home.

Examine the outcome of the home sales of three members of a surgical group (Table IV).

Dr. Lazerfeld has sold his home for a loss; it is a personal loss and he receives no tax benefits as a result of it. Drs. Carns and Mezzio have capital gains. The amount of gain which they must recognize for tax purposes depends on the cost of their new houses.

Suppose both buy $55,000 homes. Both physicians could have gains up to $15,000 and still avoid paying income tax on them. If the gains are greater than $15,000, only the portion in excess of $15,000 is taxed (Table V).

What becomes of the untaxed portion? Could it be that the IRS is making a gift to John Q. Public? No, actually the tax is only being deferred. The next time Dr. Carns or Dr. Mezzio sells his home, the purchase price of the home he currently is buying must be reduced by the present untaxed portion of the capital gain (Table VI).

Remember that this is only for your principal home and not for a vacation home, office, or rental property. You must buy another home to qualify for such treatment.

There are different rules for persons 65 or older. Bascially, the gain attributable to the first $35,000 of the adjusted selling price will never be taxed. There are additional details to this law which must be considered.

If your office is located in your home, you must allocate the gain between the office portion and the personal portion. There are other ramifications to selling business property which are beyond the scope of this article.

Tax preference items

The untaxed portion of a long-term capital gain is also considered a "tax preference item." In addition to his normal income tax, a physician must pay a 15 percent additional tax on tax preference items in excess of the greater of $10,000 or one-half of his normal income tax. This provision should not affect very many doctors.

Let us consider the following example. Dr. Altworth has income tax of $22,000. In determining his taxable income, he includes 50 percent of $30,000 of net long-term capital gains he has earned. His tax on tax preference items is computed in Table VII.

This article highlights some of the slightly off-beat situations a physician might encounter regarding capital gains taxation. The next article in this series will explain the tax consequences of selling a practice. □

TABLE VI
Untaxed Portion of Capital Gain

	Dr. Carns	*Dr. Mezzio*
Purchase Price - Home Currently Owned	$55,000	$55,000
Untaxed Capital Gain From Present Time	10,000	15,000
Adjusted Purchase Price	$45,000	$40,000

TABLE VII
Tax Preference Items

Net Long-Term Capital Gain	$30,000	
Portion Taxed (50%)	15,000	
Portion Untaxed	15,000	$15,000
Normal Income Tax x ½		11,000
Income Subject to Tax on Tax Preferences		4,000
Tax Rate		x 15%
Tax on Tax Preference Items		$ 600

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'Pseudotumor' sign and intramural air

Volvulus and necrosis of the small intestine

RONALD L. PERRIN, M.D.
PEDRO A. MARQUEZ, M.D.
Pittsburgh

Frimann-Dahl has reported the presence of a water density mass described as a "pseudotumor" sign in cases of closed loop small bowel obstruction and volvulus of the small intestine.[1] Numerous case reports and articles have also described the roentgen features in strangulating obstruction of the small bowel[2,3,4] as well as the roentgenographic findings of bowel infarction.[5]

This paper is a case report showing both the roentgen features of the "pseudotumor" sign of strangulated closed loop small bowel obstruction and the presence of gas in the bowel wall consistent with that of bowel infarction and necrosis. The presence of either of these signs should alert the radiologist and surgeon to the need for immediate surgical exploration.

Case report

A 55 year old black female with known Von Recklinhausen's disease presented at the emergency room with crampy, peri-umbilical pain radiating to the right lower quadrant; the pain was of 24 hours' duration. The patient was nauseous, vomiting frequently, and had a slight fever. Her last bowel movement had been approximately 6 days prior to admission. She had no history of melena or rectal bleeding. Previous surgery consisted of an appendectomy 30 years earlier.

The patient's abdomen was distended with occasional high pitched bowel sounds, but no rushes. Palpation revealed acute abdominal tenderness in the midabdomen and right lower quadrant with rebound and guarding. Rectal examination demonstrated marked right anterior wall tenderness.

Roentgen findings

Frontal AP supine examination of the abdomen showed an approximate 20×20 cm discrete water density mass occupying the right mid and lower quadrant of the abdomen (Figure 1). The borders of the mass were sharply defined with short confined horizontal air fluid levels on the erect and decubitus views (Figures 2, 3). A 5 cm crescentic, elongated, radiolucency was superimposed upon the air fluid level seen about the medial margin of the mass in the right lateral decubitus study (Figure 3). Multiple air filled, non-distended loops of small and large bowel surrounded the mass showing displacement by extrinsic impression. There was no free air.

Surgery

Exploratory laparotomy shortly after the initial abdominal films showed the presence of a volvulus of the terminal ileum with complete 360° rotation. Numerous adhesive bands surrounded the involved, gangrenous small bowel. The adhesions were lyzed and the gangrenous small bowel resected.

The pathology report revealed segmental necrosis involving approximately 100 cm of the terminal ileum with numerous serosal adhesions. Mild (non-occlusive) atherosclerosis of small mesenteric arteries were present throughout the specimen. There were no neurofibromas in the submitted specimen.

Postoperative course

Three days postoperatively the patient demonstrated spiking fever and became unresponsive with bilateral Babinski's reflex and frequent seizure activity. A progressive downhill course ensued. Subsequent autopsy showed the cause of death to be gliomatosis of the optic nerve and hypothalamus with bilateral basilar acute bronchopneumonia.

Discussion

The term volvulus is derived from

Drs. Perrin and Marquez are associate diagnostic radiologists at Montefiore Hospital, Pittsburgh.

Figure 1. Frontal AP supine view of abdomen showing prominent water density mass– "pseudotumor" sign of closed loop obstruction.

VOLVERE—to turn or twine. Volvulus of the small intestine is frequently associated with congenital anomalies of the mesentery and errors of mesenteric fixation.[6,7] The attachment of the mesentery may be very short while the length of the mesentery is long, predisposing to twisting of the midgut. Postoperative adhesions along the serosal surface of the small bowel, as in this case report of a patient with previous appendectomy, may also compromise the normal fixation of the small bowel allowing volvulus to occur with or without compromise of blood supply.

The diagnosis of a closed loop obstruction must be differentiated from that of simple obstruction. With simple mechanical small bowel obstruction, swallowed air allows gaseous distention of the small bowel. Distention of the small bowel permits fluid to accumulate within the bowel lumen and demonstrates the classic "stepladder" appearance of small bowel obstruction in the erect view of the abdomen.

Figure 2. Frontal erect view demonstrating confined horizontal air-fluid level outlining the top of the "pseudotumor."

Figure 3. Right lateral decubitus view demonstrating confined horizontal air-fluid interface with intramural air (arrow).

In closed loop obstruction, both ends of the bowel are occluded and swallowed gas is unable to reach the involved portion of the bowel. Early in the course of the closed loop obstruction, small amounts of non-absorbed intraluminal gas is present showing the presence of discrete air fluid filled loops of bowel (Figures 1, 2, and 3). As the closed obstruction persists, intraluminal gas is absorbed.[3] Since no further gas can reach the area of closed obstruction, a discrete homogenous mass density of closed loop obstruction may be seen.

The mass of distended bowel is the classic "pseudotumor" sign described by Frimann-Dahl.[1] The presence of this mass sign of closed loop obstruction is an important roentgen warning of bowel strangulation with impending necrosis—the blood supply usually first compromised on the venous side followed by arterial obstruction. A "pseudotumor" sign should be considered a surgical emergency since operative intervention early enough may allow the volvulus to be reduced without necessity of resection due to vascular embarrassment and necrosis of bowel.

The roentgenographic findings of bowel infarction have been fully described by Tomchick, *et al.*[5] Specific roentgenographic findings of vascular embarrassment are: (1) changes in bowel wall thickness, mucosal contour, and configuration; and (2) gas in the bowel wall and portal system. This case report demonstrates the presence of intramural air surrounding portions of an obstructed, distended loop of small bowel. □

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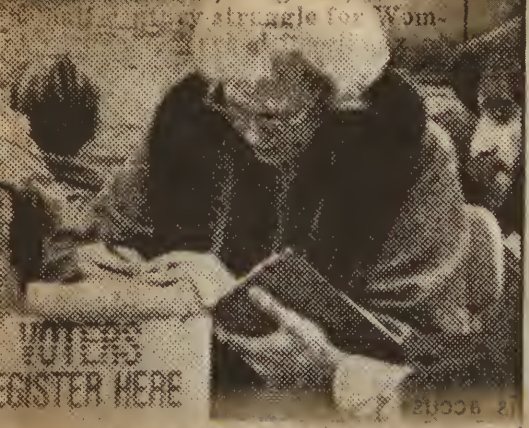

Social Security Bill Is Signed; Gives Pensions to Aged, Joble

Roosevelt Approves Message Intended to Benefit 30,000, Persons When States Adopt Cooperating Laws—He Cal the Measure 'Cornerstone' of His Economic Program.

WASHINGTON, Aug. 14, 1 The Social Security Bill, prov a broad program of unemploy insurance and old age pens and counted upon to benefit 20,000,000 persons, became la day when it was signed by P dent Roosevelt in the presen those chiefly responsible for ting it through Congress.

Mr. Roosevelt cal[illegible] the mea "the cornerstone [illegible] stru which is being [illegible] me[illegible]s comple[illegible]

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent to [illegible]

TRUMAN CLOSES TED NATIONS CONFEREN ITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

OUL SIGNE the Draf Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA
THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

Alkali burns caused by contact with cement

R. KEITH WHITING, M.D.

New Cumberland

Cement products contain the strong alkali calcium hydroxide [$Ca(OH^2)$] which, irritating to the skin and mucous membranes, can cause serious alkali burns. The following case reports of two employes of Berg Electronics illustrate the potential hazard of skin contact with cement products.

Case 1

On May 15, 1976, a 48 year old male, while mixing cement powder with water for a home repair project, allowed some of the powder to get under the cuff of his glove, and splashed some of the mixture onto his forehead. He then noticed burning on his forehead and right wrist. He immediately removed the glove and stopped the burning by irrigating the wrist and forehead with copious amounts of plain water.

Examination two days later at the medical department of Berg revealed a first degree burn of the forehead, measuring 1×0.5 cm in diameter, and a second degree burn involving the radial aspect of the right wrist. Conservative treatment was advised, resulting in complete healing, although a slightly hyperpigmented area persists on the wrist.

Case 2

On August 11, 1976, a 30 year old male, after finishing a home project, noticed that he had some cement inside the top of his right boot. He had a minor irritation, but did not feel burned at the time.

Examination five days later revealed five areas of deep burn. The largest was 3×5 cm and the smallest 0.5×1 cm (Figure 1). The deeply burned tissue was surrounded by a smaller area of erythema in each instance. The boot had formed an occlusive dressing over the cement in contact with the man's skin.

Figure 1. Note circular pattern of burn where cement was in contact with skin under the top of the boot.

Figure 1a. Closer view of the two larger burned areas.

The area was debrided on August 20, 1976, and healed satisfactorily without skin grafting.

Almost any substance may be an irritant when applied directly to the skin. The degree of irritation can be increased when an occlusive dressing is applied; other factors are concentration, physical characteristics, length of exposure, and relative sensitivity of the exposed area.

Strong alkalis cause colliquation of tissue. In this process, water is abstracted from the tissue and protein is precipitated. A loose alkali-albuminate bond is formed and the precipitate will redissolve in an excess of water. The damaged tissue, in contrast to the dried, charred feel of an acid burned tissue, has a slimy, soapy feel.

The irritation may not be accompanied by many symptoms. As in the cases discussed above, a mild itching or burning may be the only indication that a burn is occurring. Chemical burns tend to be insidious and continue until the agent is neutralized. Neutralization is an exothermic reaction. Copious amounts of water should, therefore, be the first line of treatment in chemical contacts. Then neutralizing solutions may be used to stop the ongoing specific chemical irritation. □

Dr. Whiting is site physician at Berg Electronics, New Cumberland, a division of E. I. du Pont de Nemours and Company, Inc. He serves as secretary of the Philadelphia Chapter of the Industrial Medical Association.

REFERENCES

1. **Lewis, G. Kenneth.** Chemical burns. Am. J. Surg., 98:928-937, December 1959.

2. **Palson and Tattersall,,** Clinical Toxicology. 2nd edition. J. P. Lippincott Co., 1969.

3. **Sax, N. Irving.** Dangerous Properties of Industrial Materials. Van Nostrand Reinhold Co., New York, 1968.

Official Call to the 1977 Annual Session Pennsylvania Medical Society House of Delegates

The 1977 Annual Session of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Host Farm Resort Motel, Lancaster, Pennsylvania, on Tuesday, October 25, 1977, at 1:00 p.m. The second session of the House of Delegates is scheduled for Wednesday, October 26, 1977, at 1:00 p.m. The third and concluding session of the House of Delegates will be held Thursday, October 27, 1977, at 9:30 a.m.

Elections

In accordance with Article X, Section 3 of the Constitution and Chapter IV, Section 2 of the Bylaws and Standing Rule No. 1 of the House of Delegates (revised October 23, 1972) of the Pennsylvania Medical Society, the following nominations and/or elections will be in order at the second session, Wednesday afternoon, October 26, 1977:

General Officers—a Vice President, a Secretary, a Speaker of the House of Delegates, and a Vice Speaker of the House of Delegates.

In accordance with Article VIII, Section 3 of the Constitution and Standing Rule No. 1 of the House of Delegates of the Pennsylvania Medical Society, elections will be in order for a Trustee and Councilor for the Seventh Councilor District to serve five (5) years to succeed Kenneth L. Cooper, M.D., Lycoming County, who is eligible for re-election; a Trustee and Councilor for the Tenth Councilor District to serve for five (5) years to succeed David W. Clare, M.D., Allegheny County, who is eligible for re-election; a Trustee and Councilor for the Twelfth Councilor District to serve five (5) years to succeed Orlo G. McCoy, M.D., Bedford County, who is eligible for re-election.

In accordance with Chapter XIV, Section 2 (e) of the Bylaws of the Pennsylvania Medical Society, elections for five delegates and five alternates to the American Medical Association are in order. The term is for two years beginning January 1, 1978. Delegates whose terms expire December 31, 1977, are: Paul S. Friedman, M.D., Philadelphia County; John B. Lovette, M.D., Cambria County; Matthew Marshall, Jr., M.D., Allegheny County; Malcolm W. Miller, M.D., Philadelphia County; Robert N. Moyers, M.D., Crawford County.

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for Delegates for two years commencing January 1, 1978:

1. John B. Lovette, M.D. (Cambria County)
2. Matthew Marshall, Jr., M.D. (Allegheny County)
3. Robert N. Moyers, M.D. (Crawford County)
4. John Helwig, Jr., M.D. (Philadelphia County)
5. R. Robert Tyson, M.D. (Philadelphia County)

Alternate Delegates whose terms expire December 31, 1977, are: Lawrence D. Ellis, M.D., Allegheny County; Henry H. Fetterman, M.D., Lehigh County; Wayne W. Helmick, M.D., Beaver County; John Helwig, Jr., M.D., Philadelphia County; David J. Keck, M.D., Erie County.

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for Alternate Delegates for two-year terms commencing January 1, 1977:

1. Lawrence D. Ellis, M.D. (Allegheny County)
2. Henry H. Fetterman, M.D. (Lehigh County)
3. Wayne W. Helmick, M.D. (Beaver County)
4. David J. Keck, M.D. (Erie County)
5. William J. Mitchell, M.D. (Fayette County)
6. George Ross Fisher, M.D. (Philadelphia County)
7. Robert J. Carroll, M.D. (Allegheny County)
8. Charles Heisterkamp, M.D. (Lancaster County)

(Note: Should a vacancy exist in any of the unexpired terms as a result of this election, the committees will be prepared to nominate additional candidates from the floor.)

Also to be elected will be two members to serve on the Committee to Nominate Delegates and Alternates to the American Medical Association. The term of Donald E. Harrop, M.D., Chester County, expires; he is eligible for a second three-year term. Since John V. Blady, M.D., Philadelphia County, has resigned from the Committee, his vacancy is required to be filled, the term expiring in 1978.

Elections will be held for a District Censor from each component medical society to serve for one year following the close of the 1977 House of Delegates session, as required by Chapter IV, Section 4 of the Bylaws of the Pennsylvania Medical Society. The component county medical societies have submitted the following nominations for District Censor:

Adams, **W. North Sterrett;** Allegheny, **William D. Stewart;** Armstrong, **Donald Minteer;** Beaver, **John G. Hallisey;** Bedford, Berks, **Brian A. Wummer;** Blair, ; Bradford, **Arthur B. King;** Bucks, **Stanley F. Peters;** Butler, **Robert C. McCorry;** Cambria, **Warren F. White;** Carbon, ; Centre, **H. Thompson Dale;** Chester, **Michael B. Dooley;** Clarion, ; Clearfield, ; Clinton, **George J. Trieres;** Columbia, **C. Perry Cleaver;** Crawford, **David D. Kirkpatrick;** Cumberland, **Hans S. Roe;** Dauphin, **Robert P. Dutlinger;** Delaware, **Arthur S. Reynolds;** Elk-Cameron, **Robert J. Dickinson;** Erie, **Robert L. Loeb;** Fayette, **Veronica Binns;** Franklin, **Albert W. Freeman;** Greene, ; Huntingdon, ; Indiana, **Richard N. Freda;** Jefferson, **Nicholas F. Lorenzo;** Lackawanna, **Norman S. Berger;** Lancaster, **William C. Phippen;** Lawrence, ; Lebanon, **John D. Walmer;** Lehigh, **Robert J. Beitel, Jr.;** Luzerne, ; Lycoming, **Franklin G. Wade;** McKean, **Bruno P. Sicher;** Mercer, **Anderson W. Donan;** Mifflin-Juniata, **Donald E. Basom;** Monroe, ; Montgomery, **Rudolph K. Glocker;** Montour, **William Curry, Jr.;** Northampton, **Walter J. Filipek;** Northumberland, **Nicholas Spock;** Perry, **James O. Rumbaugh, Jr.;**

Philadelphia, **Charles M. Thompson;** Potter, **Francisco B. Villa;** Schuylkill, **Gabriel M. Lizak;** Somerset, **Alexander Solosko;** Susquehanna, ; Tioga, **William A. Coolidge;** Union, **Joseph Weightman;** Venango, **Kenneth H. Heasley;** Warren, **William S. Walters;** Washington, **John C. McGinnis;** Wayne-Pike, ; Westmoreland, **Leslie S. Pierce;** Wyoming, **John S. Rinehimer, Jr.;** York, **Donald R. Gross.**

Proposed Amendments to the Constitution and Bylaws

Printed below is the text of the amendments to the Constitution and Bylaws which are being proposed by the Committee on Constitution and Bylaws.*

* *Material underlined is being added. There are no deletions.*

Subject One

I. Unified membership in county, state, and national medical societies.

Constitution
Article IV - Membership

Section 2. Active Members. The Active Members of this Society shall be physicians who are members of the Component Societies and the American Medical Association.
(Secretary's Note: Two-thirds vote required.)

Bylaws
Chapter 1 - Membership

Section 2. Membership Compulsory. Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society and the American Medical Association within three months after his election to any class of membership therein unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.
(Secretary's Note: Three-fourths vote required.)

Subject Two

II. Members in Associate category not required to maintain their licenses.

Constitution
Article IV - Membership

Section 4. Associate Member. An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment, (iii) members in this category shall not be required to maintain their licenses.
(Secretary's Note: Two-thirds vote required.)

Subject Three

III. County society executives eligible for Affiliate Membership.

Constitution
Article IV - Membership

Section 6. Affiliate Member. Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. In addition, county society executives shall be eligible for Affiliate Membership. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Sections 3 and 4 respectively of this Article IV.
(Secretary's Note: Two-thirds vote required.)

Subject Four

IV. Fifty percent dues excused for Active Members.

Constitution
Article XI - Funds

Section 1. Annual Assessment. Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 percent of the annual assessment. Interns or Residents during their period of training shall be required

to pay only 10 percent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Active Members in their first full calendar year of practice following completion of a training program shall be required to pay only 50 percent of the annual assessment. (c) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (d) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

(Secretary's Note: Two-thirds vote required.)

Subject Five

V. Member on a Board of Censors may not be a member on a County Board of Censors or Grievance Committee.

Bylaws

Chapter XII - District Board of Censors

Section 1. Composition. Each Councilor District shall have a separate Board of Censors who may not be members of a County Board of Censors or Grievance Committee, comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

(Secretary's Note: Three-fourths vote required.)

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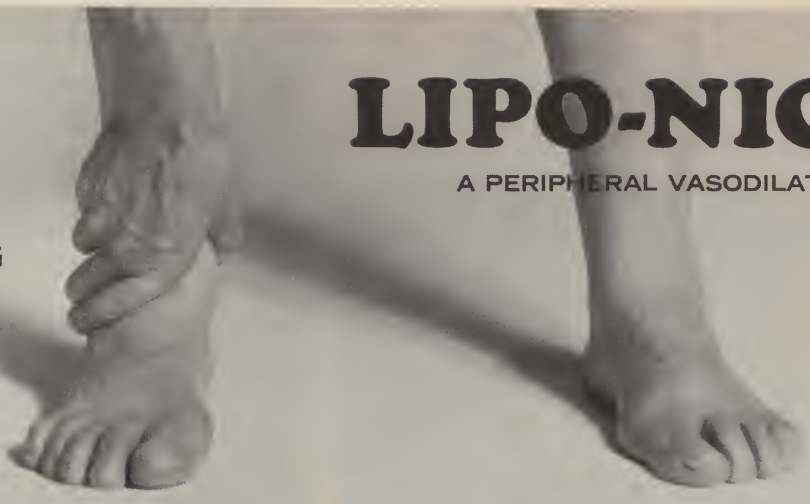

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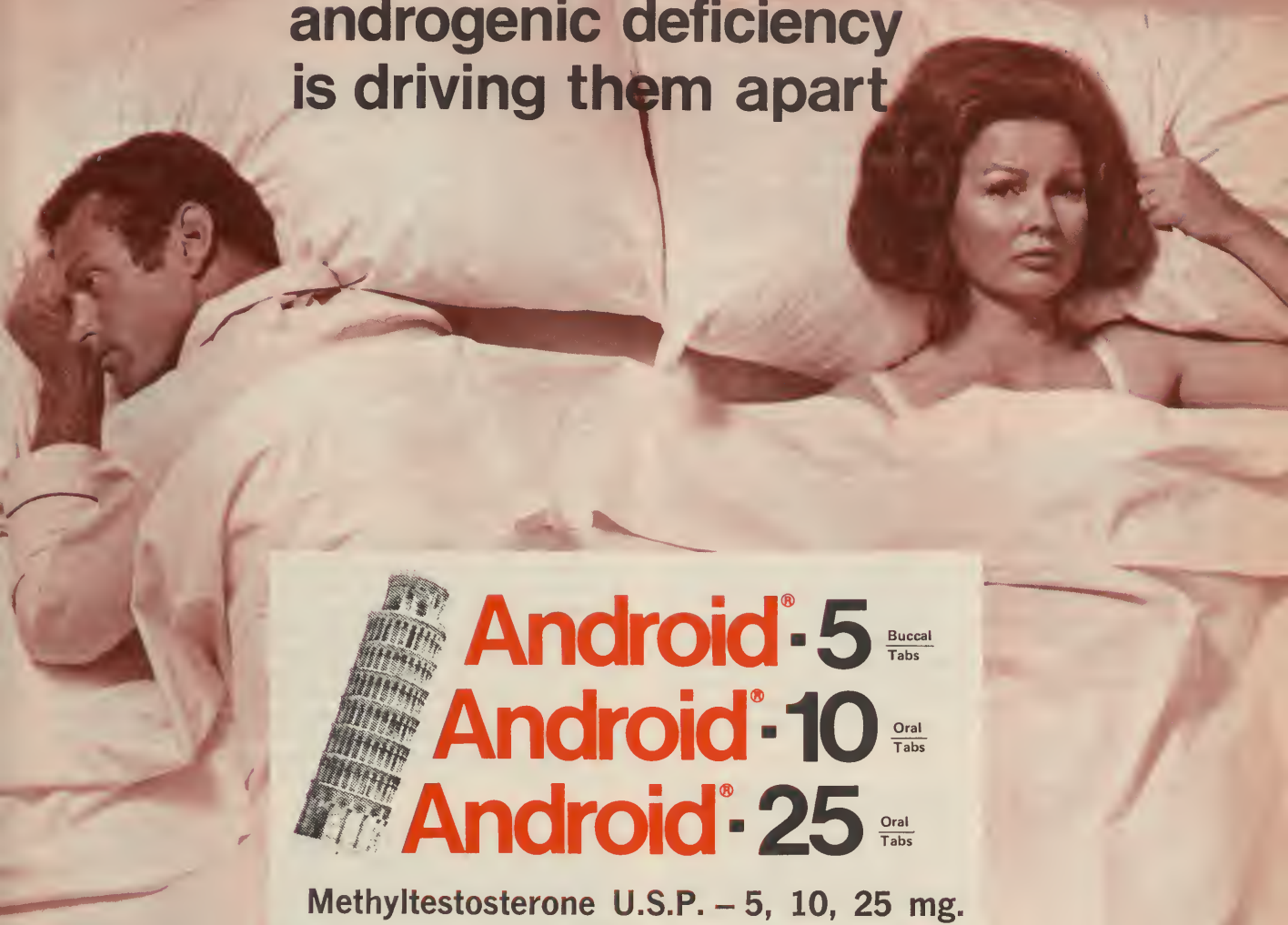

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. HOW SUPPLIED: 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Daniel W. Beckley,** Bloomsburg; Jefferson Medical College, 1927; age 83; died January 13, 1977.

• **Leonard F. Bush,** Danville; Washington University School of Medicine, St. Louis, Missouri, 1934; age 68; died June 17, 1977. Former executive director of the Geisinger Medical Center, he had joined Geisinger's staff in 1936, later serving as assistant chief of staff and director of orthopedic surgery. After retiring in 1974 he spent six weeks during 1975 and 1976 as a volunteer at the Bach Christian Hospital, Pakistan.

• **Oscar Corn,** Philadelphia; Hahnemann Medical College and Hospital, 1943; age 60; died June 12, 1977. He was a clinical professor of orthopedic surgery at Hahnemann Medical College and Hospital. He had been in clinical practice and general orthopedic surgery for 27 years.

• **Thomas M. Durant,** Gladwyne; University of Michigan Medical School, 1930; age 71; died June 21, 1977. Named professor of medicine emeritus in 1974, he was chairman of the department of medicine at Temple University Medical Center 1956 to 1966. From 1966 to 1971 he was chairman of medicine at Albert Einstein Medical Center. He was a past president of the American College of Physicians and the Philadelphia College of Physicians.

• **Robert H. Fessler,** Easton; Jefferson Medical College, 1958; age 44; died June 21, 1977.

• **Frank L. Follweiler,** Jenkintown; Hahnemann Medical College and Hospital, 1927; age 77; died May 12, 1977. He had practiced medicine for 50 years.

• **William B. Fulton,** New Cumberland; University of Pittsburgh School of Medicine, 1929; age 77; died June 11, 1977. He had served as director of the State Department of Health's Bureau of Industrial Hygiene 1934 to 1941 and of the Health Division of the U.S. Bureau of Mines 1941 to 1942, followed by a year with the U.S. Public Health Service.

• **John Q. Griffith,** Margate, New Jersey; University of Pennsylvania School of Medicine, 1927; age 73; died June 23, 1977. He was the founder and retired director of the John Q. Griffith Research Foundation in Philadelphia. Previously he had been on the faculty of the University of Pennsylvania School of Medicine.

• **George B. Heckman,** Swarthmore; Jefferson Medical College, 1925; age 85; died June 22, 1977. He had practiced medicine for 45 years until retiring in 1974, and had been director of the Community Nursing Service of Delaware County for 30 years.

• **Kurt Hortner,** Pine Grove; University of Vienna, Vienna, Austria, 1934; age 68; died June 17, 1977. He had practiced medicine in the Pottsville area since 1941.

• **John C. Hughes,** Ft. Lauderdale, Florida; University of Pittsburgh School of Medicine, 1936; age 62; died May 30, 1977. A Pittsburgh obstetrician-gynecologist for many years, he was on the staffs of St. Francis General Hospital and St. Joseph's Hospital.

• **Newton E. Kendig,** Mt. Joy; Jefferson Medical College, 1954; age 49; died May 30, 1977. He was a former coroner of Lancaster County. A fourth generation physician, he had practiced in Mt. Joy since 1955.

• **Richard J. Kilhullen,** Kingston; Georgetown University School of Medicine, 1932; age 73; died May 18, 1977. He was chief of radiology at the Veterans Administration Hospital, Wilkes-Barre.

• **Harry N. Metzger,** Philadelphia; Jefferson Medical College, 1920; age 82; died June 16, 1977. He had been in the practice of gastroenterology for 56 years.

• **Robert J. Nevin,** Washington; University of Pittsburgh School of Medicine, 1929; age 71; died June 5, 1977. He had practiced medicine in the Washington area for 46 years. After his retirement from active practice he was associated with Western State Hospital and Centerville Clinic, and was a consultant in cardiology at Washington Hospital.

• **Ernest L. Noone,** Elverson; Jefferson Medical College, 1923; age 79; died June 13, 1977. He had been on the faculty of the University of Pennsylvania School of Medicine for 38 years and had practiced pediatrics in Drexel Hill until 1966.

• **George L. Oxley,** Harrisburg; Meharry Medical College, Nashville, Tennessee, 1925; age 83; died June 15, 1977. He had practiced medicine for 52 years, 51 of which were in Harrisburg.

• **Peter C. Petropoulos,** Merion; Georgetown University School of Medicine, 1930; age 74; died May 23, 1977. He was a general practitioner in Philadelphia for 50 years and had been on the staffs of the Fitzgerald and Misericordia divisions of the Mercy Catholic Medical Center.

• **Jacob Ripp,** Pittsburgh; University of Pittsburgh School of Medicine, 1937; age 65; died May 21, 1977. He joined the radiology staff of Columbia Hospital in 1949 and became chief of the department in 1959. Except for five years in the Army Medical Corps, he had practiced medicine in Pittsburgh 39 years.

• **Andrew J. Sedwick,** Kittanning; Medico-Chirurgical College of Philadelphia, 1914; age 88; died April 16, 1977.

• **Charles J. Seitz,** Punxsutawney; University of Pittsburgh School of Medicine, 1930; age 70; died June 27, 1977. He had practiced medicine in the Punxsutawney area since 1930.

• **John M. Szamborski,** Philadelphia; Temple University School of Medicine, 1936; age 65; died May 24, 1977. He was chief of the pediatric service of Northeastern Hospital.

• **Jesse G. Webster,** Wellsboro; Jefferson Medical College, 1914; age 85; died December 26, 1976.

• **Parker N. Wentz,** Northbrook, Illinois; College of Physicians and Surgeons, Baltimore, Maryland, 1906; age 83; died May 3, 1977.

• **Henry M. Wise,** Philadelphia; University of Pennsylvania School of Medicine, 1909; age 90; died May 11, 1977. He had been a family physician for more than 58 years before his retirement in 1967, and was on the emeritus staff of the Albert Einstein Medical Center, Northern Division.

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Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

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Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

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Pennsylvania Medicine

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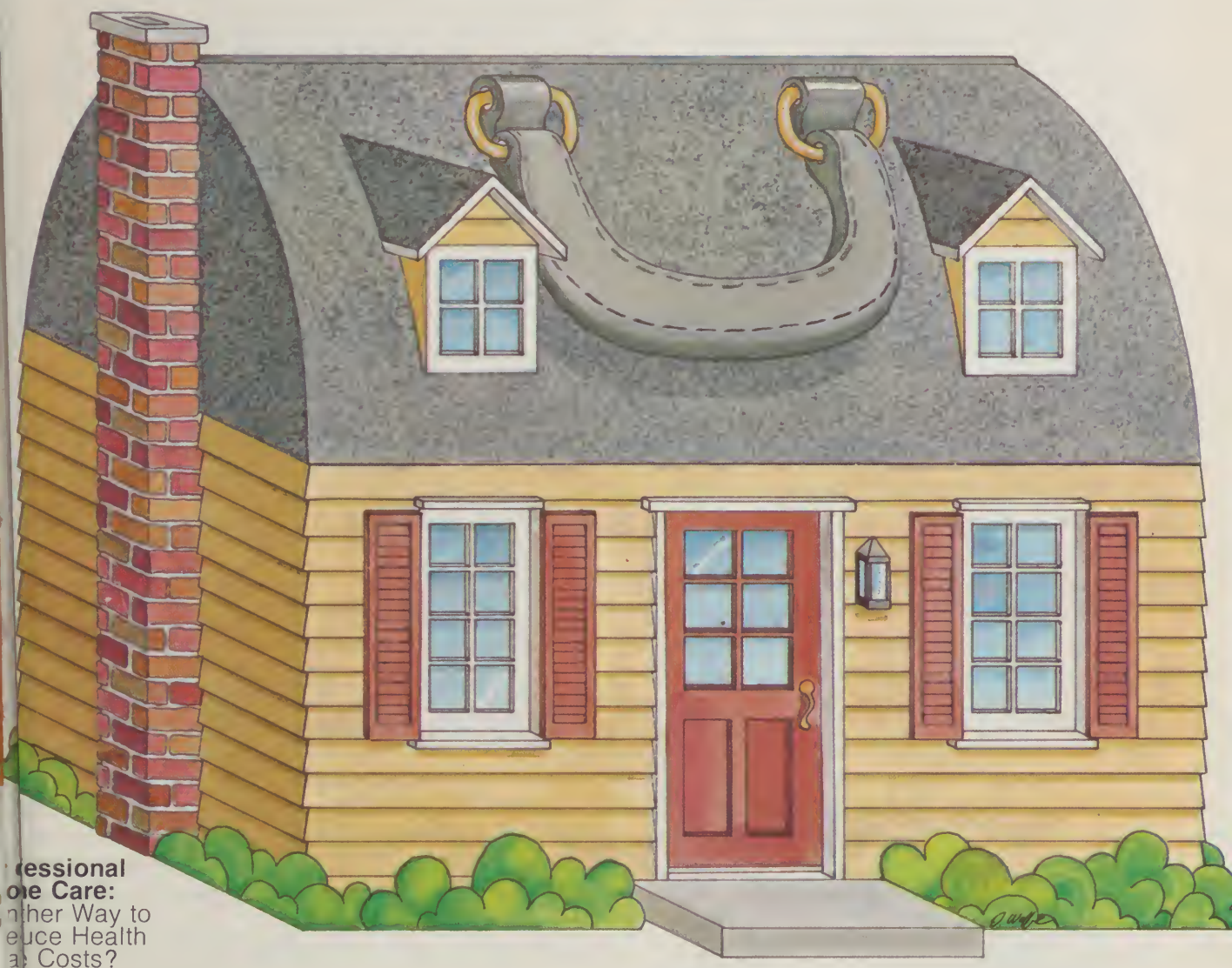

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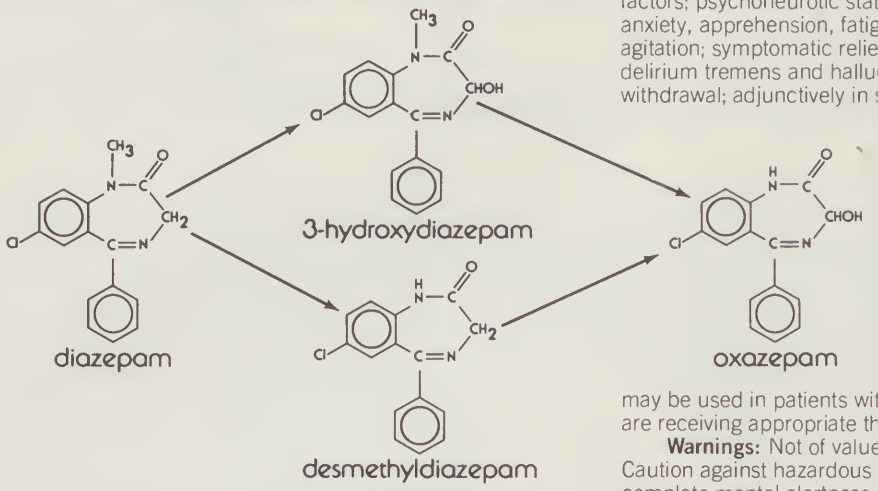

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Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

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Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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BOARD AUTHORIZES FURTHER NEGOTIATIONS WITH ARGONAUT The Board of Trustees on August 24 authorized further negotiations with Argonaut Insurance Co. after reviewing a proposed settlement drafted by the Society's legal counsel. This settlement would include activation of the Pennsylvania Medical Society Liability Insurance Co. (PMSLIC) following development of a method for company capitalization. The Finance Committee will meet September 13 on the method of capitalization. At a special meeting immediately following, the Board will act on committee recommendations. Any agreement will be null and void if the necessary capitalization is not raised. The settlement would include withdrawal of lawsuits filed by both parties to the current contract between the State Society and Argonaut. The proposal also would prevent Argonaut from soliciting malpractice insurance business in Pennsylvania for 180 days after PMSLIC assumes the Argonaut book of business.

SOCIETY OPPOSES ARGONAUT'S BID FOR MORE PREMIUM MONEY The Board of Trustees August 24 voted not to approve a new effort by Argonaut Insurance Co. for higher premiums on increased limits coverage, the $100,000/$300,000 coverage required by law in Pennsylvania. The recent 23.6 percent increase granted to Argonaut was on the basic limits of $25,000/$75,000. The Board acted on a recommendation of the Commission on Professional Liability Insurance in its vote against what would amount to an increase of 17 percent in premiums for Argonaut.

SOCIETY TESTIMONY GOES TO INSURANCE COMMITTEE J. Joseph Danyo, M.D., of York, a member of the Society's ad hoc committee on medical malpractice insurance, appeared August 25 before the Senate Insurance Committee to present the Society's position on S.B. 679. The bill would permit professional liability insurance coverage for corporations and, by amendment, would allow additional categories of "health care providers" in the Joint Underwriting Association (JUA) by regulation. The State Society had the bill introduced after the attorney general ruled that professional corporations are barred by the Act from participation in the Catastrophe Loss Fund. The bill was amended further to transfer the loss underwriting responsibility of the JUA from the Cat Fund to an "equitable apportionment basis of member insurers." This means that the JUA's risk of loss would be borne by the insurance companies which make up the JUA rather than by the Catastrophe Loss Fund which is funded by physicians and other providers as defined in Act 111.

HOUSE OF DELEGATES TO ACT ON HEALTH FRAUD The Board of Trustees has referred to the House of Delegates for action a recommendation from the Society's Committee on Quackery. The recommendation calls on the AMA to (1) reactivate the Committee on Quackery; (2) re-establish the Department of Investigations; and (3) establish a quackery defense fund.

SOCIETY TO NEGOTIATE ON LABORATORY RULES The Board of Trustees on August 24 authorized the Council on Education and Science to negotiate with the Department of Health on the regulations governing laboratories in physicians' offices. The Council's goal is expansion of the list of tests permitted in the individual physician's office laboratory not registered with the department under the Clinical Laboratory Act. The Council also will seek exemption for those office laboratories certified by the American Society of Internal Medicine or the American College of Pathology.

BOARD APPROVES CREDIT UNION Acting on a recommendation of the Council on Professional Relations and Services, the Board of Trustees August 24 approved the establishment of a credit union for members, their families and employees, and members of the staffs of the state and component county medical societies. A state charter will be sought by an organizational board composed of seven individuals representative of the credit union membership. The Board authorized the State Society staff to provide necessary services to the credit union, including promotional efforts, for one year.

'STUDY SCANDINAVIA' EXPEDITION SET A tour of Sweden, Norway, and Denmark, with emphasis on study of these nations' health care systems and their financing, begins September 25 under the auspices of the Council on Education and Science. Physicians participating will earn ten hours of Category 1 credit.

BOARD ACTS ON CANCER RESEARCH, HBP PROGRAM The Board of Trustees endorsed two Department of Health proposals at the August 24 meeting. The department's high blood pressure screening program, part of a broad national effort to control the disease, was endorsed on the recommendation of the Council on Education and Science. The Board also endorsed the concept of using cigarette tax monies for recognized cancer research, but opposed the creation of a new bureaucracy to allocate funds. The Council on Governmental Relations recommended the latter action.

DR. RYAN RE-ELECTED TO FOUNDATION BOARD. The Board of Trustees on August 24 re-elected William C. Ryan, M.D., of Somerset, trustee for the Eleventh Councilor District, as its representative to the Board of Directors of the Pennsylvania Medical Care Foundation. He will serve a three-year term.

SPECIALTY SOCIETIES TO HAVE FIELD CONTACT SERVICE By action of the Board of Trustees on August 24, the Society's field contact team will be expanded to service specialty societies as well as county medical societies.

TRUST AIDS MEDICAL STUDENTS The State Society's Educational and Scientific Trust reports assisting 126 medical students with loans worth $163,550. Of these, 115 attend Pennsylvania medical schools and are receiving $146,550.

SCHOOL NURSE ROLE TO CHANGE The Board of Trustees on August 24 voted support of the concept of the school nurse practitioner on the recommendation of the Council on Education and Science. The school nurse practitioner following certification under new regulations approved by the nursing and medical licensing boards, will be key to the school districts' health examinations. The school nurse practitioner will take a complete medical history and conduct a modified physical examination. Physicians will serve as consultants and examine students only when there is medical indication.

FIRST RESOLUTION CALLS FOR LEGAL DIVISION The first resolution submitted for the consideration of the 1977 House of Delegates calls for the establishment of a legal division within the State Society. Continuation of the malpractice crisis and incursions into the practice of medicine by government are cited as reasons for retaining the full time services of a lawyer. David N. Farber, M.D., author of the resolution, has introduced it on behalf of the Berks County Medical Society. An article on page five outlines other issues to come before the House.

Pennsylvania Medicine

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Serious issues, deficit face 1977 House of Delegates

When the 1977 Annual Meeting of the State Society's House of Delegates is called to order at 1 p.m., Tuesday, October 25 at the Host Farm Resort Motel, Lancaster, finances will be an overriding issue.

Delegates will be faced with a money problem created in large part by the Society's aggressive but expensive position of challenging insurance company rate increase requests, exposing quackery, and seeking changes in Act 111, the state's malpractice law. All of these issues have precipitated costly court actions and deficit spending.

Preliminary figures indicate that the Society's total expenses for 1977 will be about $2,013,000. With a maximum income for 1977 of $1,765,000, the estimated deficit could exceed a quarter of a million dollars. Looking ahead to 1978, a preliminary budget put together by the Finance Committee estimates a deficit of $295,000. But if heavy expenses such as those which result from court action and rate hearings continue, the deficit for 1978 could run as high as $700,000.

The Finance Committee currently is wrestling with these budget problems. The Board of Trustees, based on the committee's recommendations, will approve a final budget at its meeting on October 24 and will make recommendations concerning the 1978 dues to the House of Delegates at its October 25-27 meeting.

Litigation

In 1975 Argonaut Insurance Co. threatened to break its contract with the State Society and leave Pennsylvania. This caused the Society to file suit to force Argonaut to live up to its agreement to write malpractice insurance for PMS members through 1979. Since that time, the Society has been involved in more than a dozen law suits.

The various suits have increased the Society's legal costs 500 percent in the last two years. In 1976 alone the Society incurred $240,000 in legal expenses. For the first seven months of 1977 legal costs are in excess of $182,000.

The Society is involved in seven suits in the ongoing malpractice insurance crisis. Additional suits have concerned such issues as the clinical laboratory regulations, the Health Service Area designation for the five-county Philadelphia area, Blue Shield's eye care program, water fluoridation in Lebanon, and an antitrust action brought by the Pennsylvania Chiropractic Society against the State Society and seven other defendants.

Rate increase hearings

The hearing on Argonaut's request for a 70 percent rate increase in malpractice insurance premiums was the second longest in Insurance Department history. On June 28, Insurance Commissioner William J. Sheppard granted Argonaut a 23.6 percent increase, the first since April 1975. Sheppard said of the Society's long and costly intervention in the matter, "It is quite clear from the record that the Pennsylvania Medical Society has been an effective and aggressive advocate of the medical profession." He praised "the very competent technical analysis provided the department" and in rejecting the 70 percent request, he cited the Society's actuaries, Woodward and Fondiller, who determined that Argonaut's reserving practices are "unique in the industry."

The Society had intervenor status at three other rate increase hearings. In the fall of 1976, Argonaut requested a 42 percent premium increase; it was denied. In the spring of 1977, the Joint Underwriting Association requested a 75.2 percent increase; the Insurance Department granted a 3.9 percent hike. This summer, the Insurance Services Office filed for an increase; hearings were held, but no decision has been announced. In the first seven months of 1977, actuarial fees alone amounted to $84,000.

Legislative priorities

Although the Legislature virtually has ignored all proposed bills in its preoccupation with the state budget, the House of Delegates will consider the Society's legislative priorities.

Among the main issues expected to receive attention is the Society's proposal to include professional corporations under Act 111 coverage. A ruling by the attorney general denied Catastrophe Loss Fund coverage to corporations. The Society seeks in S.B. 679 to spell out specifically that professional corporations be included under the Act.

Other legislative issues expected to surface are the protection of physician-patient confidentiality and the controversial laetrile bill, S.B. 901, authorizing the prescribing of laetrile by physicians, which has passed the Senate and is awaiting House of Representatives action.

Society structure

Two standing committees of the Society are recommending their dissolution to the 1977 House of Delegates. Both the Committee on Objectives and the Committee on Relationships with Allied Professionals are making the recommendation because their functions are being fulfilled by other groups within the Society.

Further recommendations on restructuring of the State Society can be expected from the Ad Hoc Committee to Study Society Structure, created by the Board of Trustees as a result of a recommendation which came out of the Board's July 1976 long range planning meeting.

Unified Membership

A major issue to be considered at the 1977 Annual Session is unified membership. If this proposed amendment is passed all current and future members of the Pennsylvania Medical Society will be required to join the American Medical Association. Currently, PMS members are only required to be a member of a county medical society.

Unified membership was discussed at the 1976 Annual Session, but a vote on it was postponed until the 1977 Session. Currently, five states have unified membership. They are Arizona, Hawaii, Illinois, Oklahoma, and Wisconsin.

PSRO funding complete; Council contract awarded

In only a little more than three years, all twelve PSRO areas in Pennsylvania have been funded by the Department of Health, Education, and Welfare (DHEW). The eight PSROs originally funded are in the conditional phase and have been performing the review function within their respective areas for some time. The remaining four PSROs recently were funded for one year to develop their organizational structures and make formal plans for assuming the review function within their areas.

Listed below are the names and addresses of the four Planning PSROs, along with the names of their chairmen and executive directors.

In addition to full PSRO implementation in Pennsylvania, DHEW has awarded a contract, effective June 27, 1977, to the Pennsylvania Professional Standards Review Council for a period of one year.

State PSR Councils, which are mandated in states with three or more PSROs, are to coordinate the activities of, and disseminate information and data among, the PSROs within the state. The Council will also assist the secretary of HEW in evaluating the performance of each PSRO and will be responsible for reviewing appeals and reconsideration from patients, practitioners, or providers. It will review and make recommendations to the Secretary of HEW relative to sanctions under the PSRO Program.

The Pennsylvania PSR Council is comprised of one representative from each Conditional PSRO; four physicians, one designated by PMS, one designated by POMA, and two designated by the Hospital Association of Pennsylvania. In addition, four persons knowledgeable in health care, selected by the Secretary of HEW (two of whom shall be recommended by the Governor) also serve on the Council.

The following officers were elected to serve until the Council's annual meeting in January of 1978: president, Sidney O. Krasnoff, M.D.; vice president, Earl A. Gabriel, D.O.; and secretary treasurer, Donald C. Brown, M.D.

Council offices will be located in the Royal Globe Building, 205 House Avenue, Camp Hill, Pennsylvania 17011. William F. S. Orner, Jr., has been named as the Council's executive director. Mr. Orner is former assistant executive director of the Pennsylvania Medical Care Foundation.

Area I PSRO
1567 West 38th Street
Erie, Pennsylvania 16508
Robert B. Stuart, M.D., Chairman
David DeBacker, Executive Director

Midwestern Pennsylvania Area V PSRO
118½ South Broad Street
Grove City, Pennsylvania 16127
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Northeastern Pennsylvania PSRO (Area III)
Rex Craft Building
Avoca, Pennsylvania 18641
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Carmine J. Striano, Executive Director

Delaware-Chester PSRO (Area X)
Suite 208
Riddle Memorial Health Care Center
1078 West Baltimore Pike
Media, Pennsylvania 19063
John W. Lawrence, M.D., Chairman
Joseph Fleming, Executive Director

Society to review status of Blue Shield action

The State Society's Council on Medical Service and Interspecialty Committee will conduct a review on any additional procedures considered for denial of *routine* payment by Pennsylvania Blue Shield, according to action taken at its latest meeting by the Board of Trustees.

The Blue Shield Association has published a list of 28 procedures which it suggests should not be paid for routinely, but only upon documentation as to the necessity.

Pennsylvania Blue Shield has acted on five procedures, making it necessary, effective last April 1, for the physician to document the need in order to receive payment. They are: nephropexy, uterine suspension, uterine suspension with presacral sympathectomy, sympathectomy lumbar (when used to treat hypertension), and basal metabolic rate.

Blue Shield officials have agreed to hearing the advice of the Society's Council on Medical Service before acting on the recommendation of the Blue Shield Association to add other procedures to the list of those requiring documentation as to necessity in order to receive payment.

County society entrance requirements vary widely

Joining organized medicine can take as long as four months. This is the finding of a survey conducted by the Council on Professional Relations and Services. In January, the council asked each of the 60 county medical societies how long it takes a physician to join once he has completed the necessary application; 90 percent of the counties (54) responded.

While the induction of a new member can occur in as little as two weeks (as in three county societies) the average is closer to six weeks. In the case of four counties, the waiting period is longer than four months.

The accompanying chart displays some of the most common entrance requirements. It also indicates whether counties believe the process could be eliminated.

Respondents agreed that the following requirements do not contribute significantly to the screening process:

1. publishing prospective member names in the county bulletin;
2. requiring attendance at a county medical society meeting; and
3. conducting personal interviews.

In addition there were four other requirements of marginal significance:

1. inquiry to the applicant's hospital;
2. screening of the applicant by the membership committee;
3. approval from the AMA; and
4. approval by a county medical society board.

There were two requirements, however, which counties believe vital. They are: the Board of Censors' signatures on the application, and approval of the application by the membership at a regular county medical society meeting.

Despite the fact that entrance into organized medicine usually spans several months, counties were unanimous in their opinion that the delay has no negative impact on recruitment; nor do the county officers feel that the application form itself has any effect on recruiting.

The Council on Professional Relations and Services will now determine whether a model entry process should be developed.

Component County Societies

	Process Currently Conducted	*Eliminate Process*
Membership Committee considers application	31	40
Obtain approval from AMA	76	34
Names published in county bulletin	17	51
Signatures required by Board of Censors	44	14
Reading at county medical society meeting	61	31
Approval by county medical society Board	35	40
Approval by membership at regular county medical society meeting	87	9
Personal interview	19	46
Inquiry to applicant's hospital	17	43
Attendance at county medical society meeting	9	49
Inquiry to State Board of Medical Education and Licensure	28	31

Blue Shield announces fee changes

New prevailing fee program profiles were put into effect by Pennsylvania Blue Shield July 1, 1977, following Insurance Department approval. The new profiles are based on physicians' actual charges for services performed in 1976. All claims will be processed according to profiles in effect on the date the service was *rendered* to the patient.

New medicare profiles also have been developed according to Social Security Administration regulations. These became effective July 5, 1977. These revised profiles are based on actual charges submitted on claims during 1976. The SSA directive states, however, that new prevailing charges (Level II) be limited to a 35.7 percent increase over medicare prevailing charges which were in effect on July 1, 1972.

Also effective July 1, 1977, are changes in Plan C. The Insurance Department has approved Plan C fee schedule allowances and an increase in income limits to $9,000 for a single subscriber and $18,000 for a family. Previously income limits were $6,000 for an individual, and $12,000 for a family. Although effective July 1, the Plan C allowances will not be published until the next revision of the Procedure Terminology Manual.

Supplemental Call to the Annual Session Pennsylvania Medical Society House of Delegates

As directed by Article IX, Section 5 of the Constitution, the Board of Trustees nominates the following members for vacancies on the Judicial Council: For the office now held by Lewis T. Buckman, M.D., who is not eligible for re-election, the Board nominates Samuel F. Cohen, M.D., Montgomery County; Sydney E. Sinclair, M.D., Lycoming County; and Cyrus B. Slease, M.D., Armstrong County.

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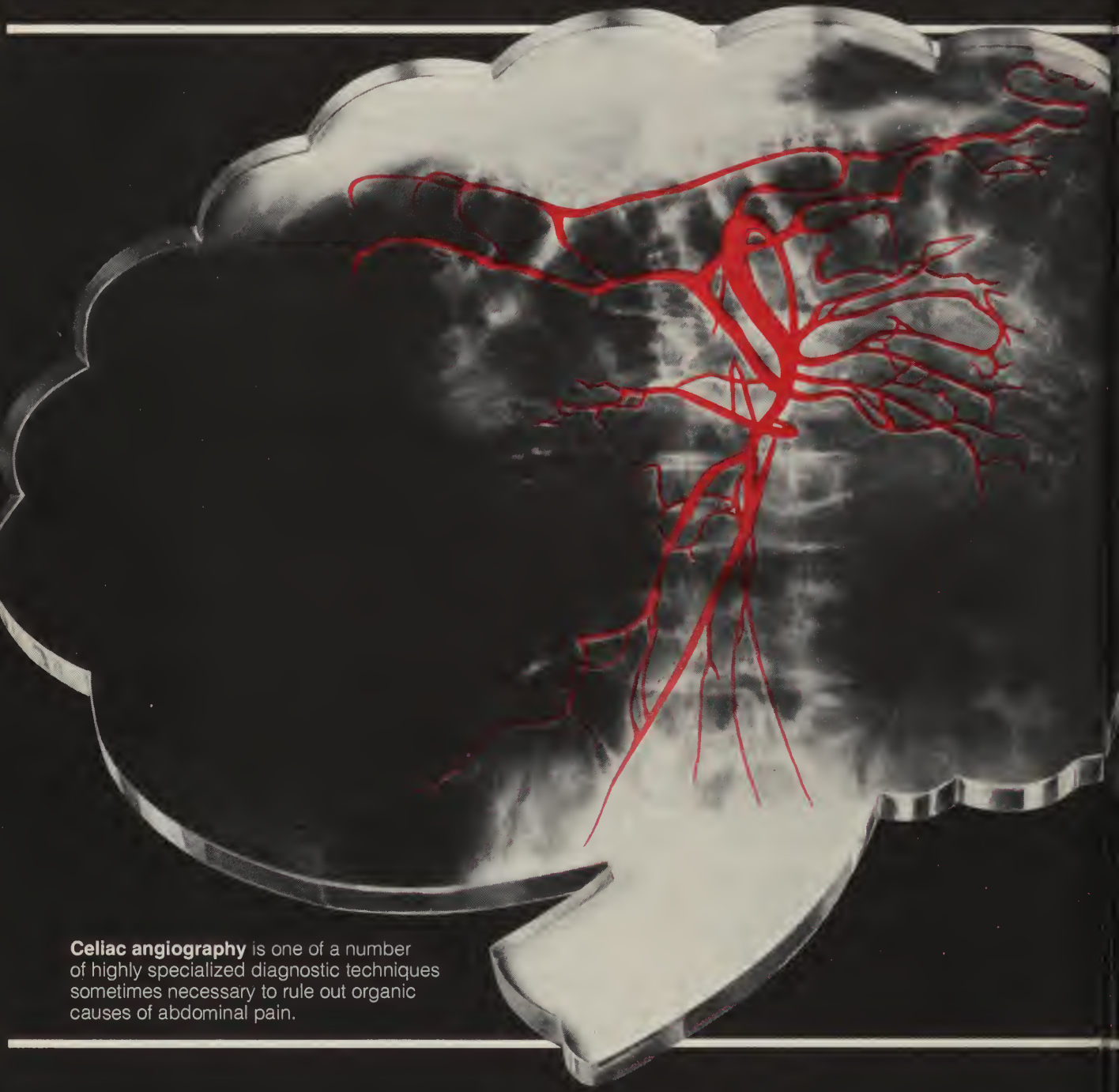

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Final classification of the less-than-effective indications requires further investigation.

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Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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This meeting has been developed by the AMA in cooperation with Hahnemann Medical School, Jefferson Medical College, Medical College of Pennsylvania, New Jersey Medical School, and the medical schools of Howard University, Penn State University, Rutgers University, Temple University, University of Pennsylvania, University of Pittsburgh, and the Pennsylvania Medical Society.

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P-3. Medical Ethics: Euthanasia & the Doctor-Patient Relationship
P-4. Neonatology
P-5. Financial Management Colloquium (This colloquium **only** is CME Category 2.)

FRIDAY & SATURDAY, NOVEMBER 18-19, 1977 (16 Hours)

P-6. Basic & Advanced Life Support (Cardiopulmonary Resuscitation—CPR)

SATURDAY, NOVEMBER 19, 1977 (Each 6 Hours)

P-7. Alternate Lifestyle
P-8. Drugs of the Decade
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New Double-Blind Study ANDROID-25 *vs.* Placebo*

* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy,* Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; + + = 50% improvement; + + + = 75% improvement. Placebo effectiveness was + or + + in 12.7% of trials. Android-25 elicited a +, + + or + + + response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly,* pp. 95-101, Medcom Press, N.Y., 1974. HOW SUPPLIED: 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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REFER TO PDR

Generic substitution regulations finalized

ARTHUR H. HAYES, M.D.
Hershey

Implementation of the generic substitution act, Act 259 of 1976, goes into the second phase with publication of the final regulations. PMS has been as active in communicating with the Health Department in the development of those regulations as it was in communicating with the legislature when the bill was being formed. Final determination on all regulations on this act are the responsibility of the Secretary of Health.

One of the key provisions of the regulations affecting physicians describes the format for prescription blanks. The regulations mandate that two separate lines be placed side by side on the blank, the line on the left over the words "Do Not Substitute" and the line on the right over the words "Substitution Permissible." Physicians may continue to have other preprinted information as desired, such as the number of refills allowed. Although a prescription for a controlled substance must bear the Federal Drug Enforcement Administration registration number, that number may *not* be preprinted on the blank.

Prescription blanks may include the appropriate, pre-printed phrases and lines. Physicians may use existing blanks by having the words and lines typed or rubber-stamped on them.

Oral prescriptions are structured as called for in the act. Unless a physician forbids substitution, a pharmacist will assume that substitution is permissible. In making the regulation, the health department notes, "Of course, the pharmacist is not prohibited from asking the prescriber for clarification." The burden to specify substitution or not still remains with the physician in oral prescriptions.

In all cases, the pharmacist is required to record substitutions. When substitution is made, the pharmacist is to record the generic equivalent drug name as well as the manufacturer and distributor. This information should be noted on the original prescription he retains. A physician who wants to know for his own records when substitution was permitted should make a notation in his patients' medical records. There is no provision in the regulations requiring the pharmacist to notify the physician of the chosen substitute. Since the labeling on the prescription must contain drug name and manufacturer, the physician may ask the patient to bring prescription containers to his next office visit. He may indicate on the prescription if he does not want the drug name to appear on the label. The pharmacist is then required by regulations to use the recognized national drug code number (if available).

When a generic drug has been substituted with the physician's permission and then is refilled, the pharmacist must refill with the same generic drug. That is, the substitution may take place only once. If the pharmacist no longer has the generic originally substituted in filling the prescription, he cannot refill. A new prescription or prior approval from the physician is necessary before a "second" substitution of a generic may take place.

The physician who dispenses drugs must abide by all the labeling requirements applicable to a pharmacist. His envelopes or labels for dispensing must include his name and address, the date the drug is dispensed, the name of the patient, and directions for using the drug.

Dr. Hayes is chairman of the State Society's Commission on Therapeutics, which is acting in an advisory capacity to the State Department of Health's Drug Device and Cosmetic Board.

Dr. Levit directs national board

Edithe J. Levit, M.D., Philadelphia, assumed the position as president and director of the National Board of Medical Examiners August 10. She is the first woman in the board's 60 year history to hold the office.

Dr. Levit received her bachelor's degree from Bucknell University and her medical degree from the Medical College of Pennsylvania. She joined the staff of the board in 1961 from her position as director of medical education at Philadelphia General Hospital. Since 1961, serving as assistant director, associate director, secretary, and vice president, Dr. Levit has played a prominent role in the board's growth.

DR. LEVIT

State's residents to meet at Annual Session

On October 25 a "historic first" will occur when resident physicians in Pennsylvania hold their first statewide meeting. The organizational meeting of residents will be held at the Host Farm Resort Motel in Lancaster under the sponsorship of the Pennsylvania Medical Society. From that meeting is expected to come a resolution to the House of Delegates calling for official launching of a Resident Physicians Section (RPS) in the Pennsylvania Medical Society.

DR. JONAS

DR. DAVIDSON

DR. TOKARZ

A. Patrick Jonas, M.D., a second year family practice resident at the Hershey Medical Center, said the functions of a resident section would be to "help residents communicate among themselves, with organized medicine, and vice versa." Dr. Jonas continued, "Communication needs to be expanded so that residents can learn, for example, what is available in Pennsylvania for them as future practitioners. Shall I practice here or not? PMS holds the answer to a lot of these questions. Through this kind of organization we can communicate."

Steven J. Davidson, M.D., a resident in emergency medicine at the Medical College of Pennsylvania in Philadelphia, and a member of the steering committee, said, "Residents have a number of problems peculiar to their training status. They provide a considerable amount of care in their hospitals but continue to have the role of students at the same time. As a result, these physician-students are frequently abused. In that sense I think residents need to develop an organization among themselves. Because residents are not going to be residents forever, I prefer that organization occur through the county and state medical societies and the AMA."

In San Francisco in June, J. Patrick Tokarz, M.D., a resident in family practice at the Hershey Medical Center, was elected chairman of the AMA Resident Physicians Section. The AMA's aggressive pursuit of resident physicians has offered a middle-of-the-road avenue for young physicians disenchanted with the radical movements of ten years ago. The State Society, whose resident membership is 500 and growing every year, quickly responded to the AMA initiative.

Society President William J. Kelly, M.D., appointed a steering committee of three residents to lay the groundwork for an RPS. Members of that committee are Drs. Tokarz, Jonas, and Davidson. The steering committee, working in conjunction with the Council on Professional Relations and Services, will sponsor the unique statewide meeting of residents now scheduled for the morning of October 25 at the Host Farm, Lancaster.

According to Dr. Davidson, already a member of the executive council of the Emergency Medicine Residents Association, the resident section will also tackle such issues as house staff contracts. "It is important that the resident, who is making life and death decisions, himself be fairly treated and be in a condition to make those decisions. I think there is the feeling in many of the residency programs that working 110 hours a week does not necessarily make for a better training experience. Certainly the kinds of things that are usually worked out in contracts—wages, hours and conditions—are part of the reason for residents to organize," Dr. Davidson said.

At the national level Dr. Tokarz said the AMA Resident Physicians Section is anxious to impress Congress with the fact that residents are the physicians of tomorrow and that they want a voice in decisions on national health policy. To emphasize this Dr. Tokarz and other RPS leaders will meet soon in Washington with officials of HEW and members of the Congress.

Regarding the statewide residents' meeting, Dr. Jonas said, "We would like to see a resolution supporting the establishment of a Resident Physicians Section passed by the House of Delegates. We would also like to see the State Society commit itself to sending a certain number of resident delegates to meetings of the AMA House of Delegates. We hope that as a result of this meeting many residents will want to participate in the activities of this resident section and PMS."

Eastern Pennsylvania Chapter of the American College of Surgeons
Twenty-Sixth Annual Meeting*
Wednesday, November 9, 1977 Holiday Inn East-Bethlehem, Pa.

Schedule of Events

Registration—8:15-9 a.m.

Morning Session
General Surgery Program
Marfil Room

Presiding Officer
Harry G. Light, M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Harry Goldsmith, M.D., Samuel Gross Professor of Surgery, Thomas Jefferson University Medical School, Philadelphia, PA., SUBJECT: LIVER SURGERY.

9:45 a.m.: Robert Freeark, M.D., Professor and Chairman, Department of Surgery, Stritch School of Medicine of Loyola University of Chicago, Maywood, IL., SUBJECT: DIVERTICULAR DISEASE OF THE COLON

10:30 a.m.: Francis D. Moore, M.D., Elliott Carr Cutler Professor of Surgery, Harvard Medical School, Boston, MA., SUBJECT: THE TREATMENT OF BREAST CANCER IN VARIOUS STAGES OF DEVELOPMENT.

11:15 a.m.: Harry H. LeVeen, M.D., Chief of Surgical Service, Professor of Surgery, State University of New York, Veterans Administration Hospital, Brooklyn, NY., SUBJECT: TREATMENT OF TUMORS WITH RADIOFREQUENCY - THERMOGRAPHY.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.
Presiding Officer: Harry G. Light, M.D., F.A.C.S., President, Eastern Pennsylvania Chapter of the American College of Surgeons SPEAKER: Francis D. Moore, M.D., SUBJECT: "HOW FAST DO WE WANT SURGICAL MANPOWER TO GROW?"

Afternoon Session
Presiding Officer
Stuart H. Irons, M.D., F.A.C.S.
Wilkes-Barre, PA

2:00 p.m.: Resident's Paper.

2:30 p.m.: PANEL DISCUSSION MODERATOR: Charles K. Zug, III, M.D., F.A.C.S., Bethlehem, PA.

PANELISTS: Robert Freeark, M.D., Harry Goldsmith, M.D., Harry H. LeVeen, M.D., Francis D. Moore, M.D., SUBJECT: SURGICAL COMPLICATIONS—THEIR AVOIDANCE OR TREATMENT.

4:00 p.m.: CHAPTER MEETING.

Morning Session
Gynecologic and Urologic Program
Sala De Oro Room

Presiding Officer
Frank S. Flor, M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Earl F. Greenwald, M.D., Associate Professor of Obstetrics/Gynecology, Director of Section of Gynecological Oncology, Temple University School of Medicine, Philadelphia, PA., SUBJECT: CARCINOMA OF THE CERVIX.

10:00 a.m.: Equinn W. Munnell, M.D., Professor of Clinical Gynecology & Obstetrics, College of Physicians and Surgeons, Columbia University, New York, Attending Obstetrician & Gynecologist, Presbyterian Hospital, New York, NY., SUBJECT: CARCINOMA OF THE ENDOMETRIUM.

11:00 a.m.: Joseph N. Corriere, Jr., M.D., Professor & Director, Division of Urology, University of Texas, Houston, TX., SUBJECT: UROLOGICAL COMPLICATIONS FOLLOWING GYNECOLOGICAL SURGERY.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.

Afternoon Session

2:00 p.m.: Panel Discussion and Question-and-Answer Session with Questions Submitted by Audience.

Morning Session
Trauma Program
Darsena Room

Presiding Officer
Charles F. Snyder, Jr., M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: William P. Graham, M.D., Chief, Plastic Surgery, Hershey Medical School, Hershey, PA., SUBJECT: SOFT TISSUE INJURIES.

9:45 a.m.: Carl T. Brighton, M.D., P.H.D., Professor & Chairman, Department of Orthopedics, University of Pennsylvania. SUBJECT: "THE TREATMENT FRACTURE NON-UNION WITH ELECTRICITY".

10:30 a.m.: Peter Janetta, M.D., Professor & Chairman, Department of Neurosurgery, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: THE CEREBELLOPONTINE ANGLE AS PANOORA'S BOX: THE CRANIAL NERVE DYSFUNCTION SYNDROMES.

11:15 a.m.: Felicien Steichen, M.D., President PA. Division, American Trauma Society, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: PRESENT AND FUTURE TRENDS IN THE MANAGEMENT OF TRAUMA.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.

Afternoon Session

2:00 p.m.: Felicien Steichen, M.D., PRESENTATION OF A CASE OF MULTI-SYSTEM TRAUMA.

PANEL DISCUSSION OF MANAGEMENT: Carl T. Brighton, M.D., William P. Graham, M.D., Peter Janetta, M.D., John Ryan, M.D.

4:00 p.m.: CHAPTER MEETING.

*** in association with the Lehigh Valley Obstetrical Society and the American Trauma Society, Pennsylvania Division.**

As an organization accredited for continuing medical education, the Pennsylvania Medical Society certifies that this continuing medical education offering meets the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

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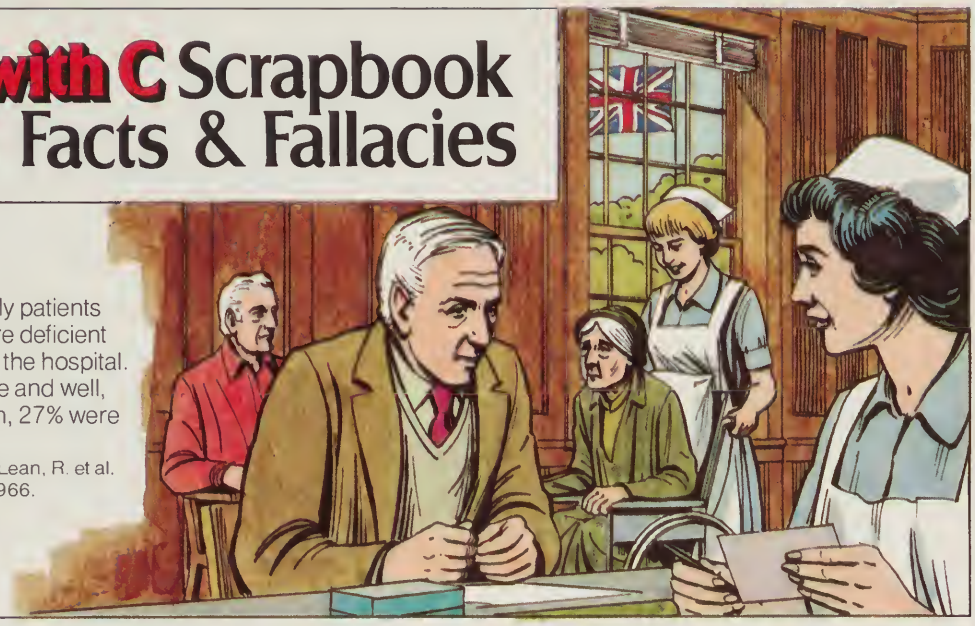


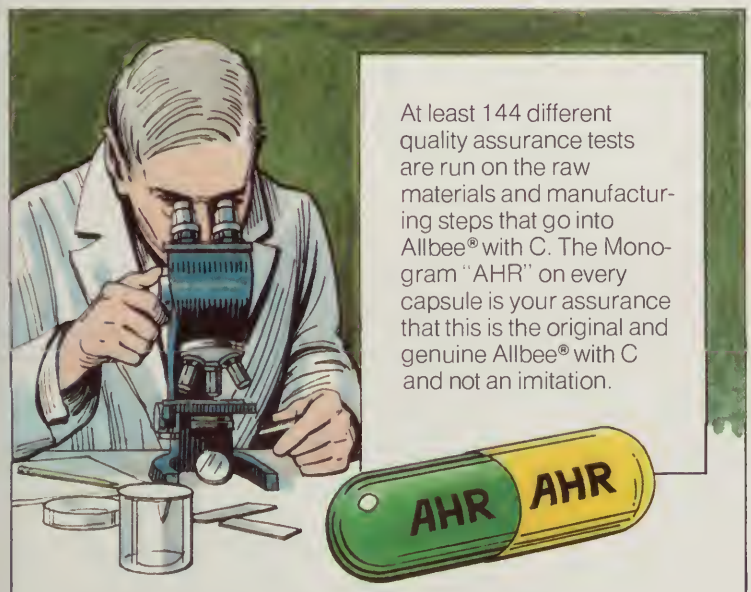
A study conducted among elderly patients in England showed that 41% were deficient in ascorbic acid on admission to the hospital. Even among those living at home and well, or not sufficiently ill for admission, 27% were deficient in ascorbic acid.

Griffiths, L.L., Brocklehurst, J.C., MacLean, R. et al. *Diet in Old Age*, Brit. Med. J., 1:739, 1966.

The loss of riboflavin in milk in a glass container exposed to sunlight for two hours may be as high as 95%.

Quick freezing of vegetables is accompanied by very little ascorbic acid loss. But blanching, washing, and prolonged standing at room temperatures results in considerable reduction in Vitamin C content.

In World War I a unit of 100 beds per division in the Russian army was set aside for scurvy patients. Yet, only 20 cases of scurvy were reported among all American troops in 1917-18.



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Brief summary. Contraindicated in patients with glaucoma, renal or hepatic disease, obstructive uropathy (for example, bladder neck obstruction due to prostatic hypertrophy) or a hypersensitivity to any of the ingredients. Blurred vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur at higher dosage levels, rarely at the usual dosage.

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Home health care—another way to reduce costs?

DEBORAH L. RUSSELL

Editorial Assistant

Demands by the American people and their Congress for control over the runaway cost of health care has caused physicians, hospitals, and governmental agencies to search for ways to cut costs and increase efficiency of health care facilities.

In July 1975 the Pennsylvania Department of Health's Advisory Council for Comprehensive Health Planning created a Home Health Care Committee to develop standards and guidelines for comprehensive home care services in the state. The committee, including representatives of the Pennsylvania Assembly of Home Health Agencies and receiving consultation from consumers, the Pennsylvania Medical Society, Community Services of Pennsylvania, the Department of Public Welfare's Office of Aging, and the Department of Health's medicare certification and professional consultation staff, drew up a "Plan for Comprehensive Home Care for Pennsylvania" in order to focus on the state's needs.

A Home Care Information Consortium, sponsored by Community Services of Pennsylvania and made up of representatives of state- and countywide agencies and associations, then organized to extend the work of the Home Health Care Committee and to gather more information on home care. The consortium has designed informative materials, largely based on the Home Care Committee's report, in order to clarify the state's status and needs and to increase public awareness of home care services.

According to a paper written by the Home Health Care Committee as part of a Comprehensive Health Plan, about 7,000 people are on waiting lists for placement in county homes. "There is a projected need for 35,000 new nursing home beds by 1980. The projected cost for compliance with the Life Safety Code Standards and construction of new nursing home facilities is over one billion dollars. Thirteen percent of Pennsylvania's population over 65 are functionally disabled. By 1980, a 24 percent increase in the state's population over 65 is expected with the elderly constituting 13 percent of the state's population."

Home Care—an alternative to hospital or nursing home care—is one way to meet the public's demands because it is delivered in the home rather than in more expensive health care facilities; it makes use of community organizations and health professionals who can lighten the load of physicians; and it stresses preventive medical techniques which may help to avoid hospital admissions or readmissions. Home health care can be more effective and less expensive in providing services to those who do not need, or no longer need, 24-hour professional supervision.

Home care is a general term referring to a combination of health care and social services to individual people and families in their own homes or other community home-like settings. Convalescents, disabled, chronically ill, elderly, and primarily home bound people are eligible for home care. Services are provided to them so that they may attain and maintain their own optimum levels of functioning—and that they may do so with dignity.

Suitability of a home

A major problem of home care as a component of a comprehensive health plan is that third party payment for most services may be obtained only through physician referral and many doctors do not know how or where to refer patients—or even when home care is suitable for a patient.

In a booklet entitled "Home Care: An Interpretation with Instructional Adaptor," written by the Pennsylvania Home Care Information Consortium, lists some basic attributes of a home atmosphere suitable for home care:

"Is it a quiet home? A sick person can be extremely sensitive to excessive noise.

"Are there stairs leading to the home or inside? For some individuals stairs can pose a serious problem. But they can be replaced by a ramp, bannister lift, or other device.

"Will the person have a private room? One near a bathroom and dining facility is ideal.

"Will the doors and hallways accomodate a wheelchair or walker? Plenty of room is needed for maneuvering.

"Are there small children in the home? Youngsters cannot be expected to remain quiet all the time.

"Is there an adult nearby during the day? At night? Not all persons receiving home care need constant attendance, but a relatively helpless person will be safer and happier with someone there.

"Does the individual have easy access to a telephone? This is essential for morale and a sense of self-sufficiency.

"Is a television or radio available for the person's room? These help pass the time and keep the person in touch with the outside world."

Because home health care is often a difficult task and may require special procedures and transportation to medical facilities, the willingness and capability of all concerned to deal adequately with any household inconvenience is essential.

Determining eligibility

Although the individual person and his family should make the final decision whether or not to use home care, the physician may be best able to determine who would most benefit from

it. If the person's home atmosphere is conducive to and effective in maintaining or improving his health and he does not need the complex services of an institution, home care may be the best plan for him. Most likely to benefit are:

- individuals and families who need help in facing terminal illness;
- a middle-aged person with a cardiac disorder who requires a prolonged convalescence;
- an elderly person handicapped with arthritis in need of rehabilitation therapy;
- a person who needs assistance in managing the home from a homemaker, nutritionist, or family social service agency;
- a baby with diabetes, or a young mother with high blood pressure;
- a child who needs assistance when the parent is hospitalized; or
- persons under distress or disorganization who have no family available to help.

In some cases, public or voluntary health and social service agencies, community or religious groups, or public officials may refer people for some home care services.

The well-being of the individual should be the main goal of all agencies and services working to provide home care, whether they are professional or voluntary and whether they provide medical, social, recreational, nutritional, or other services.

After medical needs have been established, generally by the physician, professional care received in the home can include skilled nursing, physician care, dietary advice, selected therapies, and laboratory services. Staff providing the services may include doctors, community health nurses, physical therapists, social workers, nutritionists, or homemaker-home health aides.

Additional available services such as home-delivered meals or friendly visiting and recreation may be provided as needed. A plan of care is developed after evaluating the total health and social needs of the individual person.

Essential components of home care are: teaching self-care; securing necessary equipment and supplies; instructing the family in the physical case of the individual, and helping the family members to cope with the problems resulting from the illness or disablement.

Financing home care

Payment for home care is similar to that for other types of care—they may be covered by medicare or medicaid, third parties such as Blue Cross, commercial insurance plans, the Veterans Administration, United Way agencies, or local government agencies such as Area Agencies on Aging. Many home care agencies give care beyond the limits of insurance coverage if the need persists.

Medical assistance—Pennsylvania's medical assistance program covers nursing care in the home and includes benefits for many elements, including medical equipment and supplies. Medical assistance pays up to 180 days after hospitalization for a hospital home care program. There is no limit on the number of days of skilled nursing facility and/or intermediate care facility care as long as the person needs that level of care.

Medicare—Medicare provides home health care insurance for older persons. It pays home care benefits under both hospital insurance (Part A) and medical insurance (Part B), but it has specific requirements governing those services for which it will not pay.

Under hospital insurance, the following conditions must be met:

- the patient must have been in a qualified hospital for at least three days in a row;

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- ☐ Personal Care
- ☐ Hot Meals
- ☐ Transportation
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- ☐ Nursing Services
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- and More!

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Home Care is a system of services to individuals and families in their own homes or other community or home-like settings.

This system combines health services and other community-support, social services which may be necessary such as home delivered meals, medical help, transportation, homemakers and chore services, nursing services, personal care, and religious services. And more!

Many of these services are already available through the efforts of local professional organizations, community volunteers and public and voluntary agencies.

In addition, these organizations and people are working hard to build more services into a coordinated home care program which will allow even more people the opportunity to be served at home rather than in a hospital or institution.

These services are available to all who live in this particular home care area, regardless of age, religion, ethnic background or economic status.

To find out whether your needs can be served by home care, contact:

PHYSICIANS MAY inform their patients about home care by distributing the above leaflet to patients or by mounting a larger version on a waiting room wall. Materials suitable for reproduction may be obtained through Community Services of Pennsylvania, 201 Locust St., Harrisburg, PA 17101; (717) 238-7365.

• home health care is for further treatment of the condition for which someone was hospitalized or in a skilled nursing facility;

• the care must include part time skilled nursing care, physical or speech therapy;

• the patient must be confined to the home;

• a doctor must determine that home health care is needed and set up a plan for care within 14 days of discharge from a hospital or nursing home; and

• the home health agency providing the care must be a participant in medicare.

If the person has met all six of the above conditions hospital insurance will pay the full cost of up to 100 visits during a benefit period. Medicare will continue to pay for visits for one year after the last discharge from the hospital or nursing home.

Medicare medical insurance will pay for 100 home health visits in a year without a hospital admission if the following conditions are met:

• the patient needs part time skilled nursing care, physical or speech therapy;

• a doctor decides someone needs the services and sets up a home care plan;

• the patient is confined to home; and

• the home health agency is a participant in medicare.

After the $60 deductible has been met, medicare pays the full cost of home visits.

Social Security—Title XX of the Social Security Act provides for social services to eligible people ". . . to help persons achieve or maintain self-sufficiency, including reduction or prevention of dependency." Home delivered meals, chore services, homemaker, counseling, transportation, and legal services are included.

Blue Cross—The Blue Cross Association in Chicago has encouraged Blue Cross Plans to offer home care benefits and to participate in their planning, development, and implementation. All Blue Cross Plans in the state offer subscribers coverage for some home care benefits, although in varying degrees.

Capital Blue Cross, appreciating cost-saving possibilities of home care, has expanded its coverage to provide benefits for up to 30 visits for home care during any 90 day period. According to a pamphlet, "Outpatient Care: Providing Alternatives to Hospitalization," the Plan has determined that the average cost of home care is only about 15 percent as much as that per day of in-hospital care.

Other Capital Blue Cross programs of alternative health care delivery to keep inpatient hospital stays to a minimum are: pre-admission testing; short procedure surgical unit (same day surgery); outpatient alcoholism rehabilitation; and day psychiatric care.*

The private health insurance industry has supported community health

A PATIENT pamphlet, the cover of which appears above, contains the same message as the leaflet on the opposite page. Materials for reproduction are available in either English or Spanish through Community Services of Pennsylvania.

For details write Capital Blue Cross, 100 Pine St., Harrisburg, PA 17101.

planning in developing new forms of benefits including home health care.

Even when the cost of home care is covered by commercial insurers or Blue Cross, its use has been limited, possibly due to physicians' lack of awareness or understanding of the services. Some physicians may feel that they would lose control of cases and services would be fragmented if patients were to enroll in a home care program. Patients may feel that treatment is inferior to in-hospital treatment and may hesitate to suggest it to their doctors.

Whether or not home care is really less expensive than institutional care is an issue which has not been fully resolved. The Home Care Consortium suggests, "Any discussion that compares the cost of home care with the cost of other types of care must be very carefully approached. Home care could be the preferred care, but it also could be more expensive care depending on the extent and number of services needed."

Status in Pennsylvania

The State's Home Care Committee in developing its plan for comprehensive home care noted that various elements of home care and supportive services are available in some limited fashion in most counties in Pennsylvania, although not in a coordinated way.

Scope and availability of home care services depend on the county and community but may be provided by a number of sources including public agencies, visiting nurse associations, homemaker-home health aides, home care units of hospitals, or voluntary social agencies.

During its study of available services, the Home Care Committee found that volunteer groups provide homemaker, chore, and transportation services in a few counties; some communities provide home nursing care to persons with cerebral palsy through the Elk's Clubs United Cerebral Palsy Service Programs; some associations of the American Red Cross have transportation services, equipment loans, and home nursing training.

Some voluntary agencies, such as Easter Seal Societies, March of Dimes, Multiple Sclerosis Society, United Cerebral Palsy, and the Pennsylvania Association for the Blind, directly or indirectly provide physical therapy, occupational therapy, speech therapy, special equipment, and other services.

All county Mental Health/Mental Retardation Service Units have funds for the purchase of home care services to the mentally retarded. These home care services are not limited to nursing but include homemaker-home health aide service, sitter-companion service, transportation, family education training, and in-home therapy.

At least 87 homemaker-home health aide service providers exist in Pennsylvania. Home Health Agencies provide homemaker service in some areas. Some Child Welfare agencies give homemaker service directly; others contract for them in order to meet their agency mandate to provide supportive services to maintain children in their homes.

In a few areas, specialized home training programs for the blind are conducted through the Office of the Visually Handicapped or branches of the Pennsylvania Association for the Blind.

Many counties have home economist and nutrition education services, available through the Pennsylvania State University Cooperative Extension Service, which provide some nutrition counseling and education services in the home.

Pennsylvania has 47 Area Agencies on Aging. The agencies are responsible for implementing an integrated and coordinated system of social services for the aging. Each area agency is responsible for development and provision of case management, information and referral, outreach, and transportation/escort services. In addition, area agencies are required to provide or contract for homemaker services and home delivered meals.

Appended to this article is a list of home care service agencies in the state.

In addition to the community home care services, Pennsylvania has at least 31 hospital home care departments, according to the Home Care Consortium report. A significant number of individuals are served by the hospital facilities. Hospital based programs are essentially extensions of the hospitals and are administered as part of the overall care of the hospitals. A large number of patients are referred directly to the home care unit without prior hospital admission while a smaller number come from other hospitals and nursing homes. Home care recipients released directly from the hospital provide the major portion of the community hospital home care cases.

The Home Health Care Committee and the Community Services of Pennsylvania have pointed out the need for coordination and standardization of comprehensive home care programs in the state. Among the recommendations of the Home Health Care Committee are that:

- a statewide home care unit be designated to coordinate various home care programs, to develop home care programs, and to provide consultation, collect and disseminate data related to home care;
- all services included within the care plan for the client be reimbursable;
- health insurance carriers be required to include coverage of home care benefits within all policies;
- all third party payors including medicaid reimburse for services at cost and the state medicaid plan be reviewed and expanded; and
- some program be developed providing either subsidies or a tax deduction system to those assuming primary care responsibilities for a disabled family member.

Home health care is gaining support as more public agencies and other organizations become aware of the possible benefits. In spite of the limited coordinating activities among providers, home care can be an efficient component of the health care delivery system and has proved to be the most suitable alternative for many people. □

HOSPITAL HOME CARE PROGRAMS

SOUTHERN DISTRICT

Cumberland County

Visiting Nurse Service of Carlisle Hospital — 717 249-3711
Carlisle, PA 17013

EASTERN DISTRICT

Carbon County

Gnaden Huetten Memorial Hospital Department of Home Care — 215 377-1300
Lehighton, PA 18235

Lehigh County

Home Care Program of the Allentown Hospital Assn. — 215 821-2385
Allentown, PA 18102

Susquehanna County

Barnes-Kasson County Hospital Home Health Services of Susquehanna County — 717 853-4931
Susquehanna, PA 18847

SOUTHEAST DISTRICT

Bucks County

Lower Bucks Hospital Coordinated Home Care Program — 215 785-1211
Bristol, PA 19007

Visiting Nurse-home Care Service of Doylestown Hospital — 215 345-2202
Doylestown, PA 18901

Chester County

Paoli Memorial Hospital, Home Care Section — 215 647-2200
Paoli, PA 19301

Delaware County

Crozer-Chester Medical Center, Home Care Department — 215 874-9611
Chester, PA 19013

Mercy Catholic Medical Center — 215 586-5020
Darby, PA 19023

Montgomery County

Home Care Program of Bryn Mawr Hospital — 215 527-0600 Ext. 391 & 395
Bryn Mawr, PA 19010

The Lankenau Hospital Home Care Department — 215 649-1400
Lower Merion, PA 19151

Philadelphia County

Albert Einstein Medical Center-Northern Div. Hospital Home Service Department — 215 329-0700
Philadelphia, PA 19141

Home Care Department, Graduate Hospital University of Pennsylvania — 215 KI6-4500
Philadelphia, PA 19146

SOUTHWEST DISTRICT

Allegheny County

Home Care Department of Montefiore Hospital Association of Western Pennsylvania — 412 683-1100
Pittsburgh, PA 15213

Home Health Agency of Sewickley Valley Hospital — 412 741-6600
Sewickley, PA 15143

Home Health Services Department of St. Francis General Hospital — 412 622-4343
Pittsburgh, PA 15201

Northwest Allegheny Home Care Program Allegheny General Hospital — 412 237-3076
Pittsburgh, PA 15212

South Hills Health System, Home Health Agency — 412 462-2000
Homestead, PA 15120

Western Pennsylvania Hospital Home Health Agency — 412 682-4200
Pittsburgh, PA 15224

Beaver County

Aliquippa Hospital Association Home Health Service Program — 412 867-1291
Aliquippa, PA 15001

Medical Center of Beaver County, Inc. Home Health Agency — 412 843-6000
Beaver Falls, PA 15010

Westmoreland County

Latrobe Area Hospital Home Health Services — 412 539-9711
Latrobe, PA 15650

NORTHWEST DISTRICT

Clearfield County

Clearfield Hospital Home Health Service Dept. — 814 765-6581
Clearfield, PA 16830

Jefferson County

Home Health Care Service, Adrian Hospital — 814 938-4500
Punxsutawney, PA 15767

Mercer County

Greenville Hospital Home Care Division — 412 588-2100
Greenville, PA 16125

Sharon General Hospital Home Health Agency — 412 981-1700
Sharon, PA 16146

Warren County

Warren General Hospital Home Health Care Dept. — 412 981-1700
Warren, PA 16365

The above list includes only hospital based home care programs. Most counties and many communities have various public services which are certified for medicare/medicaid, including Visiting Nurse Associations, Visiting Nurse Services, and Home Care Programs. In addition, State Health Centers of the Pennsylvania Department of Health provide home care services. For information about services available in your county or community, contact Community Services of Pennsylvania, 201 Locust Street, Harrisburg, PA 17101; (717) 238-7365. For information on homemaker services or private employment services, call the Area Agency on Aging.

editorials

Hospital quality assurance—PSRO after five years

On October 30, 1972, P.L. 92-603 was passed creating this country's first nationwide attempt at quality and cost control of medical care. PSRO was received by the medical profession with serious reservations. By September 1977, almost five years after enactment, PSRO seems to have accomplished some of its initial objectives. Whether or not the program continues to function in its present form, the review process that it has fostered is here to stay.

Prior to PSRO, attempts had been made at public accountability and quality control but these were usually fragmentary, unstructured and hindsighted. Retrospective review often resulted in retroactive denial of payment for services, causing consternation among physicians and hospital administrators alike. The present system of concurrent review eliminates this problem. The establishment of utilization norms and criteria under PSRO mandate has provided structural equality which was previously lacking.

Although PSRO was initially alleged to be merely a cost control agency, it was intended to link efficiency with quality assurance in medical care. This was to be accomplished through two components, utilization review and medical care appraisal activities.

Utilization review (UR) monitors the process of delivery of medical care from admission to discharge of a patient and provides a cost control mechanism at a time when public concern is being voiced about rising costs of medical care. Control of necessity of admission, control of length of stay through delineation of acute and custodial care and assurance that medically necessary care is rendered at the proper health facility can have a significant dollar influence. Although UR may be more expensive than originally thought, it is still cost saving. UR is a deterrent to extended hospital stays.

But efficient use of health facilities does not account for quality control in patient care. Quality control is the province of the medical care appraisal study and is judged by retrospective assessment and evaluation. Criteria or standards are pre-determined and comparison with actual practice data is made, thereby identifying patterns of care. Deviations from the norm are targeted for further evaluation. If the deviation is significant, an education program is indicated. Quality assurance depends upon the effective and judicious use of medical education programs and follow-up for evidence of behavioral or practice modification. Audit activities are both important to the system and beneficial to physicians.

The medical profession is doing a good job. Utilization review and medical audit are proof of that. Quality assurance is our self-insurance against excessive government intervention and must be pursued with vigor.

David A. Smith, M.D.
Medical Editor

Guest editorial

Dealing with 'demon' pain

Reprinted from the Allegheny Medical Society Bulletin.

We have become caught up in our fast paced, bionic, disposable world, with desires to replace old with new, and remove all tension and suffering from our existence, regardless of cost.

Unfortunately, many patients feel that medicine is an exact science and has advanced concurrently with other technologies. This misconception has given patients the impetus to continually seek means of relief for their suffering. This tragedy is seen clearly with patients in chronic pain and their desire for a panacea.

We see many patients in an "end of the road" effort to provide some means of relief for their pain. Many have had numerous aggressive or invasive procedures to "make them brand new" only to find themselves in a worse condition.

Indications exist for performing invasive procedures, but patients must be carefully selected. It is neither glamorous nor rewarding to deal with such patients once they have become angry, frustrated, distrustful, and depressed because previous measures have failed.

It is time to share information—to re-educate ourselves and our patients. We need to re-explore many

of the noninvasive methods of treating pain. There is nothing wrong with some of our predecessors' methods. These may seem archaic in style, but are perhaps innovative in theory. Such methods in modern nomenclature are called biofeedback, transcendental meditation, acupuncture, hypnosis, positive suggestion, electrical stimulation, etc.

In view of the above, we initially thought acupuncture would be quite promising following its discovery by the media in the early 1970s. There were many reports of "miracle cures" and, despite peer criticism, we felt an obligation to explore the claims. This method was first experienced personally and later offered to a few desperate volunteer patients. Initially, we had some success, but when acupuncture's popularity ceased, we also experienced diminishing returns from our efforts. In addition, our concurrent laboratory studies paralleled our fading success with both human and animal experimentation. For these reasons we and many other groups eventually abandoned this modality. We have, however, continued to search for the least traumatic, non-invasive method to control chronic pain.

Biofeedback is helpful for a select group of patients, mainly those experiencing tension headaches and migraine headaches. We feel this method has promise, in spite of some limitations. To use biofeedback with any success, the patient must be motivated, intelligent, able to think abstractly and have no secondary gains from his problem.

The 1965 publication of the "Gate Control Theory of Pain," by Melzack and Wall, reawakened interest in the use of electrical devices for the control of chronic and acute pain. This interest resulted in the development of external and internal stimulators, but their reported success varies. Twenty to thirty percent of patients given these modalities of treatment respond to some degree, although we have no comprehensive neurophysiological explanation for this phenomenon. Our practical goal in treating patients with chronic pain is to relieve pain in the least harmful way possible.

In trying to discover new methods of pain control and study results in a "scientific" manner, a number of basic, but essential, factors are frequently overlooked. First, we must educate our patients to accept the fact that part of the responsibility for getting well depends on them, for example: losing weight, exercising, not engaging in activities beyond their physical capacity and realizing that to search for an absolute pain-free existence can harm them in the long run.

Dr. Tenicela is director of the Pain Clinic at the University Health Center of Pittsburgh, and a world respected expert in pain control and research in this field of pain.

Second, it is our duty to continue searching for the least invasive means of providing relief, even if this means telling a patient he is better off with no treatment if this is indicated (a hard fact for most patients to accept). And last, we should not overlook the most important, rapidly vanishing elements of our care—the doctor-patient relationship, understanding, a warm gentle approach, and development of the patient's trust.

We may be able to replace joints, heal fractures or manage hypertension, but pain will always be with us and exorcising this "demon" will always be a challenge and a puzzle for the physician.

Ruben Tenicela, M.D.
Pittsburgh

correspondence

Co-Tylenol reformulated

To the editor:

This is in answer to the letter to you from Claude A. Frazier, M.D., which appeared in the July issue of PENNSYLVANIA MEDICINE.

While it is true that CO-TYLENOL® Cold Formula Tablets contain tartrazine (FD&C Yellow #5) dye, the product has been reformulated to remove that coloring agent and production of the new formula will start in the near future.

William L. Madison, Ph.D.
Consumer Products Division
McNeil Laboratories
Fort Washington, PA

Take a 'TV' time out!

correspondence

Data needed on fatal stings

To the editor:

For a number of years I have routinely prescribed an insect sting kit for my insect allergy patients thinking somewhat smugly that I was protecting those patients from future possible hazard. A few years ago I was shocked to learn that it is illegal in most, if not all states, for anyone other than a physician to administer the vital premeasured epinephrine contained in the kit, even if the victim of a sting is obviously in great difficulty and the nearest physician or hospital many miles and minutes away. I discovered that even a school nurse, though she is given permission by the parents, and even if the child has an insect sting kit in his possession, cannot legally administer the subcutaneous epinephrine injection to stave off fulminating symptoms of anaphylaxis long enough to get the child to a physician or hospital. The best she or the school authorities can do under the law is to call the parents to come take the child to the physician or rush the child there themselves. Since time is of the essence in a severe systemic reaction this could be tantamount to signing the child's death warrant.

Worse still, when I queried a patient of mine who was a member of a rescue squad, whether he had ever been called upon to assist someone suffering a severe systemic reaction to an insect sting, he replied, "Yes, but he died enroute to the hospital." Even with his 84 hours of training in meeting emergencies, he had received no training in the administration of epinephrine and even if he had, would not have been allowed to administer it.

Spurred by such revelations, I have been attempting to find a legal solution to this situation in my own state of North Carolina and elsewhere. In support of such an attempt, I am collecting data on insect sting fatalities. I am especially interested in time lapse between sting and death although information concerning the following would be helpful: (1) time sequence of symptoms; (2) previous reactions to insect stings; (3) medication on hand at time of sting; (4) type of medication; (5) type of insect; (6) number of stings; and (7) estimation as to whether or not a physician or hospital emergency room could have been reached in time to avoid a fatal outcome.

Claude A. Frazier, M.D.
4-C Doctors Park
Asheville, NC 28801

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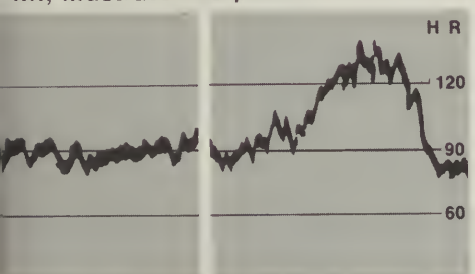
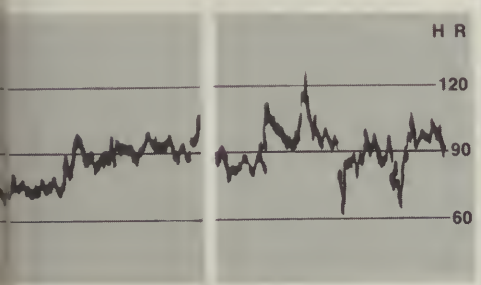
Representations below of actual EKG readings of an attorney, post MI, illustrate the point:



A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



C. Pre-orgasm sex activity (about 90 beats/min)

D. Peaks at orgasm (120 beats/min)

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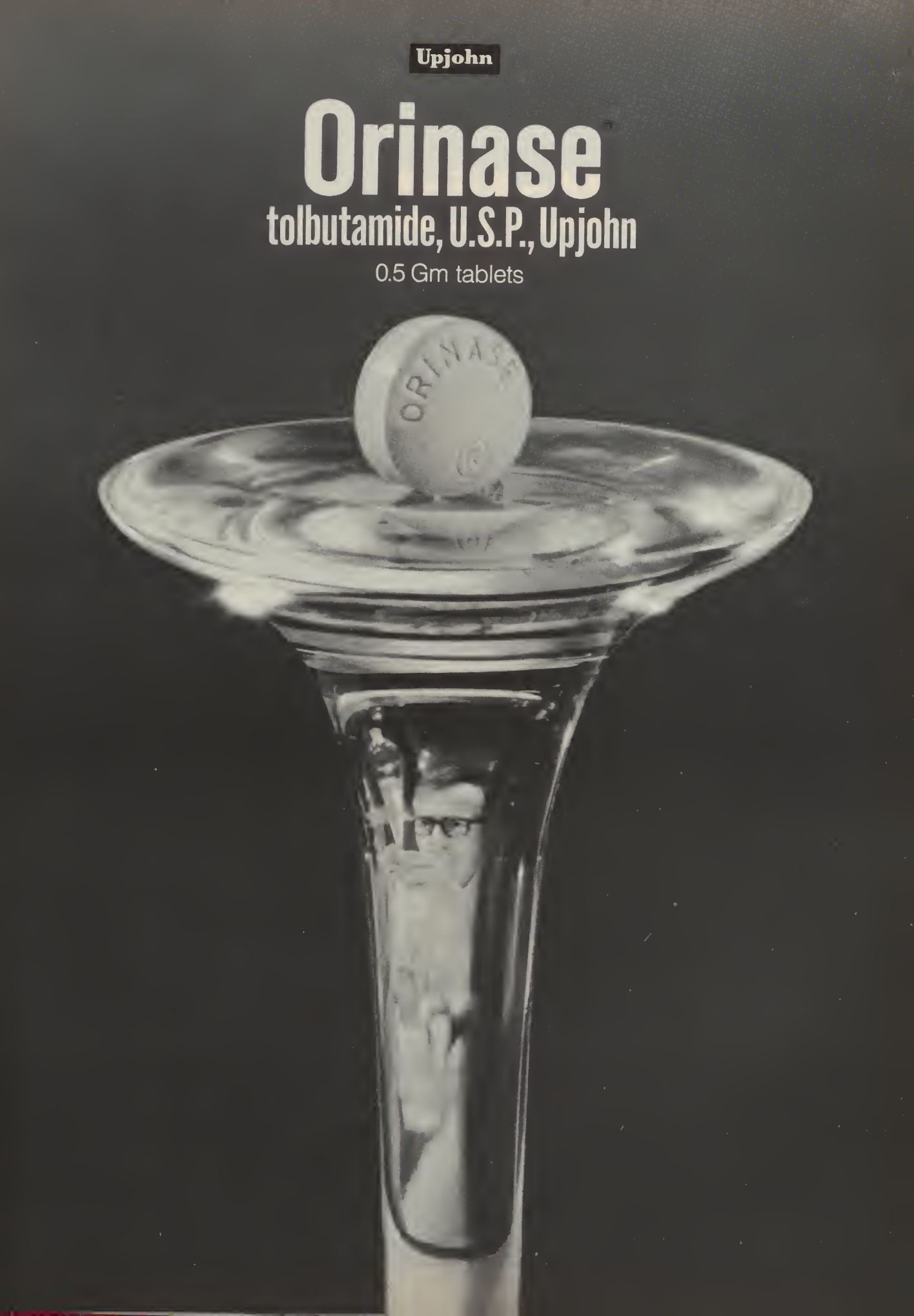

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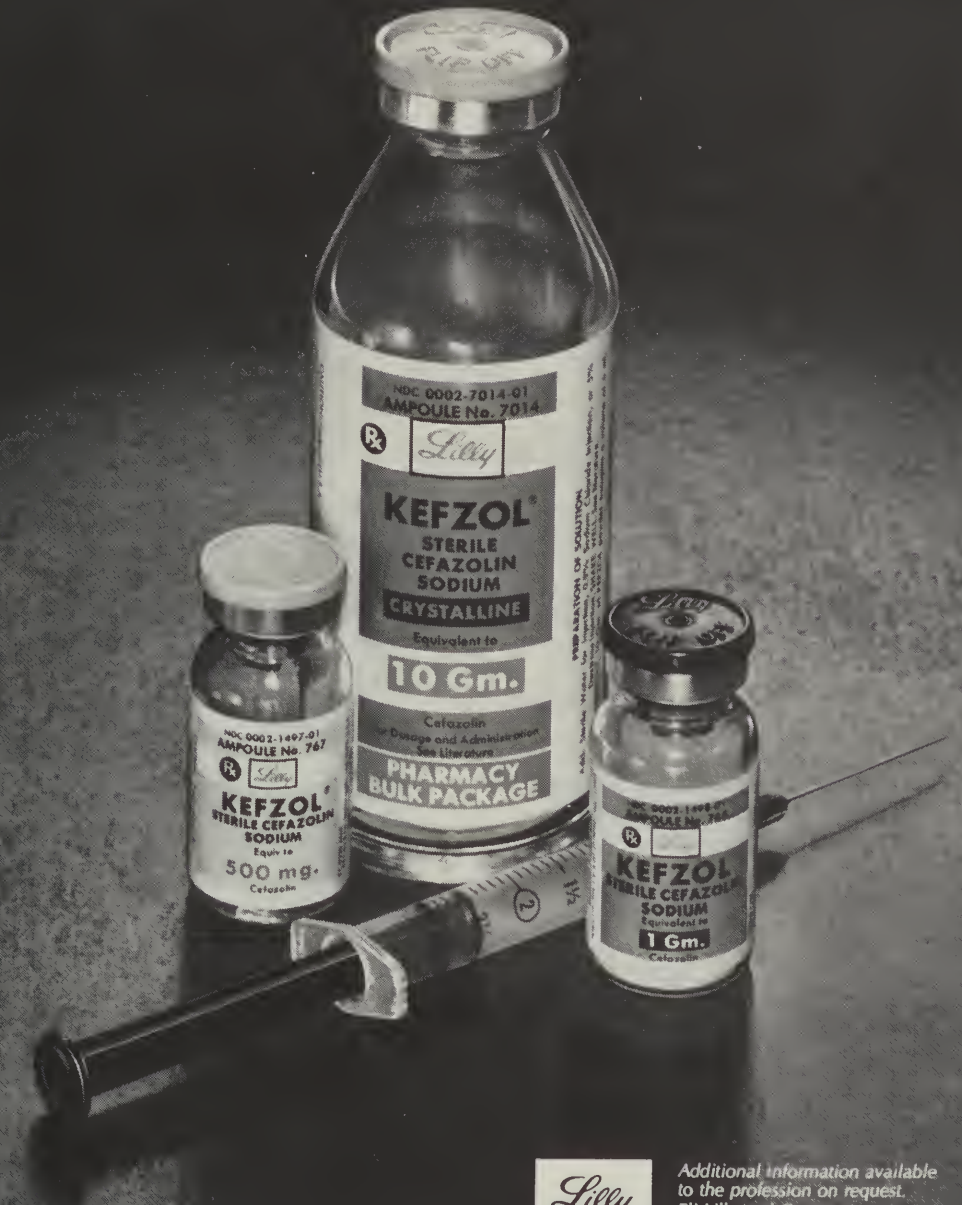

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practice management

Dividing the group income pie

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.
Bala Cynwyd

No longer is group practice a futuristic concept—it is a present day and proliferating reality. The authors' counsel can help groups avoid a common problem.

The most enduring problem of group practices is how much income should be distributed among the group members. We are convinced that inability to cut up the "money pie" satisfactorily causes more dissention and dissolution in medical groups than all other factors combined. The effect often develops slowly, but if a segment of the group feels that it is underpaid the dissatisfaction tends to grow until it threatens the group's continuation.

There are many critics of our present health care system who believe most doctors are particularly money-oriented. We disagree. Physicians tend to be highly intelligent and professional people with an inordinate amount of pride and self-reliance. The natural result is an unusually well developed ego.

In light of this, compensation often rises above its importance as mere money. Instead it becomes a measure of relative personal worth and importance to the group. It is unfortunate that relative incomes can so easily be compared and take on importance far in excess of what the earners really are contributing; however, the situation is common. Hence, dividing group income involves matters of personal ego as well as economics. This makes it an extremely touchy problem in group practice.

Basic alternatives

There are two basic income division alternatives: (1) straight percentage division and (2) productivity division. Both have advantages and disadvantages which should be recognized. The method a group chooses could be either pure system or any combination of them. If a special formula is developed it should be fairly simple to understand and easy to administer. A highly complex formula tends to cause artificiality and confusion, defeating the formula's presumed incentives.

The authors are the principle consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

Straight percentage division

The simplest of all methods is for the participants to divide equally the income from their efforts. Other groups divide income in fixed percentages which are not equal, perhaps in recognition of seniority, time involvement, or special training. In either case, distribution of income is in a predetermined, fixed ratio—a straight percentage division.

A percentage method has the advantage of offering the doctor-members a group incentive. Each member prospers so long as the venture produces sufficient income, regardless of which individual doctor actually performed the work. Hence, the doctor-members should feel free to have patients treated by various doctors in the group for advantages in scheduling, special experience, and the like. OB-GYN men, for instance, can see their patients alternately or as they consider most useful and can assign deliveries according to their working schedules without concern of any adverse income effects. Other specialty surgeons in joint practice can set their operating schedules for most efficient use of their members' time and talents. Similarly, one man's contributions to administering the office or performing other "non-chargeable" functions will not penalize him.

Percentage division tends to encourage a cooperative effort for the good of the group. It minimizes competition among the members since there is no direct financial reward for seeing more of the group's patients, producing more of its billings, etc.

Arbitrary percentage distributions generally work satisfactorily in groups having strong common denominators of age, work motivation, and professional qualifications. They particularly work well when the potential income is high enough to defeat most desires to compete for more of

the available income. Particularly likely to use simple divisions satisfactorily are those practices which involve the most patient interchange, as in obstetrics. The method has the advantages of being simple in concept and easy to administer. For these reasons it is by far the easiest way to resolve the income division problem.

Unfortunately, the various members of a group rarely make equal contributions to the group's financial success.

'Actual formulas which are in existence and which have worked well are legion, but the most important point to remember is what has been successful to one group may be absolutely wrong for another . . . Income division disputes are likely to grow in intensity as time passes. Prompt attention might save an effective group practice from unnecessary dissolution.'

So long as the differences are small, the members may overlook them; however, as these differences become larger and continue to exist, they will tend to become divisive factors. For instance, one doctor may be taking more vacations or devoting himself to more non-cash producing professional activities (teaching, society work, etc.), while the other doctor is seeing more and more of the patients. One doctor may be increasing his efficiency, while the other doctor tends to spend more time with each patient. Regardless of which doctor is "right" in his approaches to his work, the differences tend to grow. As the differences continue, the disadvantage of a straight percentage division method becomes more evident.

Productivity division

Another approach is to compensate each doctor in direct proportion to the amount he has contributed to the group's income. The common measure of such contribution is the amount of fee charges recorded on the group's books. Hence, if a two-man partnership has net income of $100,000 and the books show that Dr. A's charges during the year totalled 58 percent of the total, then he would be entitled to $58,000 of compensation. If in the succeeding year Dr. A were to reduce his activity and produce a lesser share of the total charges, his share of that year's income would be proportionately less.

Besides rewarding a member for his financial contribution, a productivity division has the additional advantage of being self-adjusting. A partner's share of his group's income will thus vary from year to year just as his efforts may vary. This is often most helpful in the situation in which a senior physician wishes to cut down his practice involvement (more vacations, fewer days per week, less coverage time, fewer hours per day, etc.). This often is a difficult subject for either party to bring up for discussion. The senior may be afraid to ask for the time off; the junior may hesitate to complain if the senior takes more time.

Even if it is discussed, such lessened responsibilities are difficult to measure in dollar terms. Often, both sides feel cheated by the selection of a relatively arbitrary "make up" figure. Also, as the senior continues to cut back, a new "negotiation" as to the proper figure results.

The "production" method would help to reflect such cutbacks. A method that permits adjustment without the confrontation can thus be invaluable.

The majority of medical management consultants, ourselves included, prefer income division methods based at least in part on productivity. However, it should be recognized that such methods also have disadvantages. The prime problem is that it can create a competition among partners for the available work. It thus tends to reward one for creating dollars while ignoring one's other, less measurable contributions to the group. For example, the senior physician whose hospital and professional activity creates referrals to his junior partners would not be recognized for his contribution. Nor would the managing partner of a medium-sized group who spends a large percentage of his time assuring that the joint practice runs smoothly and efficiently.

Productivity division also requires careful bookkeeping of patient charges. This is not really a disadvantage; any practice should have this information, whether or not it is required for income division purposes. The group's total charges for a period are an indication of how busy it was. They are also a means of predicting how much cash will be received in a succeeding period (when the charges have been billed and payments are received). Furthermore, a group should record its members' relative production even if they share income otherwise, for only by having the information can the members recognize changes or inequities before too much dissension develops. Sometimes a group may be surprised by the figures.

Combined methods

A combination of the two described methods is often the most equitable result. The group practice might thus obtain the strongest advantages of each method and offer more realistic incentives to its partners.

The simplest example of a group's combining the percentage and productivity methods follows: Half of the net income of the practice is equally divided among its partners (or distributed in some other pre-determined percentages) and the other half is divided in the ratio of the members' actual charges. In this manner, each partner has a strong incentive to make the overall group as successful as possible (regardless of which partner actually sees more patients); he also has a personal incentive to produce. Since both group loyalty and individual ambition should be accepted and desirable attributes, the formula combining incentives for each should be a workable solution.

Variations on the 50-50 combinations are limitless. We have several group practice clients, for instance, who equally divide 60 percent of their income and then allocate the other 40 percent according to productivity. This is simply based on their recognition that the entity's success

deserves somewhat more emphasis than does the personal advantage. Other practices have gone the opposite way after analyzing the characteristics of their specialties, the "market" for their services and, of course, their members' personalities.

A small practice (two or three partners) is likely to find a simple combination method to work very well. As the group becomes larger the formulas tend to become more sophisticated.

Point value systems

Larger and often multiple specialty oriented groups sometimes extend the combination approach still further by adopting a "point value system." Such a system is intended to measure precisely the total contributions all members make to the group's success, going beyond the comparatively simple concept of production. A point system might give credit for such items as educational and professional society activity, contribution of capital to the partnership, hospital staff leadership, age or years of practice, office management responsibility, certification, work production, or "drawing power."

The elements of a point system are simple to describe. The various criteria adopted by the group are simply assigned "points," and then each member's points are totalled for the year. The income of each member is figured according to the ratio of his points to the total points for the entire group.

Under an illustrative method, one point might be awarded for each $100 of charges produced, ten points for each year of specialty practice, and fifty points for each specified medical society or hospital staff responsibility. A doctor who has been in a specialty for 12 years, who is chief of his hospital's department, and whose work has produced $60,000 of charges in a year would thus be allocated 770 points to decide his final share of the practice's net income for the year in question.

While the point value system attempts to evaluate each member's contribution to the group's overall success, it has one very serious flaw. The group's attempt to quantify relative values for such matters as seniority, production, and professional status itself involves a negotiation among the partners. All too often, these different matters are assigned points on a negotiated basis, and the partners might just as well have determined mere percentage divisions in the first place.

What is more, even if the point values are satisfactorily determined, such systems have other built-in disadvantages. First, as they become more and more sophisticated, they tend to become understood less by the doctors involved. This difficulty may well defeat any incentive effect such systems might have been intended to produce. Second, point systems tend to require special and often extensive accounting work, not to speak of the amount of members' time devoted to tabulating their relative point situations. All in all, while point value systems seem excellent in theory, they have been far less successful in practice.

Conclusion

This article has described basic approaches to the extremely touchy problem of dividing income. Actual formulas which are in existence and which have worked well are legion, but the most important point to remember is what has been successful to one group may be absolutely wrong for another. The problem simply requires honest and candid attention by all the group members. It should also require some continued periodic attention by the group. Partners should act promptly to recognize and resolve any dissatisfaction as soon as it develops. Income division disputes are likely to grow in intensity as time passes. Prompt attention might save an effective group practice from unnecessary dissolution. □

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Know your taxes

What you always needed to know about selling your practice and didn't know you had to ask

DONALD L. DeMUTH, M.B.A., C.P.A.
EDWARD H. ACHORN, M.Adm., C.P.A.
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The sale of a practice can result in exceedingly complex tax ramifications. A physician should consult his attorney, accountant, or consultant, or perhaps all of them when he decides to sell his practice. Different results will occur whether he is selling an unincorporated solo practice, his share of a partnership, or his stock in a professional corporation.

Unincorporated solo practice

When a physician sells his practice, his assets typically are uncollected patient receivables, equipment, and perhaps his office. Unpaid bills and loans for equipment and the office are sometimes obligations of the practice.

As a general rule, gains on the sale of business property (which would include property used in a practice) are subject to long-term capital gains tax provided they have been held more than nine months (one year after 1977). The exception to this rule occurs when the property's ultimate realization would normally generate *ordinary* income. For instance, virtually all physicians pay tax on the cash basis. No tax is paid until a fee is collected. No deduction is permitted until a bill is paid. If the physician were to continue to practice and collect his receivables, he would pay ordinary income tax rates on that income. Therefore, when he sells his uncollected receivables, any money received for them will be taxed at ordinary income tax rates.[1] The difference between the amount received for equipment and the office[2] and their depreciated values will be taxed as capital gains.

Sometimes the price of a practice includes an additional amount for goodwill or a covenant not to practice within a certain geographic area. Any money received for goodwill, which is the intangible extras one obtains from an established practice, is taxed as a capital gain; but any amount paid for an agreement not to practice in a specified locale is considered ordinary income and taxed as such. Take a look at the following comprehensive example.

A retiring plastic surgeon is selling his practice to a physician completing his residency program. The "book" value of his assets and liabilities for tax purposes are shown in Table I.

The two agree that the retiring man will keep the $1,000 cash and the younger doctor will assume the debts of the practice. The younger doctor agrees to pay $75,000 in cash for the practice, which will be allocated as follows: accounts receivable, $4,750; equipment, $8,000; office, $60,000; goodwill, $3,250; and covenant not to practice, $5,000; for a total of $81,000.

Notice that the value of the items acquired is $81,000. This is equivalent to the amount of the cash paid plus the liabilities assumed. ($75,000 cash plus $6,000 in liabilities total $81,000.)

TABLE I
Sale of Unincorporated Solo Practice

Assets	
Cash	$1,000
Accounts Receivable ($5,000 owed)	—
Equipment	3,000
Office	25,000
Total Assets	$29,000
Liabilities	
Bills Payable	$2,000
Mortgage Loan	4,000
Total Liabilities	$6,000

The assumption of debt is as much a part of the purchase price as the outlay of cash.

While the doctor is owed $5,000, his patient receivables are, for tax purposes, considered to have a zero value until collected.

The gain on the sale of the equipment and furniture used in the practice will be specially taxed. The portion of the gain equal to the total depreciation taken on previous tax returns will be taxed at ordinary rates, and the portion of the gain in excess of total depreciation previously taken will be taxed as capital gains.

For example, in this case the doctor had taken $2,000 of depreciation in the past on equipment which cost him $5,000. The equipment has a book value of $3,000 ($5,000 cost minus $2,000 total depreciation). The portion of the proceeds from the sale of his practice allocated to the equipment is $8,000. The gain on the equipment is $5,000 ($8,000 proceeds allocation minus $3,000 book value). Of the $5,000 gain, $2,000 (the amount of the total depreciation) is taxed as ordinary income and the remaining

This article, part eight of the series Know your taxes, *is the third on the subject of capital gains taxation. Mr. DeMuth is assistant professor of accounting and finance at The Pennsylvania State University, Capitol Campus. Mr. Achorn is assistant professor of accounting and management at Penn State. For reprints write either Mr. DeMuth or Mr. Achorn at The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*

1. The same would hold true for the amount received for inventory in excess of its purchase price.

2. A portion of the gain on real estate would probably be taxed at ordinary income tax rates if accelerated depreciation were used instead of straight-line depreciation.

TABLE II
Income on the sale of a practice

Asset	Amount Received	Book Value for Taxes	Ordinary Income	Capital Gains
Accounts Receivable	$4,750	—	$4,750	—
Equipment	8,000	$3,000	2,000	$3,000
Office	60,000	25,000	—	35,000
Goodwill	3,250	—	—	3,250
Covenant Not to Practice	5,000	—	5,000	—
Total	$81,000	$28,000	$11,750	$41,250

$3,000 is taxed as a capital gain.[3] If the gain is less than or equals the aggregate depreciation, the entire gain is taxed as ordinary income.

Table II shows the income of a surgeon selling his practice.

The new doctor is paying $4,750 for the receivables to allow for bad debts and to be compensated for collecting them. Note that a payment for goodwill is taxed as a capital gain and compensation to agree not to compete is treated as ordinary income. The reasoning behind the law is that goodwill belongs to the practice. It is the value of having patients familiar with being treated at a specific location, and other intangibles. Payments for agreeing not to practice are considered compensation in lieu of what could be earned by practicing.

TAX TIP—If you are selling a practice, try to get as much of the purchase price allocated to your equipment, office, and goodwill as possible. If you are buying a practice, attempt to allocate a large portion of the purchase price to an agreement not to practice. This is advantageous to a buyer from a tax point of view. He will most likely be able to write off the cost of a covenant not to compete more rapidly than he can depreciate equipment or an office. Also, the buyer should avoid paying anything for goodwill, because he will never *be able to write it off for tax savings. Even after a price is negotiated for an unincorporated solo practice, it is often just as important to negotiate the allocation of the price among the assets acquired.*

Partnership interest

When a partnership interest is sold, the gain is taxed as a capital gain with the exception of payments for unrealized receivables and the depreciation taken to date on the equipment. Table III examines how the gain on the sale of the unincorporated solo practice in the previous example would have been treated had it been a sale of a partnership interest.

Note that the portion allocated to accounts receivable equals the amount of receivables which belong to the partner, $5,000, versus $4,750, which was previously paid for them. Furthermore, in the partnership's tax books, sale of a partnership interest does not result in goodwill or a covenant not to practice. In other words, the tax treatment of items affecting the partnership will not be changed as a result of a physician's selling his interest in a partnership to another physician.

In this case, the sale of a partnership interest includes no ordinary income for an agreement not to practice. Other than this fact and the difference in treatment of accounts receivable (which should be only a small amount), the tax consequences of a sale of an unincorporated solo practice and a partnership interest are virtually identical.

Sale of stock in a professional corporation

The computation of the gain or loss when selling the shares of a professional corporation is relatively simple when compared to the disposition of a partnership interest or a solo practice. The capital gain is simply the difference between the selling price and the value of property initially contributed—period. There is no allocation of the gain between capital gains and ordinary income. Refer to the example of the unincorporated solo practice which had a selling price of $82,000.[4]

Consider the following: a physician has transfered the following to a professional corporation: $1,000 in cash; $2,000 in accounts receivable; $5,000 in equipment; and a $40,000 office; for a total of $48,000. If he sells his shares for $82,000, his capital gain is $34,000: the selling price of $82,000 minus the initial contribution of $48,000 equals a capital gain of $34,000.

The same result would have been achieved had the seller initially bought the shares of the corporation for $48,000.

At first blush the topic of capital gains appears fairly mundane and simplistic. Further scrutiny indicates this is very often not the case. When faced with a potentially complicated transaction, seek the advice of your financial counsellor. The potential savings will very frequently exceed the cost of the advice. □

3. Other rules apply to such property acquired before 1962.

TABLE III
Selling a Partnership Interest

Total Received[4]		$82,000
Book Value of Partnership Interest[4]		29,000
Total Gain		53,000
Accounts Receivable	$5,000	
Depreciation on Equipment ($5,000 *Cost* - $3,000 *Book Value*)	2,000	
Ordinary Income	$7,000	7,000
Capital Gain		$46,000

4. This includes $1,000 of cash not transferred in the previous example.

CT evaluation of tissue changes in cerebral infarctions

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Scranton

Computerized tomographic (CT) scanning has changed dramatically the evaluation of intracranial disease, allowing the physician to determine intracranial tissue changes in remarkable detail.

In a routine head scan, the patient's head is studied by four scans (8 slices, each of which is approximately 13 mm in thickness). The computer measures the attenuation of a thin beam of x-ray as it passes through the slice of tissue. The data is then processed as a picture on a 160 x 160 matrix. The normal brain tissue is seen as shades of gray, while cerebrospinal fluid appears black, and bone and calcifications appear white.

Materials

This study involved a review of computerized tomographic scans of 150 patients, between 26 and 82 years of age, who had discharged diagnoses of cerebral infarction. All scans were made with a standard 160 x 160 EMI Computer Tomographic Unit. Of these, 19 were eliminated as they were not of a good enough quality to reveal the intracranial structures in detail; 47 were eliminated due to lack of good clinical correlation, as the patients were from other hospitals and complete charts were not available for review.

The remaining 106 scans were examined and divided into two

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categories: acute infarctions (within 4 weeks) and old infarctions (over 4 weeks). Tissue changes were evaluated and, when available, comparisons were made with radionuclide studies and angiography. Each patient in the series underwent a second complete CT scan after intravenous injection of contrast material.

Results

Patients with acute cerebral infarction (within 4 weeks) numbered 67; 52 were ischemic infarcts, while 15 were hemorrhagic infarcts. The earliest interval between clinical onset and CT scan was within 24 hours. The tissue changes seen on the CT scans were grouped according to the interval after the clinical onset of symptoms.

Patients scanned within 14 days after the vascular insult demonstrated areas of decreased density. The involved areas were not well defined along the margins of the lesions (Figure 1). The majority of the lesions were noted to extend to the margin of the cortex (Figure 2). If the infarction was large, a "mass-effect" with compression and/or displacement of the ventricular system was demonstrated. The amount of displacement, however, was minimal in relation to the large diminished density area; This point helped to differentiate the low grade gliomas, which show a prominent shift in relation to the area involved by the tumor.

In the hemorrhagic infarcts, the lesions were mostly heterogenous in appearance and cortical in location (Figure 3), although several were located deep in the white matter (Figure 4). The areas of hemorrhagic infarction demonstrated irregular margins, but were more heterogenous in appearance and contained more areas of low density. In contrast, areas of intracerebral hemorrhage tended to be more dense and better demarcated.

Sequential scanning, obtained after approximately 14 days, revealed that the infarcted areas had become more

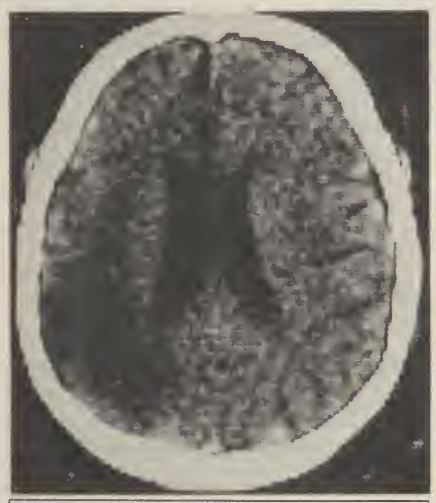

Figure 1. 64 year old female with sudden onset of right hemiparesis. The study was obtained within 24 hours. Note the poorly marginated infarcted area in the left parietal occipital area.

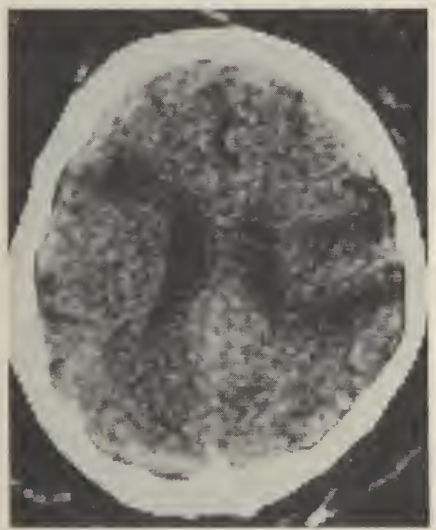

Figure 2. 56 year old male with cardiac arrythmias. Note multiple areas of ischemic infarctions. The study was obtained 2 days after onset of stupor and left hemiparesis.

Figure 3a. 70 year old male with sudden onset of right hemiparesis. The study, obtained within 24 hours, demonstrates a large hemorrhagic infarction in the left posterior parietal area.

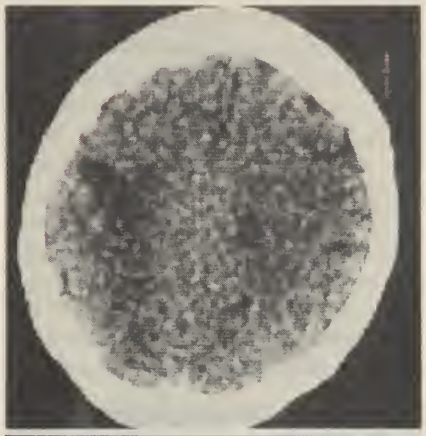

Figure 3b. A repeat scan 19 days later shows almost complete resolution of the infarcted area.

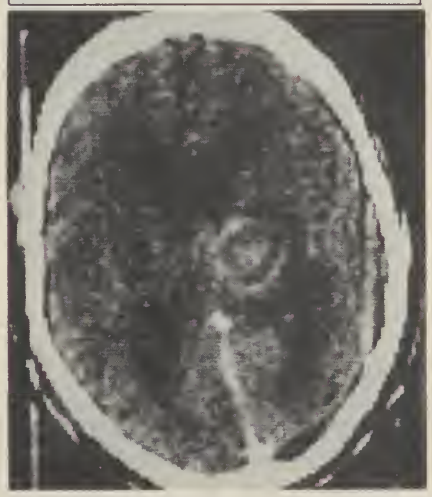

Figure 4. 47 year old male with acute onset of left hemiparesis. Scan done after contrast enhancement demonstrates "ring sign" within infarcted area deep in the right cerebral hemisphere.

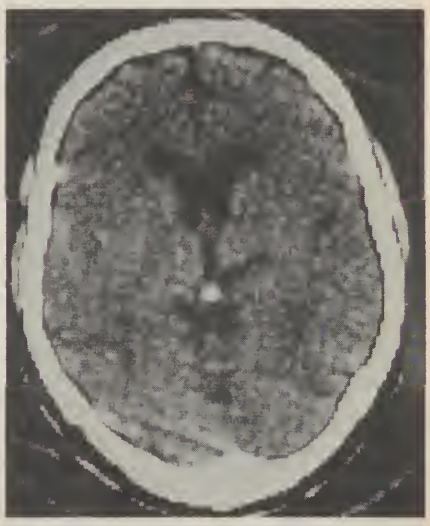

Figure 5: The same patient as in Figure 4. Scan obtained three and a half months later reveals small cyst-like structure in area of previous infarction.

homogeneous, better defined along their margins, and smaller (Figure 5). The characteristics were attributed to less edema, as well as to liquefication necrosis of the infarcted areas.

In comparison with radionuclide studies, the CT scans were positive during the first week to 10 days, while the radionuclide scans usually did not become positive until the second week. CT scans also yielded better definition of the sizes and locations of the infarcts. Abnormalities on the radionuclide scans cleared within 4 to 6 weeks, while areas of infarction that had undergone liquefication necrosis remained positive on the CT scans beyond that time.

Initially we correlated CT changes with angiography until we developed confidence in differentiating the infarcted areas from possible tumors (including metastasis) and frank intracerebral hemorrhages. The CT scans correlated well with the angiographic findings early in the acute infarcts (2 weeks). We did not repeat the angiograms beyond the 4 weeks, so correlation could not be obtained.

Several patients in the series had cerebral infarctions that demonstrated contrast enhancement after intravenous injection of contrast material (Figure 6). Several showed findings similar to the "ring sign" (Figure 4). The amount of enhancement was not as great as that seen in association with vascular neoplastic lesions. Enhancement was most likely the result of focal hyperemia or diffusion of the contrast material into the surrounding tissues.

The older cerebral infarcts (after 4 weeks) appeared as areas of decreased density, more homogeneous than the acute infarctions (Figure 7); the margins were better defined. In all 39 cases no significant "mass-effect" was demonstrated. In 2 scans we noted ipsilateral enlargement of the ventricles due to accompanying cerebral atrophy. The resulting "cystic areas" remained stable after several months (Figure 8) and were readily identified on subsequent scans.

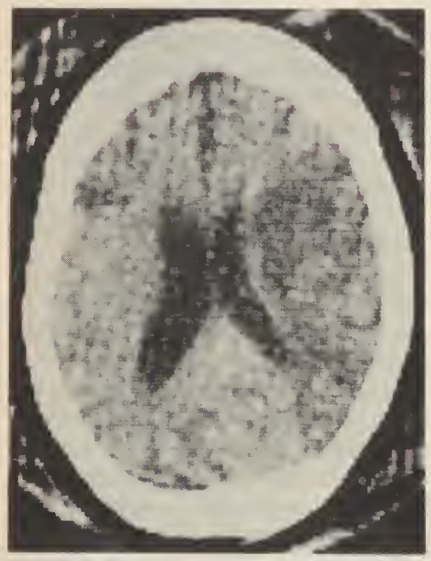

Figure 6a. 68 year old female with left hemiparesis. Scan outlines a large infarction resulting in some compression of right ventricle.

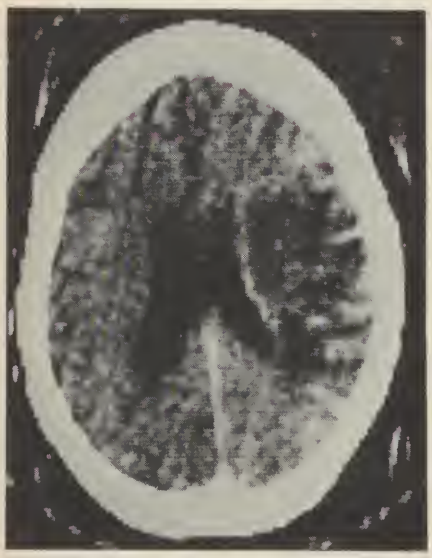

Figure 6b. A followup contrast scan demonstrates enhancement in the infarcted area.

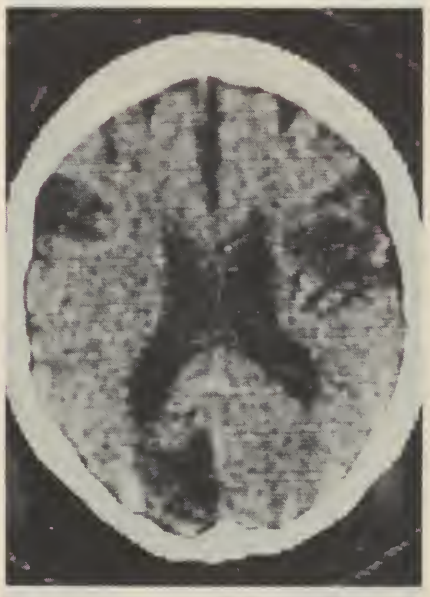

Figure 7. 65 year old female with previous history of multiple infarctions dating back several years. Scan demonstrates multiple, well defined, homogeneous areas of decrease density compatible with old infarcts.

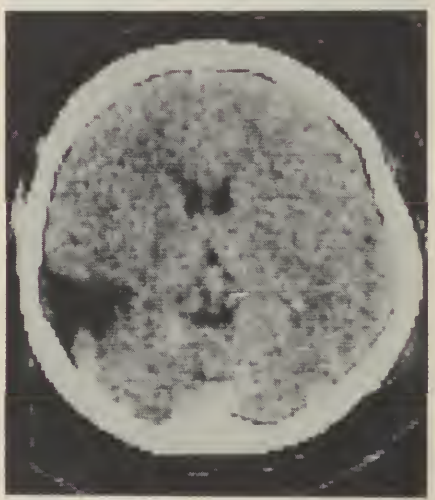

Figure 8. Old infarct in 32 year old female with onset of symptoms 7 weeks earlier. Note well defined area of decreased density in the left posterior parietal area.

Conclusion

Noninvasive CT scanning allows for a detailed evaluation of intracranial tissue changes in patients with cerebral infarctions. The changes can be detected early, and in most instances, when the scan is correlated with clinical evaluation, the correct diagnosis can be made. Our own experience has shown that diagnoses using CT scans require invasive angiography less often. Only occasionally, when a question of neoplasia or a vascular lesion remains, is angiography performed.□

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Immediate surgery versus in-hospital observation

Acute abdominal pain in children

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The author explores the value of immediate surgery as opposed to intensive in-hospital observation, based on his own experience.

When a child presents with acute abdominal pain and the diagnosis cannot be clearly established, the accepted procedure has been to perform early exploratory laparotomy to avoid a ruptured appendix. For that reason, removal of a normal appendix in as high as 15-20 percent of the cases has been proposed as an acceptable and appropriate management.[1]

In an effort to discover whether immediate surgery is always required in doubtful cases to avoid ruptured appendices, the author reviewed the records of all the children under 14 years of age who had been admitted to Polyclinic Medical Center with acute abdominal pain.

Clinical material

All children under 14 years of age who were admitted to the surgical service of Polyclinic Medical Center for either observation or operation from January 1, 1974, to December 31, 1975, are included in this study—a total of 169 patients (Table I).

Of the total, 65 patients were observed for a period of two to five days, three days on the average. They were discharged without undergoing surgery when their conditions improved. These patients developed no subsequent symptoms or signs that would have necessitated surgical intervention.

Of the remaining patients, 85 had symptoms and signs that were compatible with acute appendicitis, which was confirmed at surgery; 15 of these

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TABLE I
Incidence and Treatment of Acute Abdomen in Children
January 1, 1974, to December 31, 1975.

A. "Surgical abdomen" that required laparotomy	
1. Acute appendicitis	
Ruptured	*15 — (9%)*
Non-ruptured	*70 — (41.5%)*
2. Other inflammatory conditions	
a. Mesenteric adenitis	
Suppurative	*3*
Nonsuppurative	*9* — *(7%)*
b. Pinworm	*1 — (9.5%)*
c. Ruptured corpus luteum cyst	*1 — (0.5%)*
d. Twisted dermoid cyst	*1 — (0.5%)*
e. Ileocolic intussusception	*1 — (0.5%)*
f. Acute salpingitis	*1 — (0.5%)*
3. "Negative laparotomy"	*2 — (1%)*
B. "Surgical abdomen" that required observation	*65 — (39%)*
TOTAL:	*169 — (100%)*

patients had ruptured appendices. There was no doubt about the diagnoses in most of these patients except for three who had undergone surgery within 24 hours' observation. In all the patients with ruptured appendices, the ruptures probably occured prior to hospital admission.

Laparotomies performed on 17 patients yielded a variety of findings other than acute appendicitis, including mesenteric adenitis, pinworm in the appendix, ruptured corpus luteum cyst, dermoid cyst, ileocolic intussusception, and salpingitis (Table I).

Two patients were considered to have had "truly negative" laparotomies since the surgeon could not find a definite cause for the abdominal pain. These two patients had been in the hospital for observation for a few days prior to laparotomy. They had had pre-operative workups which included barium enemas and intravenous pyelograms, but these were not conclusive; hence the decision for laparotomy.

Figure 1. Plain roentgen examination of the abdomen showing distended small and large bowel confined to the right side (localized ileus).

Discussion

Accurate early diagnosis is probably the most important single aspect in the care of a patient suspected to have acute appendicitis.[2]. On the other hand, intensive in-hospital observation proved to be of value in preventing unnecessary laparotomies and in improving the accuracy of the diagnosis.

In the presence of a doubtful diagnosis, one should not make a decision for laparotomy until the patient has been transferred to a more comfortable hospital bed and into a "friendlier environment." It behooves a surgeon who is called upon to evaluate a child with abdominal pain not to spend time in trying to gain the confidence and trust of the child so that his findings will become more objective. For the physician who may be less adept in handling children, the problem may be compounded by a lack of familiarity with the techniques of examining patients in this age group. In order to gain the confidence of the child, a short conversation pertaining to his daily activities, likes and dislikes, etc., before asking about the abdominal complaints, can be helpful.

Kindness and gentleness are essential during examination of a child. In the presence of peritoneal irritation, light percussion and "cough" tenderness are generally useful. The latter is elicited by making the patient cough, and if peritoneal irritation is present, it will manifest itself as generalized or localized abdominal discomfort.

In some patients, no amount of persuasion helps to allay the anxiety; therefore, interpretation is difficult. In those patients, mild sedation using a short acting barbiturate without masking signs of peritoneal irritation might be helpful.[4]

Once a decision for observation has

Figure 2. Plain roentgen examination of the abdomen taken in a lateral decubitus posture showing distended loops of small bowel with air fluid levels (bowel obstruction).

Figure 3. Plain roentgenogram of the abdomen showing a calcified fecalith in the area of the appendix.

been made, the patient should be checked periodically by the attending physician or a surgical resident following admission to the hospital. The patients should be kept N.P.O. and are given appropriate intravenous fluids. Those who improve after 24 hours' observation may be started on oral fluids. They may be discharged from the hospital once there has been no recurrence of abdominal pain and they are tolerating oral fluids.

In truly doubtful cases where the physical examination remains equivocal, radiographic examination can be helpful.[5, 6, 7] Plain roentgen examination of the chest and abdomen is obtained first. The presence of localized ileus (Figure 1), the presence of roentgen signs suggestive of small bowel obstruction (Figure 2), and the presence of calcified appendiceal fecalith (Figure 3), strongly suggest the presence of acute appendicitis.

Other supporting signs may include: scoliosis of the lumbar spine to the right, or obliteration of the preperitoneal fat line or obliteration of psoas shadow on the right. If the plain roentgen examinations are inconclusive, one may safely resort to barium enema study. The presence of an extrinsic filling defect of the cecum or terminal ileum suggests the presence of acute appendicitis (Figure IV).

The barium study becomes even more important in the presence of ectopic position of the cecum and the appendix, in which case the patient will present with atypical clinical findings. Approximately 10 to 20 percent of normal appendices will not visualize during a barium enema study so that nonfilling of the appendiceal lumen with barium in the absence of associated medical findings is not diagnostic of acute appendicitis.[6] In the presence of a partially obstructed appendix, partial filling of the appendix might occur during the barium study. In the latter instance, careful clinical correlation is imperative before making any type of decision. The presence of enlarged mesenteric lymph node at the ileocolic mesentery might produce extrinsic pressure on the cecum, not unlike that of acute appendicitis (Figure V). This becomes even more pronounced if suppuration of the lymph node ensues.[8]

The white blood cell count and its differential can also be helpful in followup of patients with acute abdominal pain. Most of the patients who did not develop acute appendicitis during the period of observation did not show any shift to the left in the differential count although leukocytosis might have been present initially. In general, the white blood cell count becomes normal after 24 hours' observation. The patients who have acute appendicitis may or may not have

Figure 4. Contrast study of the colon showing an extrinsic filling defect of the cecum in a patient with acute appendicitis.

leukocytosis, but typically there is a shift to the left in the differential count. One should not make a decision for laparotomy, however, on the basis of white blood cell counts but rather correlate this with the clinical findings.

All the patients in our study who had a diagnosis of acute appendicitis confirmed at laparotomy had abdominal pain which was initially nonspecific, peri-umbilical or generalized, and eventually became localized to the lower quadrants of the abdomen, mainly on the right side.

Localized abdominal tenderness, mainly in the right lower quadrant, has been the most constant and significant finding in patients with acute nonperforated appendicitis. Rectal examination, if performed in a gentle fashion with full cooperation of the patient, can be most objective and helpful. If tenderness is elicited during rectal examination, this suggests the presence of peritoneal irritation.

The patient with a ruptured appendix has more diffuse signs and symptoms and in general there is no doubt in the diagnosis upon admission. In this study, most of the patients with ruptured appendices had symptoms lasting from 24 to 96 hours, with an average of 72 hours. There were no deaths in this group of patients, and the average hospital stay was 8 to 15 days. There were three patients in our study in whom the diagnosis was at first doubtful. These patients were checked periodically; when the signs and symptoms pointed toward localization and persistence of peritoneal irritation, laparotomy was performed within 24 hours of observation. The diagnosis was "acute appendicitis without rupture." In the presence of reasonable doubt during a period of observation, exploratory laparotomy is definitely indicated.

TABLE II
Protocol for Management of Children with Acute Abdominal Pain with a Doubtful Diagnosis

1. *Do not make a "spot" diagnosis in the emergency room.*
2. *Admit the patient to the hospital to allow him to become accustomed to the hospital environment before re-evaluation.*
3. *Mild sedation may be helpful in children who are considered to be hypersensitive.*
4. *Keep the patient N.P.O. and administer intravenous fluid.*
5. *Periodic examination and periodic white blood cell count determinations.*
6. *If the pain and abdominal tenderness improve on the first re-evaluation, the physician may wait twelve or more hours for the next evaluation.*
7. *If the pain becomes worse, but there is no localization, and the diagnosis is still doubtful, radiographic aid should be sought. A chest x-ray and obstructive series should be obtained. In extremely difficult cases, a barium enema study can be safely done.*
8. *One may consider paracentesis in some cases to rule out primary peritonitis or pancreatitis in the presence of free peritoneal fluid.*
9. *If the pain and tenderness worsen and peritoneal signs persist in the presence of reasonable doubt,* laparotomy *is indicated.*

Figure 5. Contrast study of the colon showing non-filling of the appendix and the presence of extrinsic filling defect of the appendix in a patient with suppurative mesenteric adenitis.

Conclusion

Diagnosis of acute appendicitis in doubtful cases improves with in-hospital observation. Our two year retrospective study shows that intensive in-hospital observation has prevented unnecessary laparotomies. Using the above approach, "negative" laparotomy in 5 to 10 percent or less of the cases probably would be considered ideal. In the presence of reasonable doubt during observation, however, exploratory laparotomy is still the safest course to take. □

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MDs in the news

William P. Gibbons, M.D., was elected president of the Robert H. Ivy Society during the organization's recent annual meeting. Dr. Gibbons practices plastic surgery in Altoona.

Laurel S. Lipshutz, M.D., was named recently as director of the inpatient unit of Pennsylvania Hospital's Hall-Mercer Community Mental Health and Mental Retardation Center. Dr. Lipshutz is assistant clinical professor in psychiatry at the University of Pennsylvania School of Medicine.

John F. Delaney, Jr., M.D., was appointed recently as assistant dean for Veterans Administration Affairs at the University Health Center of Pittsburgh. Dr. Delaney is assistant professor of neurology and psychiatry and chief of staff at the Veterans Administration Hospital, Pittsburgh.

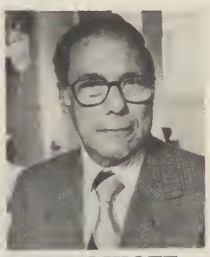
John A. Kastor, M.D., was appointed recently as chief of the cardiovascular section of the Hospital of the University of Pennsylvania. A professor of medicine at the University of Pennsylvania School of Medicine, Dr. Kastor is a former associate chief of the cardiovascular section and former director of the medical intensive care unit at the hospital.

Norman Kendall, M.D., was recently elected to the Legion of Honor of the Chapel of Four Chaplains. Dr. Kendall is professor of pediatrics at Temple University School of Medicine and director of newborn services at Temple University Hospital.

Howard H. Weaner, M.D., was recently chosen president elect of the Pennsylvania Academy of Family Physicians. Dr. Weaner practices family medicine in Montgomery.

ROBERT LAMBERT, M.D., left, who has accepted the position of medical director of the Pennsylvania Hospital Insurance Company (PHICO), was cited recently by the staff of the Hospital of the Medical College of Pennsylvania for 18 years as medical director. Lester Karafin, M.D., professor of urology, head of the section, and staff president, presented the citation to Dr. Lambert at the medical and dental staff's annual dinner meeting. PHICO, organized by the Hospital Association of Pennsylvania, writes professional liability insurance only for the association.

William Likoff, M.D., was named recently as acting president of Hahnemann Medical College and Hospital. Dr. Likoff is professor of medicine and director of the William Likoff Cardiovascular Institute. He has spent his entire medical career since World War II at Hahnemann, where he has launched many research programs and was instrumental in organizing the cardiovascular institute which was named for him in 1975. He is a distinguished fellow of the American College of Cardiology and a fellow of the American College of Physicians and American College of Chest Physicians. Dr. Likoff currently serves on the executive committee of the American College of Cardiology and as chairman of the college's National Committee on Continuing Education Programs.



DR. LIKOFF

DR. MAUSNER

Judith S. Mausner, M.D., Melrose Park, was promoted recently to professor of epidemiology in the department of immunity and preventive medicine at the Medical College of Pennsylvania. Formerly associate professor of epidemiology at the medical college, Dr. Mausner is a lecturer in the department of Community Medicine at Hahnemann Medical College and an adjunct associate professor in the department of research medicine at the University of Pennsylvania School of Medicine.

Frederick R. DeRubertis, M.D., has been promoted to associate professor of medicine at the University Health Center of Pittsburgh. Dr. DeRubertis, a member of the faculty of the University of Pittsburgh School of Medicine, is chief of endocrinology at the Veterans Administration Hospital in Pittsburgh.

MDs in the news

Frank I. Marlowe, M.D., Wynnewood, was recently elected to a two year term as president of the Philadelphia Society of Facial Plastic Surgeons. Dr. Marlowe is associate professor of otolaryngology and a member of the department of surgery of the Medical College of Pennsylvania.

DR. MARLOWE

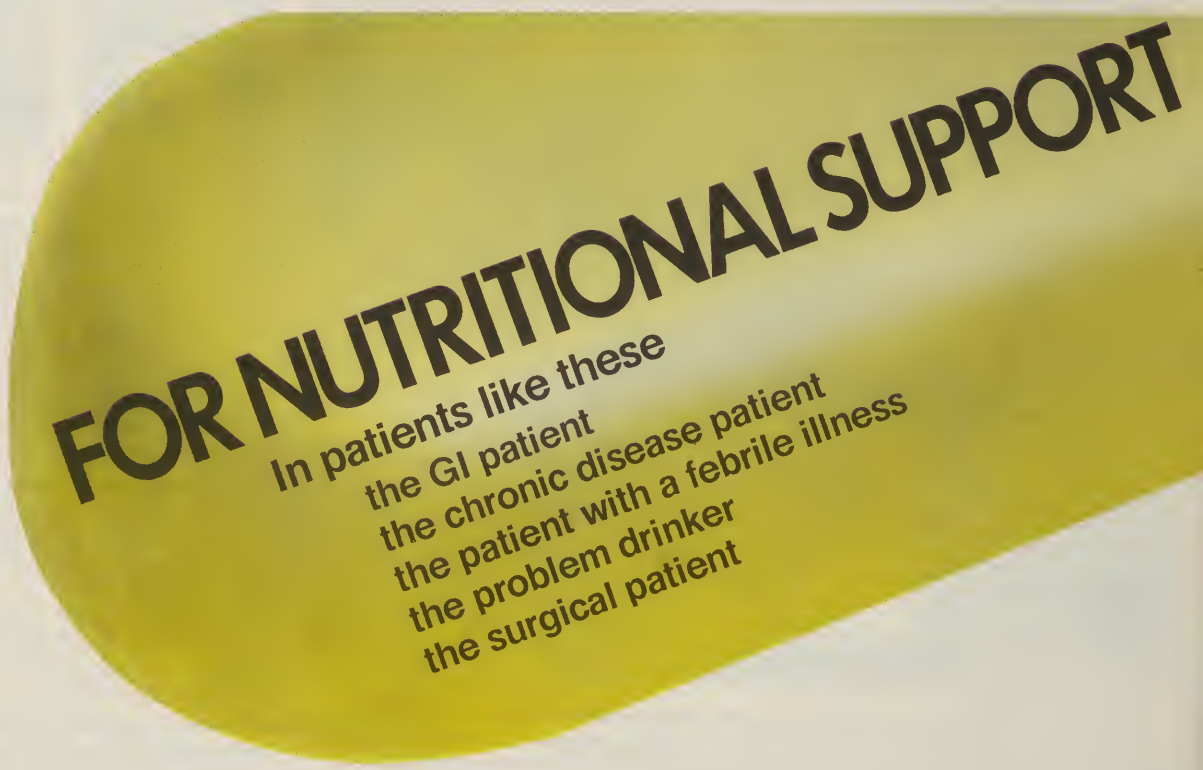
DR. GINSBERG

David K. Ginsberg, M.D., was appointed recently as chairman of the department of medicine at Methodist Hospital, Philadelphia. A member of the hospital's medical staff since 1960, Dr. Ginsberg is former associate director of medical service and chief of the department of gastroenterology.

David C. Bush, M.D., was appointed recently as an associate in the department of orthopaedic surgery at the Geisinger Medical Center, Danville. Prior to his appointment at Geisinger, Dr. Bush was an orthopedic and hand surgeon at the Second General Hospital, U.S. Army, Landstuhl, Germany. He is the son of the late **Leonard F. Bush, M.D.,** who had organized and directed Geisinger's department of orthopedic surgery and later became executive director, retiring in 1974.

The Washington County Medical Society recently honored **J. W. G. Hannon, M.D.,** Washington, and **Frank D. Hazlett, M.D.,** formerly of Washington, for fifty years in the practice of medicine. Dr. Hannon practices preventive medicine and is medical director of the Jessop Steel Company and subsidiaries. Dr. Hazlett, retired from active practice, is a past president of the Washington County Medical Society.

Seniors at Jefferson Medical College, Thomas Jefferson University, have the opportunity to get first hand experience in primary care in a rural area. The college's department of family medicine has offered the federally funded rural preceptorship program since 1972 to help alleviate the nation's shortage of doctors in rural communities. According to Howard Rabinowitz, M.D., program coordinator, "The overall goal . . . has been to give the student real life experience working with skillful primary care practitioners in a rural area" in order to reinforce the student's commitment to rural primary care. The fact that more than half of Jefferson's 212 graduates this year have entered primary care residencies indicates that the university's efforts have been worthwhile.



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Torrance State Hospital's new building was dedicated recently to Saul Greizman, M.D., clinical director, during a ceremony attended by about 700 citizens, government officials, and educational leaders from western Pennsylvania. Anna Belle Calloway, deputy secretary of welfare for the western region, reviewed Dr. Greizman's 39 year career at Torrance, which he began as a staff physician in 1937, later serving as clinical director 1946 to 1969 and acting superintendent 1969 to 1975. Ms. Calloway, speaking for Governor Milton J. Shapp and Welfare Secretary Frank S. Beal, explained the naming of the Greizman Building: "Dr. Greizman, as a reminder of your complete dedication of yourself to humanity, the mentally disabled of the many counties surrounding Westmoreland, we honor you. . . ."

Three physicians at Sacred Heart Hospital, Norristown, recently assumed positions as department chiefs. They are: **Joseph Bender, M.D.,** chief of medicine; **James O'Brien, M.D.,** chief of cardiology; and **Lee L. Konecke, M.D.,** chief of diagnostic cardiology.

HENRY L. BOCKUS, M.D., center, was the recipient of the 1977 Roth Associates Award at a recent benefit dinner for the Institute of Gastroenterology of the Presbyterian-University of Pennsylvania Medical Center. Dr. Bockus has practiced medicine for over 55 years and is one the nation's top gastroenterologists. Among his contributions are: the editing of a four-volume text which is a standard reference work on gastroenterology; and helping to found the American Board of Internal Medicine and its subspecialty board of gastroenterology. Since 1931 Dr. Bockus has been associated with the University of Pennsylvania's Graduate School of Medicine, serving as chairman of the department of medicine from 1949 to 1960. With Dr. Bockus at the presentation were James L. A. Roth, M.D., right, director of the Institute of Gastroenterology, and Vincent Kling, honorary chairman of the event.

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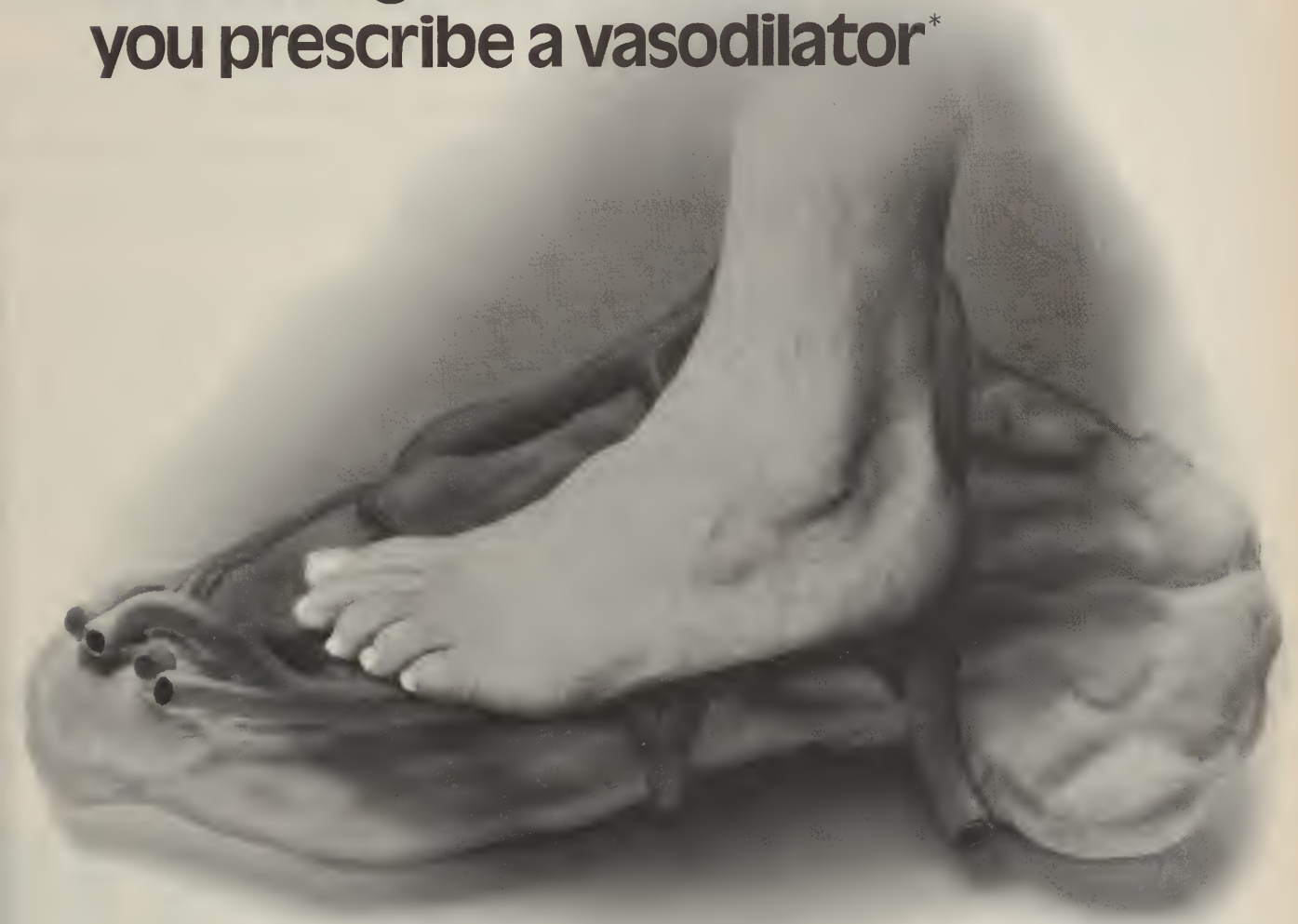

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The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

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Thursday, October 27

Morning

"Stress, Adaptation and Growth in the Adult Years: An Exploration of Normative Development" - Rachel D. Cox, Ph.D.

"Evolution of Adult Consciousness" - Roger Gould, M.D.

Discussant: Carola Mann, Ph.D. - "Mid-Life Issues: Psychodynamics of Mid-Life Changes"

Afternoon

"Normative and Eruptive Crises of the Adult Life Span: Coping and Helpseeking Responses" - Morton A. Lieberman, Ph.D.

Panel Discussion: Morton A. Lieberman, Ph.D. - Moderator (Rachel D. Cox, Ph.D., Roger Gould, M.D.)

Evening

Dinner Address - "The Crucial Transition: Adolescent to Adult" - Theodore Lidz, M.D.

Friday, October 28

Morning

"Depression and Adult Life Development" - Silvano Arieti, M.D.

"Psychosis and Adult Life Development" - Malcolm Bowers, M.D.

"Adult Developmental Stages and Marital Interaction" - Ellen Berman, M.D.

Discussant: Theodore Lidz, M.D.

Afternoon

"Adult Psychosexual Development and Problems" - Harold I. Lief, M.D.

Panel Discussion: Richard E. Hicks, M.D., Moderator (Silvano Arieti, M.D., Ellen Berman, M.D., Theodore Lidz, M.D.)

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***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

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John V. Blady, M.D.
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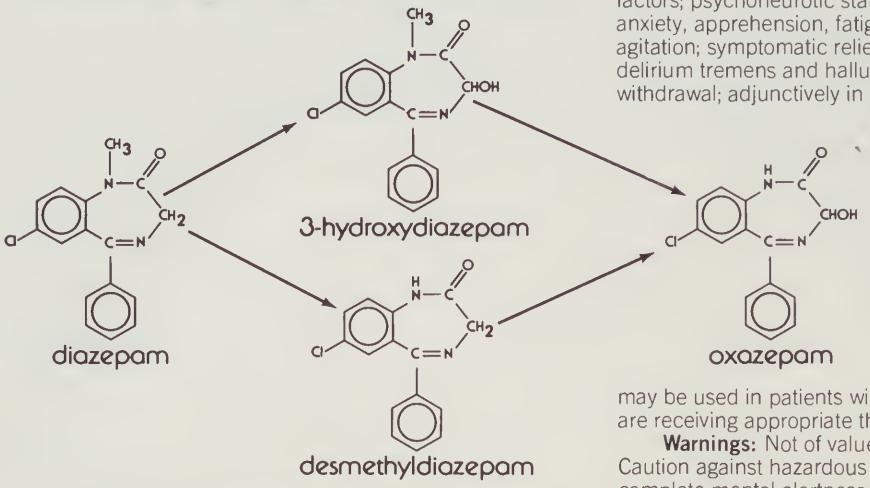
Pennsylvania Medical Society

A pharmacokinetic character all its own



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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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SOCIETY'S COMPANY TO REPLACE ARGONAUT The Pennsylvania Medical Society Liability Insurance Company (PMSLIC) is scheduled to replace Argonaut Insurance Co. in the existing master contract and will begin writing policies for physicians now insured by Argonaut January 1, 1978. Clearance for the activation of PMSLIC came at a meeting of the Society's Board of Trustees September 13 when an agreement was made with Argonaut to settle all outstanding litigation. Financing for PMSLIC will come from a one-time mandatory assessment of all Society members and a one-time selective assessment, graduated according to risk classification, on all policyholders. Bills were mailed the first week in October. Active members will pay $250; senior active members, $125; and residents, $25. In addition, policyholders will pay from $385 for Class I insureds to $2,625 for Class V insureds. The $8 million produced by the assessments must be invested in PMSLIC by December 1, 1977 for the settlement agreement to become effective, so all members have been urged to pay the assessment immediately. Details were explained in a September 28 letter to all members from Society President William J. Kelly, M.D.

SPECIALTY SOCIETIES IN FIELD CONTACT SERVICE The Board of Trustees has expanded the Society's field contact service, originally established to provide liaison for component county societies, to include specialty societies within the state. Field contact staff personnel have been assigned as follows:

Specialty Society	Staff Person Assigned
Pennsylvania Section, American College of OB/GYN	L. Riegel Haas
Pennsylvania Orthopedic Society	Charles Appleby
Pennsylvania Association of Clinical Pathologists	Patti Adami
Pennsylvania Chapter of the American Academy of Pediatrics	Barbara Starr
Pennsylvania Academy of Ophthalmology and Otolaryngology	Donna Wenger
Pennsylvania Academy of Surgery	Donna Wenger
Pennsylvania Society of Internal Medicine	James Paxton
Pennsylvania Allergy Association	Brad Langdon
Pennsylvania Society of Colon and Rectal Surgery	Patti Adami
Pennsylvania Academy of Dermatology	Dale Yates
Pennsylvania Academy of Family Physicians	James Paxton
Pennsylvania Academy of Physical Medicine and Rehabilitation	Dale Yates
Pennsylvania Radiological Society	Brad Langdon
Pennsylvania Association for Thoracic Surgery	Donald McCoy

STATE SOCIETY TO HAVE LAWYER IN RESIDENCE The Board of Trustees has authorized Executive Vice President John F. Rineman to take steps to employ a lawyer as a full time member of the staff.

DELEGATES TO CONSIDER SOCIETY STRUCTURE Up for consideration by the House of Delegates at the Annual Meeting October 25-27 will be recommendations from the Board of Trustees that three committees be abolished. They are the Committees on Discipline; Medicine, Religion, and Bioethics; and Relations between Medicine and Osteopathy. The Board is recommending a re-evaluation of the Society's disciplinary procedures. A new commission of the Council on Education and Science is being recommended to fill the function of the Committee on Medicine, Religion, and Bioethics.

DELEGATES TO MAKE MAJOR DECISIONS Society finances and a dues increase (see page 6), launching of PMSLIC, Society structure, legislative priorities, the relationship between PMS and Blue Shield, and mandatory AMA membership are issues for discussion and decision when the Society's House of Delegates meets in Lancaster October 25-27. Reference committee hearings will be held the afternoon of October 25. All members of the Society are welcome to attend and speak at the hearings. The following resolutions were introduced early enough for printing in the Official Reports Book.

77-1 Establishment of a legal division within the Pennsylvania Medical Society (Berks County)

77-2 Reinstatement of Associate Member as a full member (Lehigh County)

77-3 Standards of informed consent established by the specialty societies (Mercer County)

77-4 Establishment by Blue Shield of updated and equitable physician payment schedules (Philadelphia County)

77-5 AMA assistance to PSROs in locating suitable corporate liability insurance (Westmoreland County)

77-6 Consultation by Blue Shield with specialty societies' advisory committees before declaring procedures obsolete

77-7 Consultation by Blue Shield with specialty societies to obtain a list of individuals from which to choose Blue Shield medical advisors

77-8 Urging Blue Shield and other carriers to find a new mechanism for concurrent and ongoing fee updates

MERGING OF STATE BOARDS 'A POSSIBILITY' The possibility of a merger of the State Board of Medical Education and Licensure and the State Board of Osteopathic Examiners was discussed at the September 9-10 meeting of the medical board in Erie. The two boards have scheduled future meeting dates to coincide, "allowing for continuing dialogue," said Richard C. Lyons, M.D., medical board chairman.

DOLLARS INJECTED TO MEASLES IMMUNIZATION PLANS Federal monies have been made available for measles immunization programs nationwide as statistics show the incidence of measles is up 60 percent this year over 1976. Pennsylvania expects at least $600,000 to continue the immunization program begun last spring in school districts throughout the Commonwealth. Secretary of Health Leonard Bachman, M.D., said the number of cases in 1977 is 600 more than last year at the same time. The Department of Health is targeting those school districts which have not participated in the special program. Measles immunization is recommended for: (1) all persons immunized before 12 months of age; (2) healthy children beyond the age of 15 months who have not had measles or measles vaccine; (3) persons who have not had measles but were immunized prior to 1965; and (4) persons who have not had measles but were immunized with a killed rather than live vaccine.

Pennsylvania Medicine

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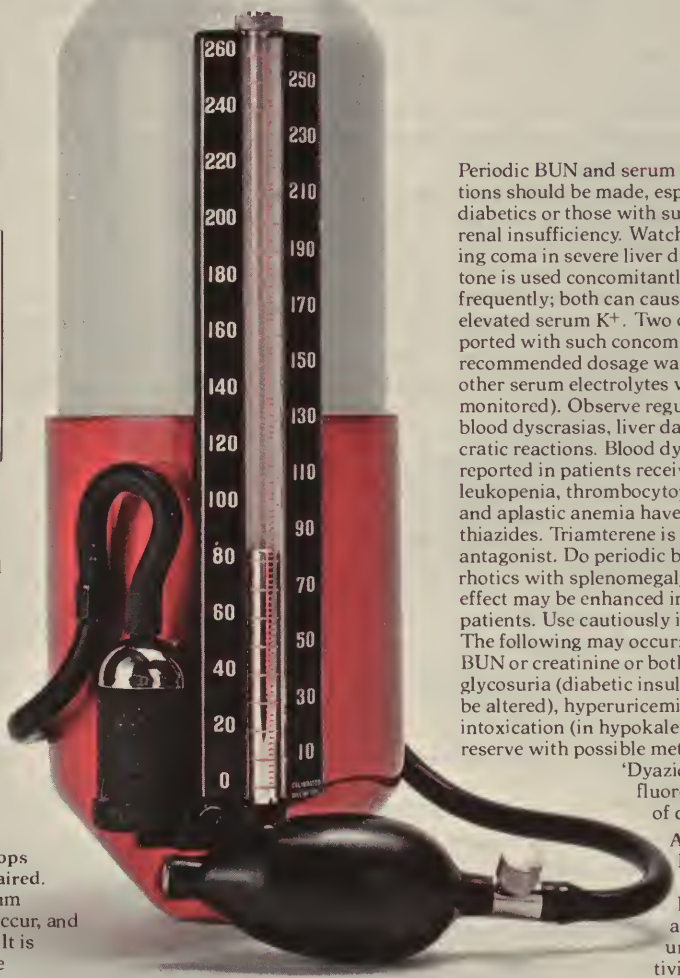

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* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.* SERUM K^+ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

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John V. Blady, M.D., to take oath as Society president

John V. Blady, M.D., Philadelphia surgeon, becomes the 128th president of the Pennsylvania Medical Society at ceremonies on Wednesday, October 26, at the Host Farm Resort Motel.

Dr. Blady brings to the office experience at all levels of organized medicine and a career of achievement as a teacher of physicians and a leader in efforts to combat cancer. He was elected vice president of the State Society in 1975 and proceeded to the presidency elect in 1976. He has been a member of the Society's House of Delegates since 1944 and served on various councils and commissions prior to being elected to move into the Society's highest office.

Dr. Blady was president of the Philadelphia County Medical Society in 1967, after having served the organization in a number of capacities, including membership on the Board of Directors. Among the many duties he fulfilled at the county level were as chairman of the Cancer Control Committee (1947-1958), the New Building Committee (1963-66), and the Investment Advisory Committee (1969-present).

The incoming Society president is a member of a number of medical specialty organizations, including the American College of Surgeons, Society of Head and Neck Surgeons, the College of Physicians of Philadelphia, and the Society of Surgical Oncology. He served as president of the Society of Surgical Oncology in 1947-48 and of the American Radium Society in 1971-72.

Born in Milwaukee, Wisconsin, John Blady completed his undergraduate studies at the University of Wisconsin and received his medical degree from Duke University in 1932. After a year's surgical internship at Duke University Hospital, he first came to Temple University Hospital to take a residency in radiology in July 1933. In January 1936 he was named a Rockefeller fellow at Memorial Hospital, New York. The fellowship provided for three and a half years of intensive study at the institution specializing in the treatment of cancer.

DR. BLADY confers with John B. Lovette, M.D., of Johnstown, who becomes president elect at the time of Dr. Blady's installation.

Thus began Dr. Blady's lifelong commitment to the battle to control cancer. After completing his fellowship, which included rotation through all departments of the famed cancer hospital, he returned to Temple University Hospital in July 1939 as director of the Tumor Clinic and associate professor of surgery. His first assignment in addition to those indicated by his title was to organize a radiation therapy department as a separate entity within the department of radiology. His efforts in developing the new department, as director of the Tumor Clinic, and in surgery led to the emergence of Temple as one of the first comprehensive cancer treatment centers in the nation.

In the ensuing years Dr. Blady became a leader in educating the public about cancer and helped to establish the Philadelphia and Pennsylvania Divisions of the American Cancer Society. He is the author of more than 40 publications, most of which concern cancer. He was active in the work of the Wainwright Tumor Clinic, of which he was president in 1958, and was directly involved in establishing Pennsylvania's Cancer Coordinating Committee. In 1950 Dr. Blady was named clinical professor of surgery, specializing in the diagnosis and treatment of tumors of the head and neck.

In 1950 also Dr. Blady was awarded the Gold Medal Division Award of the American Cancer Society in recognition of his contributions to the control of cancer.

He is emeritus clinical professor of surgery and emeritus director of the Tumor Clinic at Temple. Since his retirement from the staff there he has engaged in the private practice of surgery and is attending surgeon, specializing in the head and neck, at Paoli Memorial Hospital.

Dr. Blady approaches the Society presidency with deep concerns about the Society's finances, the malpractice insurance crisis, and government encroachment into the practice of medicine. His intention is to rely on his years of experience in various problem solving roles in providing the leadership the State Society currently needs.

Dr. and Mrs. Blady have a son, two daughters, and eight grandchildren. They reside in Wynnewood where, when he has time, Dr. Blady enjoys three of his hobbies—gardening, golf, and coin collecting.

Society's dues on House of Delegates agenda

Thirty-six months ago in Pittsburgh the House of Delegates called for more vigorous, aggressive Society action in legislation, legal matters, and communications. At the same time, the House increased dues from $100 to $150 to finance these initiatives.

This fall, the effects of these legal and governmental battles are reflected in Society finances as expenses are exceeding income. Preliminary figures indicate that the Society's 1977 total expenses will reach $2,023,000. With maximum income at $1,767,000, the deficit comes to approximately $256,000. Major factors in the 1977 deficit have been legal and actuarial costs. Legal costs alone shot up more than 500 percent in the last two years. Total legal costs in 1976 came to more than $240,000. That compares with legal expense of $44,186 in the pre-malpractice crisis year of 1974. So far in 1977 the Society has spent more than $182,000 in legal costs and another $84,000 in actuarial fees. Before the year is out, total legal and actuarial fees may reach $312,000.

Although the Society filed its first lawsuit as recently as 1975, others followed rapidly. By 1977 the Society was underwriting more than a dozen suits, part of the stepped up program to protect members' interests.

Although the 1978 budget will not be set until the Board meets October 24, preliminary figures reviewed by the Finance Committee continue the trend of increased costs. Total expenses for 1978 are projected at $2,103,000. The anticipated deficit for 1978 is $295,000, but that figure does not include any extraordinary legal or actuarial fees.

Legal counsel anticipates an additional $157,000 in costs to support litigation already in progress. If a settlement agreement with Argonaut fails, and the Society's captive insurance company is not launched, attorneys estimate an additional $231,000 in legal fees in 1978. If the Society is forced to confront Argonaut for another year of rate increase hearings, actuarial fees could reach $100,000. The least favorable conditions in 1978 could produce a $700,000 deficit.

Current Society dues were set three years ago. At that time, the Finance Committee recommended a $25 increase. Delegates, anxious to step up Society activity, took the dues from $100 up to $150. Virtually all of the Society's income (93 percent) comes from members' dues.

Faced with a 1978 deficit as high as $700,000, a dues increase seems inevitable. The question before the House of Delegates on October 27 will be, "How much?" The Finance Committee and the Board of Trustees will review the budget again before the Annual Session to decide what recommendation for 1978 dues will be placed before the House of Delegates.

The 1977-78 Membership Roster Edition of PENNSYLVANIA MEDICINE is now available. The roster contains component county medical society officers, component county society members with addresses and specialty codes, and an alphabetical listing of all members of the State Society and their county affiliations. Members may receive a complimentary copy by contacting the Membership Department, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043. Additional copies are available for $30 each.

1977 Summary of Major Legal Activities

Argonaut v. PMS $90,000
($25 million suit against PMS by Argonaut)

Argonaut Rate Increase $62,500
(PMS intervened in Insurance Department hearing on Argonaut proposed 70 percent rate increase)

JUA Rate Increase $ 4,000
(PMS intervened in Insurance Department hearing on 75.2 percent rate increase request of Joint Underwriting Association)

ISO Rate Increase $ 500
(PMS intervened in Insurance Department hearing on 20.1 percent rate increase request of Insurance Services Office)

State Board Decision Appeal $ 8,000
(Constitutional test of Act 111 mandatory insurance requirement)

Act 111 Arbitration $10,000
(PMS amicus curiae in test of constitutionality of mandatory arbitration)

Countersuits $25,000
(PMS support to physicians who are countersuing attorneys for abuse of legal system)

Chiropractor Antitrust Suit $50,000
(Pennsylvania Chiropractic Society has sued PMS for violation of antitrust laws)

Clinical Lab Suit $ 1,800
(Constitutional test of Health Department rules for physicians' office labs)

HSA Suit $10,000
PMS support of Philadelphia, Bucks, Montgomery, Delaware, and Chester County Medical Societies over HSA boundaries)

Academy of O & O $ 2,000
(PMS support to Academy of Ophthalmology and Otolaryngology on prepaid eye care)

Quackery Committee Suits $10,000
(Suits on fluoridation and chiropractic advertising supported by Quackery Defense Fund)

Professional Corporation Tax $ 500
(Suit against Department of Revenue over unfair taxation of physician professional corporations)

Society president elect selects committee

The State Society Board of Trustees on August 24 approved members and alternate members of the Interspecialty Committee, as selected by John V. Blady, M.D., president elect of the Society. The following committee members will serve during Dr. Blady's term as president.

Allergy—Martin A. Murcek, M.D., member (Westmoreland); Gilbert A. Friday, M.D., alternate (Allegheny).

Anesthesiology—David J. Torpey, Jr., M.D., member (Allegheny); Anthony Barone, M.D., alternate (Lehigh).

Clinical Pathology—Rosario Maniglia, M.D., member (Dauphin); James M. Smith, M.D., alternate (Cumberland).

Colon and Rectal Surgery—Howard D. Trimpi, M.D., member (Lehigh); Indru T. Khubchandani, M.D., alternate (Lehigh).

Dermatology—Joseph H. Gerdes, Jr., M.D., member (Dauphin); Monte H. Courter, M.D., alternate (Lancaster).

Family Physicians—John J. Hanlon, M.D., member (Cumberland); Leroy A. Rodgers, M.D., alternate (Cambria).

Internal Medicine—Robert S. Pressman, M.D., member (Philadelphia); Alexander M. Minno, M.D., alternate (Allegheny).

Neurosurgery—Henry L. Hood, M.D., member (Montour); James P. Argires, M.D., alternate (Lancaster).

Nuclear Medicine—Gilbert H. Isaacs, M.D., member (Allegheny); David R. Brill, M.D., alternate (Montour).

Obstetrics/Gynecology—Leopold O. Loewenberg, M.D., member (Philadelphia); James S. Bates, M.D., alternate (Montour).

Ophthalmology and Otolaryngology—Paul A. Cox, M.D., member (Cumberland); Turgut N. Hamdi, M.D., alternate (Philadelphia).

Orthopedics—Willard H. Love, M.D., member (Dauphin); Thomas K. Howard, M.D., alternate (York).

Pediatrics—James E. Jones, M.D., member (Dauphin); Ray G. Sarver, M.D., alternate (Westmoreland).

Physical Medicine and Rehabilitation—John S. Tennant, M.D., member (Dauphin); Robert Steinman, M.D., alternate (Lancaster).

Plastic Surgery—Thomas J. Nauss, M.D., member (Luzerne); Herbert A. Ecker, M.D., alternate (Lycoming).

Psychiatry—Rex A. Pittenger, M.D., member (Allegheny); Edward C. Leonard, M.D., alternate (Philadelphia).

Radiology—Howard E. Fink, Jr., M.D., member (Dauphin); Richard J. Pawelski, M.D., alternate (Dauphin).

Thoracic Surgery—Joseph C. Donnelly, Jr., M.D., member (Philadelphia).

Urology—Richard J. Currie, M.D., member (Philadelphia); Robert H. Clymer, M.D., alternate (Berks).

The Board has also confirmed the appointment of David S. Cristol, M.D. (Philadelphia) as a member of the Council on Professional Relations and Services.

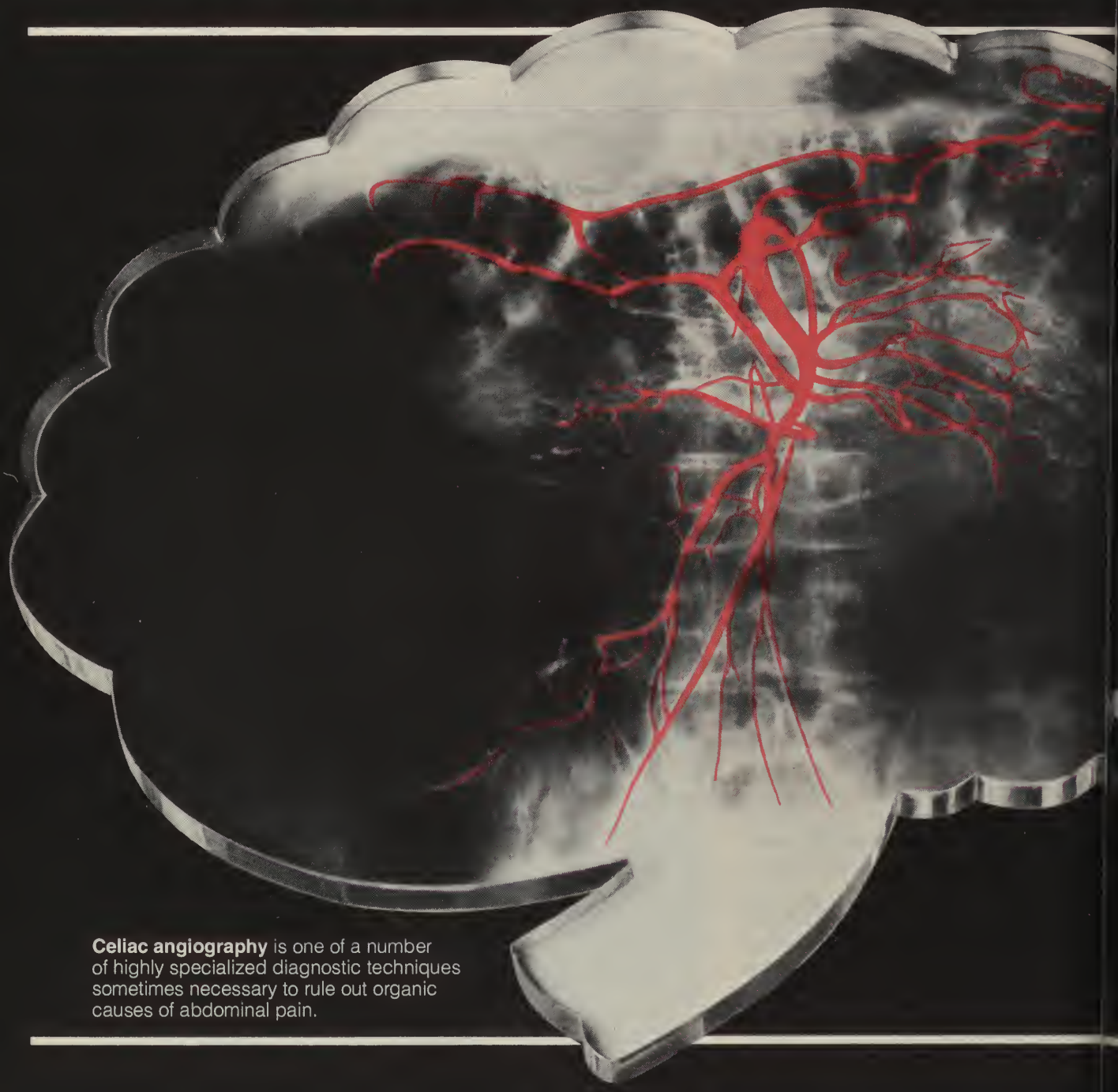
Radiologists choose officers

New officers of the Pennsylvania Radiological Society were recently installed for the 1977-78 term. John H. Harris, Jr., M.D., of Carlisle, is the organization's new president, succeeding Ross H. Smith, Jr., M.D., Pittsburgh.

Other officers are: Bernard J. Ostrum, M.D., Philadelphia, president elect; Donald G. Ferguson, M.D., Pittsburgh, first vice president; Robert W. Allen, M.D., Sharon, second vice president; Joseph A. Marasco, Jr., M.D., Pittsburgh, secretary; and Gene J. Triano, M.D., Harrisburg, treasurer.

ARRIVING for the August 24 meeting of the Society's Board of Trustees are President Elect John V. Blady, M.D., and President William J. Kelly, M.D. Dr. Blady will be installed as the Society's 128th president on October 26. Names of his appointees, who received Board approval August 24, to the Interspecialty Committee appear above.

THE LOWER G.I. TRACT: ORGANICALLY SOUND



Celiac angiography is one of a number of highly specialized diagnostic techniques sometimes necessary to rule out organic causes of abdominal pain.

...BUT OVERSENSITIVE TO EMOTIONAL STRESS

IN IRRITABLE BOWEL SYNDROME* LIBRAX PROVIDES DISTINCTIVE ADVANTAGES

- the specific antianxiety action of Librium® (chlordiazepoxide HCl)
- the potent antispasmodic action of Quarzan® (clidinium Br)

Adjunctive/Dual-Action

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

A clear treatment advantage for patients with irritable bowel syndrome

ROCHE

*This drug has been evaluated as possibly effective for this indication.
Please see following page for brief summary of prescribing information.

A CLEAR TREATMENT ADVANTAGE FOR PATIENTS WITH IRRITABLE BOWEL SYNDROME*

Adjunctive/Dual-Action LIBRAX®

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ONLY LIBRAX PROVIDES THE SPECIFIC ANTIANXIETY ACTION OF LIBRIUM® (chlordiazepoxide HCl) PLUS THE POTENT ANTISPASMODIC ACTION OF QUARZAN® (clidinium Br)

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

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Statewide hypertension effort has PMS endorsement

A massive hunt is on to find Pennsylvanians who have hypertension but are unaware of it. The State Society's Board of Trustees endorsed the effort at its August 24 meeting.

Secretary of Health Leonard Bachman and Lawrence N. Adler, M.D., president of the American Heart Association, Pennsylvania Affiliate, announced in September that their agencies had received a federal grant to launch a cooperative program aimed at screening 200,000 Pennsylvanians for hypertension between October 1 of 1977 and 1978.

Blood pressure screenings have been conducted separately by the state health department and the heart association. By pooling resources and dividing tasks, the agencies expect to make possible even more screenings at less cost.

The project, "The Pennsylvania High Blood Pressure Control Program," has been endorsed by the Pennsylvania Medical Society, Pennsylvania Academy of Family Physicians, Pennsylvania Osteopathic Medical Association, and the Pennsylvania Pharmaceutical Association. Representatives of these agencies and others have been included in an inter-agency council, formed to develop total community involvement for this statewide program.

The project has five major objectives: detection, followup, treatment, training, and education.

The number of available screening sites and the frequency of screenings will be increased in order that 200,000 Pennsylvanians can be evaluated within one year. If usual indicators hold, it is expected as many as one fourth of those screened will be found to have elevated blood pressure.

Persons with elevated blood pressure will be notified and referred to their family physicians or community health centers for diagnosis and treatment. There also will be followup of patients within six months.

Through the project, screening technicians will be instructed in the latest procedures for measuring blood pressure. A non-profit agency, Vital Signs Institute of Philadelphia, will conduct this training phase.

Professional education and activities aimed at public awareness also will be part of the project. The first educational programs, a series of five nurses' seminars on hypertension, are being held throughout Pennsylvania during October.

Emergency physicians seek Society support

Representatives of the Pennsylvania Chapter of the American College of Emergency Physicians, an organization representing over 600 physicians, appeared before the Pennsylvania Medical Society's Council on Medical Service September 7. They requested Society support in their attempt to remain private independent physicians.

Recent tightening in DPW medicaid policy denies payment to the emergency physician for professional services when a physician enters into an agreement with a hospital to provide coverage of the emergency room. The welfare department contends that these physicians are hospital based and employees and, therefore, are not entitled to bill on a fee for service basis, even though in many cases there is no other means of remuneration under such agreements. As a result of the meeting, further negotiations with the deputy secretary for family assistance are scheduled.

EMERGENCY room physicians were represented at the September 7 meeting of the Council on Medical Service. Left to right above are: William W. Resinger, M.D., president of the Pennsylvania Chapter, American College of Emergency Physicians; David K. Wagner, M.D., director of the Section of Emergency Medical Service, Medical College of Pennsylvania; and Roland T. Keddie, M.D., J.D., chairman of the chapter's ad hoc committee on problems related to the Department of Public Welfare Medical Assistance Program.

Saint Joseph Hospital to train residents

The Liaison Committee on Graduate Medical Education of the American Medical Association has approved Saint Joseph Hospital, Reading, for conducting a residency training program in family practice.

Scheduled to begin training the first group of residents in January 1978, the three year program will be under the direction of Patrick A. Mazza, M.D., director of the hospital's department of family practice. Robert L. O'Connell, M.D., will serve as associate director of the program which will eventually have a faculty of 12 physicians.

AAFP program confronts professional liability crisis

An informational program designed to help family doctors acquaint their patients and themselves with the dangers of escalating professional liability insurance rates is being undertaken by the American Academy of Family Physicians.

The program, called the Professional Liability Information Program (PLIP), is aimed at informing physician-members about what can be done to help alleviate the malpractice problem by enhancing the physician-patient relationship; informing patients, through their family physicians, about the effect of the malpractice situation on medical costs and services; and creating a climate among practicing members and family practice residents that will encourage participation in the gathering of performance data essential to the attainment of better insurance premium rates and other elements of an acceptable solution to the professional liability problem.

The key to the PLIP is a publication entitled *Eleven Ways to Minimize the Risk of Professional Liability Suits,* written by Holger Rasmussen, M.D., head of the AAFP Task Force on Professional Liability. Because many malpractice suits are initiated by patients who are improperly informed about procedures and risks involved, *Eleven Ways* focuses on the ways in which family physicians may confront this and other malpractice situations while emphasizing a strong doctor-patient relationship.

Other elements of the PLIP program include brochures to members informing them of the program and its objectives, leaflets explaining the liability crisis to patients for distribution by their family physician, a speech with visual materials for state chapter meetings, and a packet of materials to family practice residencies to acquaint residents with the program.

While PLIP is not intended to be the answer to all malpractice problems, it is expected to be an important first step in confronting risk factors in practice situations.

Practical review for psychiatrists offered

A unique course in practical medicine designed for the practicing clinical psychiatrist will be offered by the Western Psychiatric Institute and Clinic of the University of Pittsburgh School of Medicine on November 6 and 7.

The course will focus on several internal medicine subspecialties—neurology, cardiology, gastroenterology, and endocrinology—which practicing psychiatrists have indicated to be of special use in confronting their patients' complaints and/or ongoing treatment.

The University of Pittsburgh certifies that the program is approved for 12 credit hours in Category 1 toward the Physician's Recognition Award of the AMA.

For further information and registration contact Marie Killilea, Coordinator of Continuing Education, Western Psychiatric Institute and Clinic, 3811 O'Hara St., Room 980, Pittsburgh, PA 15261; (412) 624-3354.

THE SOCIETY'S position on S.B. 679 was presented to the Senate Insurance Committee August 25, by J. Joseph Danyo, M.D., of York. The Society supports the concept of including professional corporations under Act 111, the state's medical malpractice insurance law. Dr. Danyo, a member of the Society's ad hoc committee on medical malpractice insurance, is shown on the left discussing the bill with Senator Ralph W. Hess, also of York, a member of the Insurance Committee.

in my opinion

Copayment—a way to halt runaway health care costs

Many of us in studying the escalating cost of medical care have turned from one direction to another to find the cause. Certainly recent technological advances weigh heavily in this regard. Spiraling general inflation affects all areas of society. The ever increasing minimum wage has had a special impact on hospitals. The malpractice problem, with skyrocketing premiums and the immeasurable cost of practicing defensive medicine, must be included in the list of culprits, along with many other factors.

A factor which has seldom been addressed, however, is the present voluntary health insurance structure. The Blue plans themselves, the major method by which individuals finance their medical care, may well be one of the primary factors in runaway costs. Blue Cross plans, with their full pay coverage, give the illusion of no apparent cost to the patient, place tremendous patient and family pressures on the doctor, and encourage questionable admissions and prolonged stays despite anything the physician may do. Total payment of the hospital bill by Blue Cross provides an incentive for the patient to spend that extra day over the weekend because it's not convenient for son or daughter "to come and get me today."

In the case of physicians' fees, I believe the present first dollar coverage of the Blue Shield service contract discourages any incentive to economize. I realize that I am speaking against "sacred cows," but I believe that the Blue Shield service benefit, with its participating physician, along with the total pay of Blue Cross are two major factors in driving up the cost of care. The patient has an almost pathological desire to use the insurance for which he has paid so dearly.

We in the medical profession must share the blame with the Blue plans. Many of us remember that when Medicare came along, we *insisted* that the government put in deductibles for the hospital stay and for the physician's fee. We argued that if these deductibles were not available, there would be overutilization on the part of patients. We then immediately turned around and encouraged Blue Cross and

Dr. Masland is immediate past president of the Pennsylvania Medical Society and chairman of the ad hoc committee on medical malpractice insurance. His medical specialty is internal medicine.

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For nutritional support in:

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Virtually no odor or aftertaste
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Thiamine mononitrate (Vitamin B_1)	15 mg
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Calcium pantothenate	20 mg
Cyanocobalamin (Vitamin B_{12})	5 mcg
Folic acid	0.5 mg
Ascorbic acid (Vitamin C)	500 mg

Indications: Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.

Warning: Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B_{12}.

Dosage: 1 or 2 tablets daily, as indicated by clinical need.

Available: In bottles of 100 and 500.

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Blue Shield to sell the 65-Special which covers these deductibles.

I realize that labor unions have fought hard for first dollar coverage because they do not want their union members to pay one cent out of pocket for their medical care. We in the medical profession have also fostered this by participation in the Blue Shield service contract.

In England, the government has answered in part the problem of cost by limiting supply. Our government, with its proposed cap on hospital revenue, is also beginning to move in this direction. I believe this is the road we will surely walk if we continue to allow demand to go unfettered.

Is there an answer? Yes. Let some of the economic deterrents common to most other economic dealings return to the medical marketplace. Let us support a reasonable combination of deductibles and copayments and oppose programs which provide first dollar coverage. As physicians, this means withdrawal from Blue Shield. We should not support Blue Cross programs that provide full pay benefits. In my view, sanity will return to health care financing only when each of the participants to the transaction—patient, doctor, and hospital—is forced to cope with some of the cost of utilizing the system. This may sound revolutionary, but the times call for drastic and preferably voluntary solutions.

David S. Masland, M.D.
Carlisle

It's an award I got for coming in first among physicians who didn't get any awards.

Legal counsel reports

Supreme Court to rule in psychiatric records case

FRED SPEAKER
Harrisburg

The Pennsylvania Supreme Court will be the next scene in a continuing struggle concerning a psychiatrist-witness held in contempt for refusing to turn over records of a patient.

The saga started at a hearing involving a 15-year-old boy facing deprived and delinquent charges. A court psychiatrist determined that the boy's problems were related partially to an alcoholic mother. The mother had received psychiatric treatment and the court psychiatrist recommended obtaining her hospital records. She refused to consent, and the Western Psychiatric Institute and Clinic refused to release the records.

The lower court issued a subpoena directing that the records be produced. Dr. Loren Roth appealed and claimed that the psychiatric records were privileged under Pennsylvania statutory provisions[1] and the Principles of Medical Ethics. The lower court held that there was no privilege and ordered the records to be turned over. Dr. Roth refused, and he was held in contempt and fined $100.

The issue before the Superior Court[2] dealt with whether the contempt was civil or criminal. The Superior Court held that it was criminal and therefore should be considered by the Pennsylvania Supreme Court. The basic issue thus is continued—is a psychiatrist's refusal under these circumstances to surrender psychiatric records punishable by contempt? We will have to wait until the Supreme Court decides before that question may be answered.

1. *28 P.S. § 328.*
2. **In re B. Appeal of Roth,** *372 A. 2d 884 (Pa. Super. 1977).*

Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.

How important are medical records?

The Commonwealth Court has recently[1] decided that adequate records are important to physicians who want to get paid for the work they have done.

The Department of Public Welfare barred a physician from further participation in the medical assistance program and denied payment of his claims for services already rendered for failure to maintain supporting medical records. The physician admitted that the only medical record he kept was the invoices which were submitted to the Commonwealth and which contained a one or two word technical diagnosis. The Commonwealth Court sustained the decision of the Department of Public Welfare, stating that the physician:

> . . . *contends that the notation on the invoice, together with his recall, are a sufficient and adequate record. . . . Aside from the obvious need for a record so that another physician would be able to determine the proper course of treatment in emergencies, DPW requires supporting records to determine whether the physician is genuinely entitled to reimbursement and to guard the Program against fraudulent claims. In that regard, we hold that [the physician's] records are patently inadequate.*

1. **Stoffan v. Commonwealth of Pennsylvania,** *Department of Public Welfare, No. 1288 C.D. 1976 (July 21, 1977).*

Psychiatric symposium scheduled

The Medical College of Pennsylvania's department of psychiatry will sponsor the eleventh annual symposium beginning at 9:00 a.m., Sunday, November 13, in the Kaiser Auditorium at the college.

Entitled "Psychodynamic Implications of the Studies on the Split Brain," the program will feature experts in medical, psychological, and social sciences, including: David Galin, M.D., assistant professor of psychiatry at the Langley Porter Institute, University of California-San Francisco; Mitchell Glickstein, Ph.D., professor of psychology at Brown University; M. S. Gazzaniga, Ph.D., professor of psychology and social sciences at the State University of New York-Stony Brook; Jerre Levy, Ph.D., associate professor of psychology at the University of Pennsylvania; and Ronald E. Myers, M.D., Ph.D., chief of the section of developmental brain pathology, National Institute of Neurological and Communicative Disorders and Stroke.

The Medical College of Pennsylvania certifies that the program is acceptable on an hour for hour basis in Category 1 for the Physician's Recognition Award of the American Medical Association.

For details write to the Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Ave., Philadelphia, PA 19129; or call (215) 842-6923.

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EMPRACET® with Codeine Phosphate, 60 mg, No. 4 Ⓒ

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CONTRAINDICATIONS: Hypersensitivity to acetaminophen or codeine.

WARNINGS: Drug dependence. Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.

Usage in ambulatory patients. Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.

Interaction with other CNS depressants. Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.

Usage in Pregnancy. Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.

PRECAUTIONS: Head injury and Increased intracranial pressure. Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal condition. These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.

Special risk patients. Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.

ADVERSE REACTIONS: Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritus.

DRUG INTERACTIONS: CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

For symptoms and treatment of overdosage and full prescribing information, see package insert.

Introducing EMPRACET® c̄ CODEINE #4

Each tablet contains: codeine phosphate, 60 mg (1 gr) (Warning—may be habit-forming); and acetaminophen, 300 mg.

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Our new non-aspirin/ codeine analgesic for moderate to severe pain.

New peach-colored Empracet c̄ Codeine #4 offers a potent alternative for patients in whom aspirin is not indicated.

Unlike compounds containing oxycodone which afford comparable analgesia, new Empracet c̄ Codeine #4 gives you CIII prescribing convenience—up to 5 refills in 6 months at your discretion (where state law permits). And, prescribing by telephone is permissible in most states. Moreover, new Empracet c̄ Codeine #4 has less addiction potential than does oxycodone.

For those of your patients requiring a less potent analgesic, non-aspirin Empracet® c̄ Codeine #3 provides effective relief of moderate pain.

Burroughs Wellcome Co. makes codeine combination products. You make the choice.

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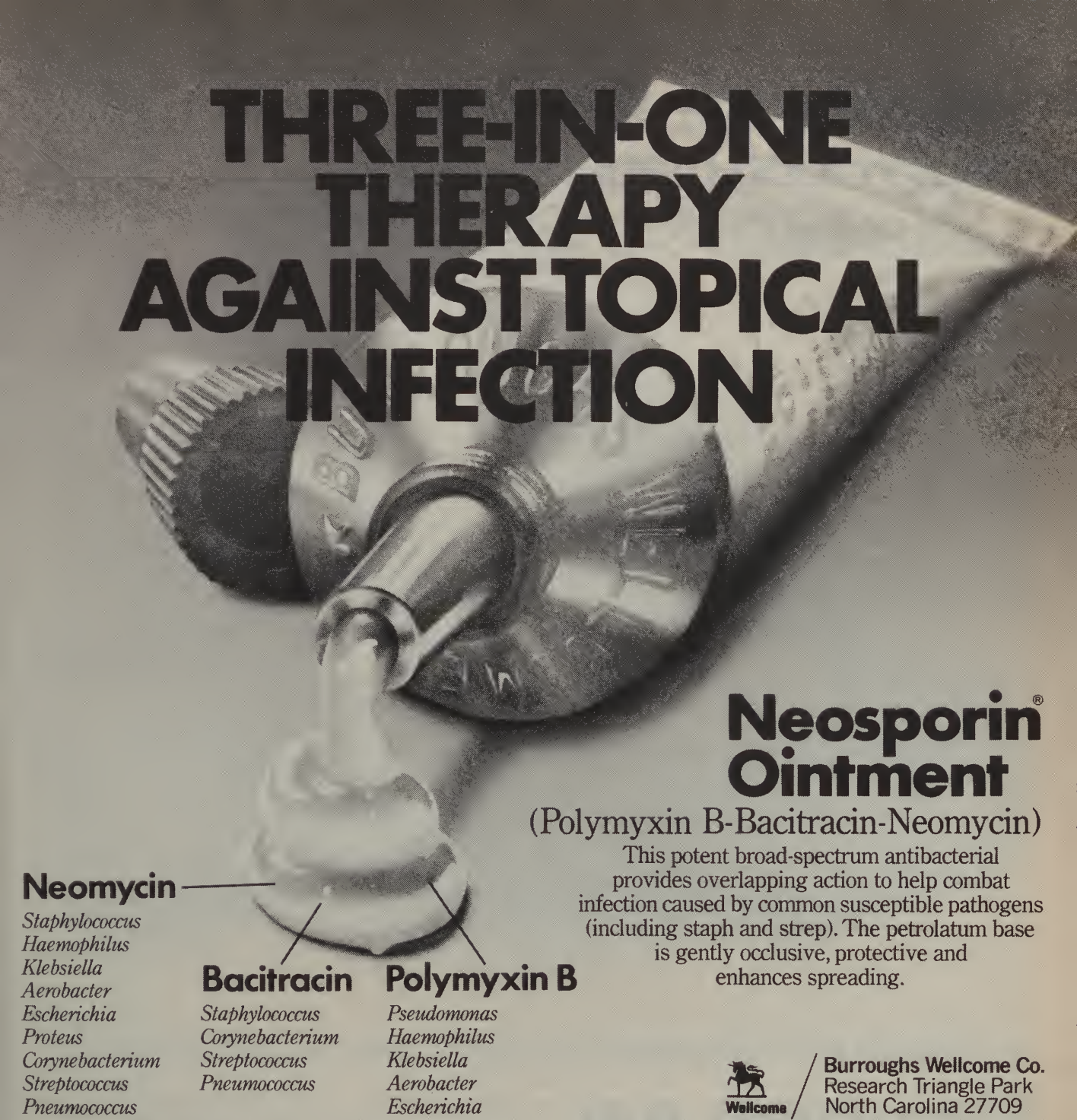

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This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

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In vitro overlapping antibacterial action of Neosporin® Ointment (polymyxin B-bacitracin-neomycin).

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Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

consider the effect on coexisting diabetes when you prescribe a vasodilator*

(POSTERIOR VIEW OF PANCREAS)

no interference in the management of the diabetic patient has been reported with

VASODILAN®
(ISOXSUPRINE HCl)

the compatible vasodilator TABLETS, 20 mg.

***Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily. Intramuscular: 5 to 10 mg.(1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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MDs in the news

Webb S. Hersperger, M.D., of Carlisle, was recently elected first vice president of the Pennsylvania Academy of Ophthalmology and Otolaryngology. Dr. Hersperger is a past president of the Cumberland County Medical Society and a member of the State Society's Council on Medical Service.

The following new officers were recently elected by the Alumni Association of Hahnemann Medical College and Hospital: **Mary P. Sterling, M.D.,** Philadelphia, president; **Phillip Davis, M.D.,** Beverly Hills, California, first vice president; **Warren E. Smith, M.D.,** Philadelphia, second vice president; **James C. Gehris, M.D.,** Shamokin, president elect; **Horst A. Agerty, M.D.,** Wynnewood, secretary; and **Arnold T. Berman, M.D.,** Philadelphia, treasurer.

Gary L. Lattimer, M.D., was the recipient recently of the state American Legion's Distinguished Service Award. Dr. Lattimer, of Allentown, was honored for outstanding service in his research of the disease that killed 29 Pennsylvania legionnaires in August, 1976.

Sol Sherry, M.D., recently received the Robert P. Grant Medal of the International Society on Thrombosis and Haemostasis during the group's annual congress held recently in Philadelphia. Dr. Sherry, who is the society's current president, is chairman of medicine at Temple University Medical Center and director of Temple's Specialized Center for Research on Thrombosis.

Herschel E. Griffin, M.D., was appointed recently to the National Commission on Digestive Diseases. Dr. Griffin is professor of epidemiology and dean of the University of Pittsburgh Graduate School of Public Health. He is president of the Armed Forces Epidemiological Board and an alternate delegate in preventive medicine to the AMA House of Delegates. The national commission plans to deal with problems such as incidence and duration of digestive diseases, mortality rates resulting from such illnesses, and social and economic impact of the disorders.

Ronald Ambler, M.D., was recently honored by Suburban General Hospital of Norristown, which he helped to found thirty-three years ago. Special presentations were made to Dr. Ambler, now director of the hospital's quality assurance department, by **Leonard Becker, M.D.,** and **William Bath, M.D.** Dr. Becker and Dr. Bath are staff physicians at Suburban General and are two of the hospital's earliest interns.

Mrs. Ralph S. Blasiole recently received the Benjamin Rush Award from the Washington County Medical Society for her outstanding volunteer service in cancer prevention. Mrs. Blasiole, president of the Washington unit of the American Cancer Society from 1974 to 1976, has participated in the ACS Volunteer Service Information program since its inception in 1960. She has served for the past several years as chairman of the Washington County Public Education Committee, whose projects have been recognized as outstanding by the Pennsylvania division of the ACS, and as a board member of the county unit of ACS. She was the recipient in 1964 of the Jeweled Sword, the highest award for volunteer service to the ACS.

Physicians on the faculty of the Hahnemann Medical College and Hospital, Philadelphia, have received the following academic promotions: **Allan B. Schwartz, M.D.,** professor of medicine; **Marvin Derezen, M.D.,** professor of medicine; **Sheldon Bender, M.D.,** professor of medicine; **Leslie I. Rose, M.D.,** professor of medicine; **David Prager, M.D.,** professor of medicine; **Lee S. Serfas, M.D.,** professor of surgery; **David Koffler, M.D.,** professor and vice chairman of pathology and laboratory medicine; **Ivan Damjanov, M.D.,** associate professor of pathology and laboratory medicine; and **Frieda G. Gray, M.D.,** professor of medicine and associate vice president for health affairs.

Christopher Matcovic, M.D., was named recently as the first fellow of the Monsour Medical Foundation. Dr. Matcovic's fellowship in infectious diseases will be conducted at the University Health Center of Pittsburgh.

Leo H. Criep, M.D., has been named Distinguished Emeritus Professor at the University of Pittsburgh School of Medicine, where he has been a member of the faculty since 1922. Dr. Criep, who organized and served as director of the allergy clinic at Montefiore Hospital and at the Veteran's Administration Hospital in Pittsburgh, also recently received the Philip Hench Distinguished Alumnus Award from the Medical Alumni Association for outstanding teaching and clinical work.

The medical staff of Lancaster General Hospital recently honored nine physicians who completed the hospital's three year residency program in family medicine. They are Drs.: **Peter J. Altimare,** Millersville; **Richard W. Bacon,** New Holland; **William W. Bakken,** Battle Creek, Michigan; **Hugh W. Brallier,** Ligonier; **J. Peter Gregoire,** Arcade, New York; **Richard Levandowski,** Princeton, New Jersey; **Peter A. Mason,** Richmond, Maine; **Michael S. Rudman,** Middletown, Maryland; and **John H. Surry,** Lititz.

Continued

John P. Hubbard, M.D., president of the College of Physicians of Philadelphia and former president of the National Board of Medical Examiners, and **Walter B. Shelley, M.D.,** chairman of the department of dermatology at the Hospital of the University of Pennsylvania, were recently honored at an international convocation in Uppsala, Sweden. Dr. Hubbard received an honorary doctorate of medicine for distinguished service in medical education. Dr. Shelley was presented with an honorary doctorate of medicine for his outstanding contribution in the field of dermatology.

Carl T. Brighton, M.D., was recently named chairman of the department of orthopaedic surgery and the Paul B. Magnuson professor of bone and joint surgery at the University of Pennsylvania School of Medicine. A professor of orthopaedic surgery and director of orthopaedic surgery research at the school of medicine, Dr. Brighton is chief of the department at the Hospital of the University of Pennsylvania.

David J. Ritchie, M.D., of Wynnewood, was recently named chairman of diagnostic radiology at Mercy Catholic Medical Center in Darby. Dr. Ritchie is a member of the faculties in radiology at the University of Pennsylvania School of Medicine and the Graduate School of Medicine. He has served on the staff of Pennsylvania Hospital for 14 years.

DR. RITCHIE

DR. FREDERICKSON

Howard D. Frederickson, M.D., a York psychoanalyst, has been awarded the Certification of Psychoanalysis in the first group of psychoanalysts to be so certified. Dr. Frederickson is a graduate of the School of Medicine of the University of Buffalo and the Baltimore Psychoanalytic Institute.

*Research by **Chester R. Wilpizeski, M.D.,** professor of otolaryngology at Thomas Jefferson University, has led to the development of a modified CO_2 laser that can be used for surgery of the ear.*

According to Dr. Wilpizeski, "Microsurgery of the human ear is now performed using hard tools—but most, if not all, of the operations involving cutting and drilling may be duplicated with greater control and precision using lasers to vaporize the tissue."

Among the operations which Dr. Wilpizeski says can be performed by laser are: welding tissue grafts onto the eardrum; perforating or removing parts of the eardrum membrane to allow equalization of air pressure between the outer and middle ear or to permit drainage of trapped fluid; removing or cutting the ossicles before reconstructive surgery, or when motion of the bones is impaired by otosclerosis; and excising tumors and scar tissue.

Harry Jay Lessig, M.D., has been appointed director of the department of nuclear medicine at Episcopal Hospital in Philadelphia. Dr. Lessig has taught and conducted research at Lankenau Hospital and the Naval Regional Medical Center and is now assistant professor of nuclear medicine at Hahnemann Medical College Hospital.

Attempting to combat the recent efforts to legalize laetrile, **Stephen Barrett, M.D.,** joined a group of medical and scientific witnesses in Kansas City, Missouri, to testify to the ineffectiveness and possible dangers of laetrile use. Dr. Barrett stated in part, "The real issue is whether our government should protect consumers from all types of ineffective and dangerous remedies." Dr. Barrett, coeditor of *The Health Robbers—How to Protect Your Money and Your Life,* is chairman of the Lehigh Valley Committee Against Health Fraud, Inc., and serves on the Lehigh County and State Society Committees on Quackery.

William J. Martucci, M.D., was certified recently by the American Board of Family Practice. Dr. Martucci is in group practice in Brodheadsville.

Elsie Broussard, M.D., a psychoanalyst and professor of psychiatry and head of the Community Mental Health program in the department of health services administration in the University of Pittsburgh's Graduate School of Public Health, has been appointed by the President's Commission on Mental Health to serve on its newly established eleven-member Task Panel on Prevention. In 1973, Dr. Broussard was awarded the American Psychiatric Association's Lester N. Hofheimer Award for Outstanding Research in Mental Hygiene and for her longitudinal studies of first-born children.

Two physicians on the faculty of Hahnemann Medical College and Hospital received awards during the school's 130th commencement ceremony. **Morrison E. Kricun, M.D.,** Philadelphia, associate professor of diagnostic radiology, received the Medical College Class Award for excellence in clinical teaching. **Gerald A. Melchiode, M.D.,** Glen Mills, associate professor of mental health sciences, received a Lindbach Foundation Award for distinguished teaching.

The 1977-78 officers of the Pittsburgh Obstetrics and Gynecology Society are: **Daniel E. Natali, M.D.,** president; **Frank A. Reda, M.D.,** vice president; **John E. Walker, M.D.,** secretary; and **Robert E. Warner, M.D.,** treasurer.

Two physicians serving their residencies in Pennsylvania recently received Mead Johnson Awards for graduate training in family practice. They are **Michael Kita, M.D.,** a third year resident at Lancaster General Hospital, and **Alan W. Johnson, M.D.,** a third year resident at Sacred Heart Hospital, Allentown.

The Blair County Medical Society recently elected **Thomas T. Skrentny, M.D.,** to be president for 1977-78. Other new officers are **John G. Sheedy, M.D.,** president elect; **Alberto Manetta, M.D.,** vice president; **Betty L. Cottle, M.D.,** secretary; and **Ronald A. Dietrick, M.D.,** treasurer. Appointed to the group's executive committee were **Charles A. Sutton, M.D., Joseph S. Silverman, M.D.,** and **Armando E. Fraire, M.D.**

Eastern Pennsylvania Chapter of the American College of Surgeons
Twenty-Sixth Annual Meeting*
Wednesday, November 9, 1977 Holiday Inn East-Bethlehem, Pa.

Schedule of Events

Registration—8:15-9 a.m.

Morning Session
General Surgery Program
Marfil Room

Presiding Officer
Harry G. Light, M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Harry Goldsmith, M.O., Samuel Gross Professor of Surgery, Thomas Jefferson University Medical School, Philadelphia, PA., SUBJECT: LIVER SURGERY.

9:45 a.m.: Robert Freeark, M.O., Professor and Chairman, Department of Surgery, Stritch School of Medicine of Loyola University of Chicago, Maywood, IL., SUBJECT: DIVERTICULAR DISEASE OF THE COLON.

10:30 a.m.: Francis O. Moore, M.O., Elliott Carr Cutler Professor of Surgery, Harvard Medical School, Boston, MA., SUBJECT: THE TREATMENT OF BREAST CANCER IN VARIOUS STAGES OF DEVELDPMENT.

11:15 a.m.: Harry H. LeVeen, M.O., Chief of Surgical Service, Professor of Surgery, State University of New York, Veterans Administration Hospital, Brooklyn, NY., SUBJECT: TREATMENT OF TUMORS WITH RADIDFREQUENCY - THERMDGRAPHY.

12:00 p.m.: Cocktails MARFIL RDOM.
12:30 p.m.: Luncheon BALLROOM.
Presiding Officer: Harry G. Light, M.O., F.A.C.S., President, Eastern Pennsylvania Chapter of the American College of Surgeons. SPEAKER: Francis D. Moore, M.D., SUBJECT: "HOW FAST DO WE WANT SURGICAL MANPOWER TO GROW?"

Afternoon Session
Presiding Officer
Stuart H. Irons, M.D., F.A.C.S.
Wilkes-Barre, PA

2:00 p.m.: Resident's Paper.

2:30 p.m.: PANEL DISCUSSIDN MODERATOR: Charles K. Zug, III, M.O., F.A.C.S., Bethlehem, PA.

PANELISTS: Robert Freeark, M.O., Harry Goldsmith, M.D., Harry H. LeVeen, M.D., Francis O. Moore, M.O., SUBJECT: SURGICAL COMPLICATIONS—THEIR AVOIDANCE DR TREATMENT.

4:00 p.m.: CHAPTER MEETING.

Morning Session
Gynecologic and Urologic Program
Sala De Oro Room

Presiding Officer
Frank S. Flor, M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Earl F. Greenwald, M.O., Associate Professor of Obstetrics/Gynecology, Director of Section of Gynecological Oncology, Temple University School of Medicine, Philadelphia, PA., SUBJECT: CARCINOMA OF THE CERVIX.

10:00 a.m.: Equinn W. Munnell, M.O., Professor of Clinical Gynecology & Obstetrics, College of Physicians and Surgeons, Columbia University, New York, Attending Obstetrician & Gynecologist, Presbyterian Hospital, New York, NY., SUBJECT: CARCINOMA OF THE ENDOMETRIUM.

11:00 a.m.: Joseph N. Corriere, Jr., M.O., Professor & Director, Division of Urology, University of Texas, Houston, TX., SUBJECT: UROLOGICAL COMPLICATIONS FOLLOWING GYNECOLOGICAL SURGERY.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.

Afternoon Session

2:00 p.m.: Panel Discussion and Question-and-Answer Session with Questions Submitted by Audience.

Morning Session
Trauma Program
Darsena Room

Presiding Officer
Charles F. Snyder, Jr., M.D., F.A.C.S.
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: William P. Graham, M.O., Chief, Plastic Surgery, Hershey Medical School, Hershey, PA., SUBJECT: SOFT TISSUE INJURIES.

9:45 a.m.: Carl T. Brighton, M.O., P.H.O., Professor & Chairman, Department of Orthopedics, University of Pennsylvania. SUBJECT: "THE TREATMENT FRACTURE NON-UNION WITH ELECTRICITY".

10:30 a.m.: Peter Janetta, M.D., Professor & Chairman, Department of Neurosurgery, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: THE CEREBELLOPONTINE ANGLE AS PANDORA'S BOX: THE CRANIAL NERVE OYSFUNCTION SYNDROMES.

11:15 a.m.: Felicien Steichen, M.O., President PA. Division, American Trauma Society, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: PRESENT AND FUTURE TRENDS IN THE MANAGEMENT OF TRAUMA.

12:00 p.m.: Cocktails MARFIL ROOM.
12:30 p.m.: Luncheon BALLROOM.

Afternoon Session

2:00 p.m.: Felicien Steichen, M.D., PRESENTATIDN DF A CASE OF MULTI-SYSTEM TRAUMA.

PANEL DISCUSSION OF MANAGEMENT: Carl T. Brighton, M.D., William P. Graham, M.D., Peter Janetta, M.D., John Ryan, M.D.

4:00 p.m.: CHAPTER MEETING.

*** in association with the Lehigh Valley Obstetrical Society and the American Trauma Society, Pennsylvania Division.**

As an organization accredited for continuing medical education, the Pennsylvania Medical Society certifies that this continuing medical education offering meets the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

Eastern Pennsylvania Chapter of the American College of Surgeons
20 Erford Rd, Lemoyne PA 17043

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ALL PHYSICIANS WELCOME

editorials

Dues increase—really a money saver

One of the most pressing problems facing the State Society's House of Delegates in 1977 is a financial one. Operating costs are steadily increasing and a deficit for 1977 of more than $250,000 can be predicted. Efforts to keep expenses down were applied wherever possible, but several factors raised 1977 costs and indicate a deficit for 1978. A dues increase seems to be a necessity *if the Society is to continue its present activities.*

Most physicians realize that the overhead for their offices has been steadily rising. Malpractice insurance, salaries, and supply expenses are higher each year. Without the State Society, however, the situation for Pennsylvania physicians could be desperate. In 1975, the threatened breach of contract by the Argonaut Insurance Company caused the Pennsylvania Medical Society to take court action to force continuing coverage until 1979. It is true that premiums have increased but this is surely preferable to other alternatives presently available. PMS has been the medical profession's voice at four Pennsylvania Insurance Department rate increase hearings and has, thus far, successfully pared away large percentages from requested rate hikes. Legal and actuarial costs for these actions have not been insignificant.

The formation of the Pennsylvania Medical Cooperative has given physicians an opportunity to cut the cost of office supplies. This will continue to be an invaluable service in the future.

The Pennsylvania Medical Society has been active in the area of legislation. The Society has proposed and supported reform amendments to Act 111. An attempt was made through court action to halt regulation of physician's office laboratories under the Clinical Laboratory Act and a proposed amendment to the Act would specifically exclude these labs. Questions concerning the Motor Vehicle Code, specifically section 1518, were discussed with PennDOT officials. The Society convinced them that the section violated the principle of physician-patient confidentiality and Section 1518 has not been enforced. These actions in behalf of physicians represent only a small portion of much legislative activity. A number of new issues will surface in the next year and will require the Society's attention.

Education has been a major objective of the State Society. With the goal of better quality medical care through educational excellence, PMS has become an accrediting agency of the AMA. This entails the survey of institutions to insure their ability to produce effective, high quality education programs.

All of these activities require the concerted effort of physicians organized in the Pennsylvania Medical Society. Individual physicians cannot accomplish alone what they can together. PMS is our voice to the legislature, the courts, and the people. Our support and active participation are vital.

David A. Smith, M.D.
Medical Editor

Health Department wins praise

It seems to me, in these days especially, that we tend to be hypercritical of those things and those people who attempt to effect change in our daily medical lives and responsibilities.

Our recent experience during the "77 Johnstown Flood" with the Pennsylvania Department of Health (from the secretary, commissioners, deputies, and the forty plus people who were uprooted from all parts of the state to spend two plus weeks here) was a joy to behold and a very satisfying experience for those of us who were involved.

I believe the physicians of this state should think long and hard before they take pot shots at the department without good and valid reason.

John B. Lovette, M.D.
Contributing Editor
Johnstown

Dr. Lovette, a general surgeon, is vice president of the State Society and will become president elect during the 1977 Annual Session of the House of Delegates later this month.

The physician's role in blood alcohol testing

JAMES M. REDMOND
Harrisburg

Physicians, and particularly those taking care of patients in the hospital emergency department, are often called upon by law enforcement personnel to withdraw blood from persons suspected of operating a motor vehicle while under the influence of alcohol. The situation is one of potential risk for the physician and the hospital. Both should be familiar with Pennsylvania law on this matter.

The Pennsylvania law which deals with the withdrawal of blood from a person for the purpose of determining alcohol content in motor vehicle cases is found in the Vehicle Code (75 P.S. §1547 Chemical Tests to Determine Amount of Alcohol). This law was recently revised and many of its new provisions became effective July 1, 1977. According to this law (§1547 (a)):

Any person who operates a motor vehicle in this Commonwealth shall be deemed to have given consent to a chemical test of breath or blood for the purpose of determining alcohol content of blood if a police officer shall have reasonable grounds to believe the person to have been driving a motor vehicle while under the influence of alcohol. The tests shall be administered by qualified personnel with equipment approved by the Department. Qualified personnel means a physician or a technician acting under the physician's direction or a police officer who has fulfilled the training requirements to use such equipment in a training program approved by the Department.

This may seem to be quite straightforward; however, further examination reveals that the law recognizes the right to refuse to submit to the test. In section 1547(b), the law states:

If any person placed under arrest for driving under the influence of alcohol is requested to submit to a chemical test and refuses to do so, the test shall not be given but upon notice by the police officer, the Department shall suspend the operating privilege of the person for a period of six months or revoke the operating privilege of the person for a period of one year for a second or subsequent refusal within a period of three years.

It is imperative that physicians and hospital staff understand this option of refusal provision. When it is exercised, the refusal should be honored.

When blood is withdrawn for the purpose of determining its alcohol content in motor vehicle cases, the law requires that a physician or a nurse or technician acting under a physician's direction withdraw the blood. The chemical analysis of blood taken under these circumstances is admissible in evidence just as are the results of a breath chemical test. It is important to note that pursuant to the statute a person must be physically unable to supply enough breath to complete a breath test before a blood test can be ordered.

When chemical analysis of breath or blood shows that the amount of alcohol by weight is 0.05 percent or less, the person tested is not under the influence of alcohol. If the amount of alcohol by weight is in excess of 0.05 percent, the person is not necessarily under the influence of alcohol, but this evidence may be submitted along with other proof to determine whether a person was under the influence of alcohol. If the amount of alcohol by weight is 0.10 percent or more, it is presumed that the person is under the influence of alcohol.

Anyone who is requested by the police to submit to such a test may ask a physician of his choice to administer an additional breath or blood chemical test. These results are admissible in evidence. The law further states, however, that the chemical test given at the direction of a police officer shall not be delayed by a person's attempt to obtain an additional test.

Physician's liability

A recent revision of P.S. 1547 includes a new section which recognizes the special involvement of a physician, nurse, or hospital in assisting the police in these cases. Subparagraph (j) Immunity From Civil Liability On Reports states that:

No physician, nurse, or technician or hospital employing such physician, nurse, or technician, and no other employer of such physician, nurse, or technician shall be civilly liable for withdrawing of blood and reporting of the test results to the police at the request of a police officer pursuant to this section.

The physician, nurse, and hospital are protected when withdrawing blood and reporting results in these particular cases. It is important to note, however, that this immunity may not apply if the person first refuses to submit to such a test but, upon insistence of the police or law enforcement officer, the physician or nurse proceeds to administer the test. The law is clear in recognizing the right to refuse to submit to the test.

Guidelines for testing

Because of the various legal ramifications and problems associated with the withdrawal of blood when alcohol intoxication is suspected, the Hospital Association of Pennsylvania has developed, in consultation with its legal counsel, the following set of guidelines for physicians and hospital personnel.

Reasons for request:

1. Medical—In the course of administering proper medical care, a physician may order the withdrawal of blood for the purpose of determining alcohol content.

2. Legal—In cases of suspected alcohol intoxication, the withdrawal of blood for the purpose of determining alcohol content may be requested by a police officer if the person is physically unable to supply enough breath for a chemical test of his breath.

Procedure for request: A police officer must request the test when it is not required for medical reasons. The request does not have to be in

Mr. Redmond is vice president for shared services of the Hospital Association of Pennsylvania.

If a patient is unconscious and thus cannot consent, and blood withdrawal is requested by the police for legal purposes, the physician may comply or refuse. Immunity under such circumstances is probable, but not certain.

Fred Speaker
Legal Counsel
Pennsylvania Medical Society

writing, but the hospital has this option.

Consent:

1. The person must agree to the withdrawal of blood for the purpose of determining alcohol content.
2. A special consent form is recommended.
3. If the person refuses to submit to the test, none shall be given.
4. In the event that the person is unable to give consent because he is unconscious, dead, or incapacitated, the withdrawal of blood for the determination of alcohol content may be performed at the request of a police officer, or if the physician in his best judgment feels that the test is required to save life or reduce harm to the person's health.

Other considerations:

1. A person under arrest and a person not under arrest have the same rights and may refuse to submit to the test.
2. Only a physician or a nurse or technician acting under his orders may withdraw blood.
3. In legal situations, it is important that a chain of evidence be maintained. A method should be established to insure that all persons who are responsible for keeping or handling the blood sample can be traced easily.

Thus, a physician always has the privilege to order a blood alcohol test for medical purposes with the patient's consent. In cases in which the purpose is clearly to provide evidence for determining alcohol intoxication while driving a motor vehicle, a police officer may request a blood alcohol test if the person is physically unable to provide enough breath for a breath test. If the person refuses to submit to such a test, no test should be given. If the person is unconscious or otherwise incapable of giving consent, the police officer's request for performance of a blood alcohol test, if honored, would seemingly afford immunity from civil liability to the physician and his assistants if the police officer attests that he has reasonable grounds to believe that the person had been driving while under the influence of alcohol. □

book review

Pittsburgh pediatricians' book fills education gap

DAVID A. SMITH, M.D.
Medical Editor

The Style and Management of a Pediatric Practice, by Lee W. Bass, M.D., and Jerome H. Wolfson, M.D., Pittsburgh, University of Pittsburgh Press, 1977. $3.95 paper, $7.95 cloth.

This little book is a real find. Unfortunately, most residencies devote negligible time to the young doctor's education on how to organize a practice. Drs. Bass and Wolfson have attempted to describe the style and management of their practice with special reference to "how to" problems and solutions which will face the young pediatrician. They have made many valuable suggestions but indicate that there are other possible techniques. This is a description of their "very personal style of pediatrics."

In the preface, the authors state that they consider this book a supplement to medical education. Seven chapters, beginning with "The Doctor-Patient Contract" and ending with "A Doctor's Fears," succinctly review the components of a pediatric practice. The chapter on "Office Design, Staff, and Procedures" offers helpful and time saving hints covering a wide range of topics. Procedures for appointments, telephone, office laboratories, and collection and billing are detailed. Suggestions for interior design of waiting rooms as well as placement of equipment in examining rooms are well thought out and very practical. "Providing Care," chapter 4, reviews the common everyday problems of a pediatric practice. It emphasizes the need for patient (parent) education to your methods.

A recurring theme throughout the book is the need to establish precedents early. Telephone, hours, fees, and personnel are likely areas for problems to occur if you do not do so. Once established, precedents are extremely difficult to change.

The book is well illustrated, charts and pictures depicting what has been described in the text. Addresses have been included for furniture, equipment and supply companies when specific products have been found useful. References are adequate.

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practice management

Successful group must agree on basic philosophy

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

We have previously described various methods of dividing income in a group practice. The consideration of how the doctors in a group will share in income earned by their joint endeavors is obviously essential.

Our experience has shown that an inability to satisfactorily divide income causes more dissolution problems in medical groups than all other factors combined. This does not necessarily mean that physicians are overly money-oriented. Unfortunately, a primary cause is the fact that compensation is a common measure of relative personal worth or value. Therefore, the double-barreled aspects of economics and ego often cause income division policies to be a very touchy item in group practices.

Physicians practicing together, whether as partners or corporate shareholder-employees, find that group practice involves a number of considerations absolutely new to former solo physicians. The physicians involved may refer to their advisors for guidance regarding proper relationships, but they should recognize that no standard format will work for every group. Partnership details that are established for one satisfied group of doctors may be inappropriate for another group because of differences in medical specialties, styles of practice, professional philosophies, personal economic needs, ages, and personalities.

We recognize the individuality of each prospective group and prefer to review with the doctors involved the considerations which should be openly discussed and agreed upon among them. The items described below are intended to be useful both for doctors planning a joint practice and for members of existing groups interested in re-analyzing their present relationships.

Philosophy toward group practice

The most important prerequisite for a successful group practice is for the doctors involved to have a solid understanding and appreciation of how they are going to work together. If they do not agree on their basic attitudes toward medical care, interchanging of patient responsibilities and the like, their relationship is unlikely to be a successful or lengthy one. For this reason, we encourage clients considering joining together to discuss at great length their philosophies toward medicine in general and toward group practice in particular.

In some circumstances, these discussions may require hours of already scarce physician time. These hours are well spent, however, for they can help to avoid the heavy financial, emotional, and time costs of a later dissolution.

An important item to discuss is the handling of patient responsibilities. There are basically two extremes, and the group may agree to handle things at or between these two poles.

At one extreme is the "true group" practice. In a "true group," all patients are those of the entity; no patient is the particular responsibility of any one physician in the group. Scheduling of patients is based simply upon doctor availability. All patient records are merged into a single system with no separation or coding by "responsible physician."

This "true group" approach has the advantage of allowing all members of the group to develop some experience with each patient. It also permits the doctors to divide the patient load as equitably as possible, thus reducing any overload on one doctor at a time when one or more of his associates might be less busy. The major disadvantage is that each doctor may have less continuous personal contact with a single patient. Some doctors feel this reduces the quality of care they can render.

At the other extreme is a strict and individualized division of patient responsibilities. In such a situation, the group practice offers expanded opportunities for coverage and professional peer consultation, but little else. A patient's regular appointments are scheduled only with his "regular" doctor. Sick visits, emergencies, and night and weekend hospital visits may be handled by any partner scheduled for that time. While the doctor's ongoing personal contact and experience with a patient is the advantage of this system, a disadvantage is his associates' comparative lack of background in case of an emergency.

We cannot tell a group which approach it should choose or what "mix" of the two extremes will best suit it. However, we are amazed at the number of doctors who embark upon group practice without a real understanding of how they want to share patient responsibility. This is an important first step to explore in considering any joint practice relationship.

Partnership or corporation?

Physicians planning to merge their practices often seem overly concerned about whether their newly formed venture should or should not be a corporation. While it is an important decision, it can and should be deferred until other details have been settled. In many instances, the form in which the merging practices are operating will be determinative.

The authors are the principle consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

Unless the legal, economic, tax, and practical aspects strongly favor corporate form, we often prefer to have the new group start out as a partnership. A major reason is that it is much easier to dissolve a partnership than a corporation. If the doctors' venture into group practice proves to be unwise and a decision is made to dissolve it after a year or two, they will minimize their legal and economic frustration if only a partnership is involved. Therefore, it may be desirable to avoid the corporate form until the members' capacity to work together satisfactorily has endured a reasonable amount of time. A delay of as little as six months represents relatively minor tax differences when compared to the importance of assuring a satisfactory long-term working relationship.

There may be advantages to a partnership from a tax point of view. In many instances, a new office with new equipment, furniture, and other assets is required. By starting out as a partnership, investment tax credits, excess depreciation, and perhaps even some tax losses may flow through to the partners for the first few months of the relationship. These tax savings would not be forthcoming through a regular corporation. Once again, each potential situation must be looked at on a case-by-case basis. We have seen many instances in which the corporate step was deferred for six months or a year so that the partners could take advantage of these tax breaks.

The corporate form may be most successfully used for the new practice when one or more of the incorporating practices has been operating in this way. As a general rule, practices in this situation are better served to retain their corporate form in order to avoid potential legal and tax difficulties.

Group income

It is apparent that openness and communication among physicians in a practice is most important. This is particularly true in determining the definition of group income. Prior to the start of the relationship, the doctors involved must understand what percentage of income earned by each is to be shared by the group and what is to be personal income.

There are basically two approaches to making this determination.

One extreme is to include all income from medical activity, however earned, as group income. This theory would include as group income whatever a physician earns from his hospital positions, medical teaching, or writing on medical subjects, whether or not such work is performed during "regular practice time." It is based upon the notion that a partner should perform all medical work only on behalf of the group practice. Any outside medical activity may (and unfortunately often does) directly or indirectly affect his efforts for the practice.

The other extreme is to include as group income only those funds generated within the practice and recorded on its books (generally only from patient services). This approach recognizes that the group should give each member his own free time away from the practice and that how he uses his "spare time" is his own business. For this reason, if he decides to use his free days, weekends, or vacations writing a medical article or doing medical work for a charitable organization, he should be able to do so and retain whatever income his extra efforts generate.

While we work with groups that use both approaches, most tend toward the former extreme. The thinking has generally been that a physician in a busy medical practice has little or no true "spare time" for such endeavors. In addition, including them in a total or partial productivity income division formula can often help to permit the activities and still give the income advantage to the doctor who chooses to do that work.

Once again, either approach can work well when the members agree. The important thing is to discuss the two extremes, explore the range of middle possibilities, and make the decision honestly and realistically, considering the members' personalities, activities, and professional attitudes.

Expenses of the group

Just as a formula for "practice income" and personal income must be established, so the physicians in a group practice must understand which expenditures are "practice expenses" and which are to be paid personally. Items such as office rent and staff payroll are almost always treated as group expenses, but a variety of other items require express advance agreement. These include automobile expenses, malpractice insurance premiums, society dues, medical books and journals, travel and entertainment expenses, and education expenses.

Once again, attitudes toward these items vary widely. Some groups run all expenses through the practice after having agreed that they are for the group's benefit. In some cases, advisors have unfortunately suggested that the listed expenses are more easily tax deductible by a partnership or corporation than on a doctor's personal income tax return. This is not true, for the items are equally deductible or non-deductible in both situations. The insistence on this tax approach too often submerges the doctors' real economic feelings until they later arise as disputes.

Other groups exclude a number of these expenses. Their attitudes recognize that the doctors' tastes will and should vary enough that each partner should be free to spend as much or as little on the items as he wishes without concern over his partners' spending levels. One illustrative item is the choice of automobiles. If one physician has more expensive tastes than another, the cash outlay could be substantially different and possibly divisive.

Some practices prefer to pay as much as possible through the practice, while still recognizing the potential for dramatic differences among members of a group. Thus, they take a solid middle position. Their agreements provide a stated dollar maximum for each category above which a physician must pay personally. Still others take a different middle approach and have the practice pay for all such expenses. They keep track of them by doctor on a "side sheet." Any substantial differences among members are made up by means of bonuses or other adjustments.

All of these approaches have worked well for different groups. No one works for all practices. The important thing is to make an informed decision and to follow it honestly, for many problems may arise if the expenses are loosely handled. □

Know your taxes

How to put the gold in 'golden years'

DONALD L. DeMUTH, M.B.A., C.P.A.

EDWARD H. ACHORN, M.Adm., C.P.A.

Harrisburg

It is often asserted that retirement plans—individual retirement accounts, Keogh plans, and professional corporation pension and profit sharing plans—have the drawback of turning capital gains into ordinary income. This charge is leveled because the gain upon selling capital assets, stocks, and bonds owned more than nine months in 1977 (over a year after New Year's Day 1978) is taxed at half the rate of ordinary income up to a maximum of 25% of the gain. By contrast, money received from a retirement plan, which includes capital gains on retirement plan investments, is taxed as ordinary income when distributed.

This article demonstrates that virtually all physicians will end up with more after-tax dollars by contributing to a retirement plan than by making investments which are taxed at favorable capital gains tax rates.

The justification for this statement is simple. If a general practitioner in the 45% income tax bracket attempts to invest $2,200, he must earn and collect $8,000 from patients, since overhead typically consumes 50% of his collected charges. After taking care of overhead, he has $4,000. However, Uncle Sam has not yet taken his chunk of $1,800 ($4,000 x 45%). This leaves the doctor with $2,200 available for investment out of the original $8,000 collected.

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Contributions to a retirement plan, on the other hand, are not taxed at all. Thus, the entire $4,000 contribution to the retirement plan can be invested. If the doctor makes the personal investment and the retirement plan investment in the same security, which is the only fair comparison, and it appreciates at an 8% compounded annual rate for ten years paying no dividends, the personal investment will grow to $4,750 while the retirement fund will swell to $8,636. If the retirement plan investment is sold and the money is distributed to the physician, he will have to pay 45% of it as income tax (if he is still in the 45% bracket). This leaves him with $4,750 or the same amount as the personal investment has become, to spend after paying income tax.

However, the comparison is not complete at this point. If the doctor liquidates his personal investment, he must pay a 22.5% (half of 45%) tax on the $2,550 difference between the $4,750 selling price and the $2,200 purchase price, or $574. This leaves him with $4,176 after paying capital gains tax on his personal investment. The doctor ends up with $4,750 when making the investment in his retirement plan and $4,176 when making a personal investment.

Notice that in this example the doctor has the same tax bracket during retirement as during his practice years. It is more likely that his tax bracket will fall during retirement. Should this occur, the retirement plan investment alternative becomes even

TABLE I
Return on Personal Investment

Tax bracket	62%	58%	55%	50%	48%	45%	42%	39%	36%	32%
Taxable income	$100,000-$119,999	$76,000-$87,999	$64,000-$75,999	$44,000-$51,999	$40,000-$43,999	$36,000-$39,999	$32,000-$35,999	$28,000-$31,999	$24,000-$27,999	$20,000-$23,999
Amount earned	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000
Income tax[1] on earnings	(2,000)	(2,000)	(2,000)	(2,000)	(1,920)	(1,800)	(1,680)	(1,560)	(1,440)	(1,280)
Amount available for investment	$2,000	$2,000	$2,000	$2,000	$2,080	$2,200	$2,320	$2,440	$2,560	$2,720
In 10 years investment would grow to: (8% compounded annual growth)	$4,318	$4,318	$4,318	$4,318	$4,491	$4,750	$5,009	$5,268	$5,527	$5,872
Capital gains tax[2] (at one-half ordinary tax bracket)	(580)	(580)	(580)	(580)	(579)	(574)	(565)	(551)	(534)	(504)
Spendable cash	$3,738	$3,738	$3,738	$3,738	$3,912	$4,176	$4,444	$4,717	$4,993	$5,368

[1] *The maximum tax on earned income is 50%.*
[2] *The maximum capital gains tax rate for most physicians is 25%.*

TABLE II
Return on Retirement Plan Investment

Tax bracket	62%	58%	55%	50%	48%	45%	42%	39%	36%	32%
Taxable income	$100,000-$119,999	$76,000-$87,999	$64,000-$75,999	$44,000-$51,999	$40,000-$43,999	$36,000-$39,999	$32,000-$35,999	$28,000-$31,999	$24,000-$27,999	$20,000-$23,999
Amount earned and invested	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000
In 10 years investment would grow to: (8% compounded annual growth)	$8,636	$8,636	$8,636	$8,636	$8,636	$8,636	$8,636	$8,636	$8,636	$8,636
Income tax[1] on retirement benefit	(4,318)	(4,318)	(4,318)	(4,318)	(4,145)	(3,886)	(3,627)	(3,368)	(3,109)	(2,764)
Spendable cash	$4,318	$4,318	$4,318	$4,318	$4,491	$4,750	$5,009	$5,268	$5,527	$5,872

[1]*The maximum tax on retirement benefits is usually 50%.*

more financially advantageous.

While it is possible that the doctor's income tax bracket will rise when he retires, this will probably occur infrequently. If it does significantly rise, it is possible that the personal investment will yield more than the retirement plan. Again, this would be the exception.

If part of the return is received in the form of dividends or if the investments are sold before retirement, the benefit of having the investment in a retirement plan becomes greater yet. Retirement plan investments become even more favorable because dividends are taxed to individuals when they are received and capital gains tax is paid when an individual sells a capital asset profitably. However, dividends received and capital gains copped in retirement plan investments will not be taxed until distributed to the doctor during his retirement. The fact that dividends and realized capital gains go untaxed in a retirement plan allows the portion that would be lost in income taxes to continue earning and appreciating.

The accompanying tables compare an investment of $4,000 in a retirement plan with a personal investment for a ten-year period for all except medicine's highest and lowest earners (see *Medical Economics*, "Doctors' Earnings: Winning the Battle, Losing the War," November 10, 1975).

Remember, you may prefer to make personal investments now, but you may expect to have more money during your golden years if you use a retirement plan. □

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9:45 a.m. Business Meeting, Pennsylvania Council of Health Professionals.

10:30 a.m. "Where in Health Are We Going? — A Declaration of Interdependence" Ralph C. Kuhli, M.P.H., Director of Allied Health Evaluation, American Medical Association, Chicago, Illinois.

Noon: Group Luncheon by Reservation Only, $6.00.

Afternoon:

1:00 p.m. "Use of Audiovisuals in Community Hospital Education" Earl J. Bauer, Bauer Audio Video, Inc., Dallas, Texas, and author of "Pro's Guide to AV," *Successful Meetings* magazine. Pennsylvania Medical Society Conference on Education open to all attendees of morning session and those who are specifically interested in attending this session

4:00 p.m. Adjournment

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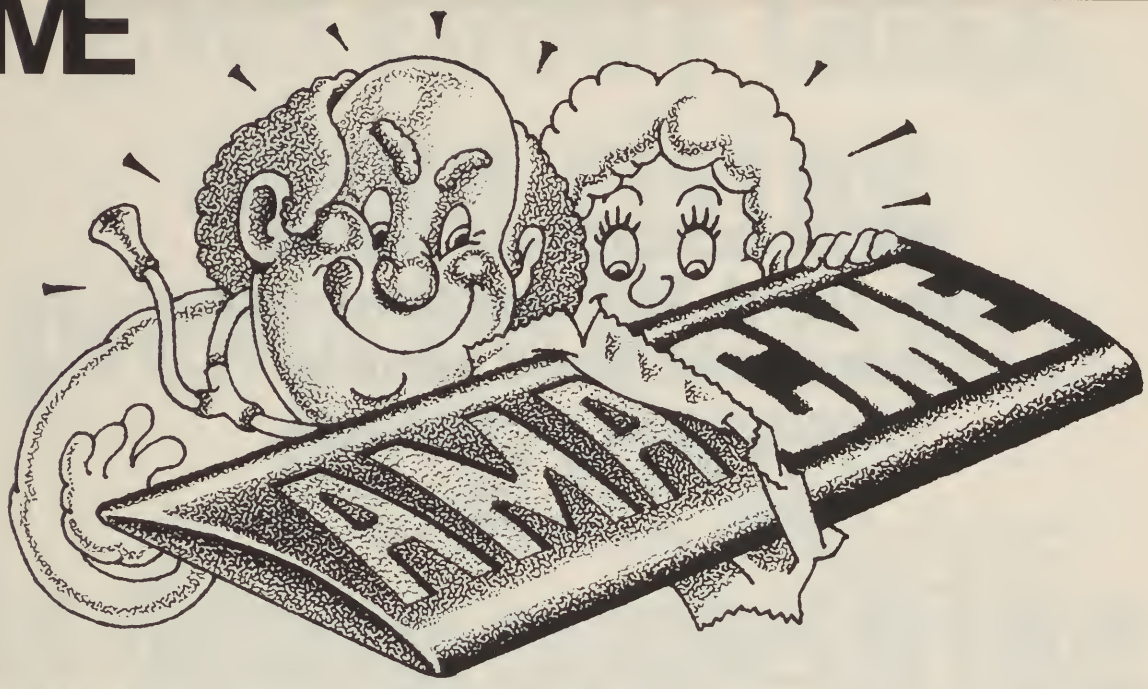

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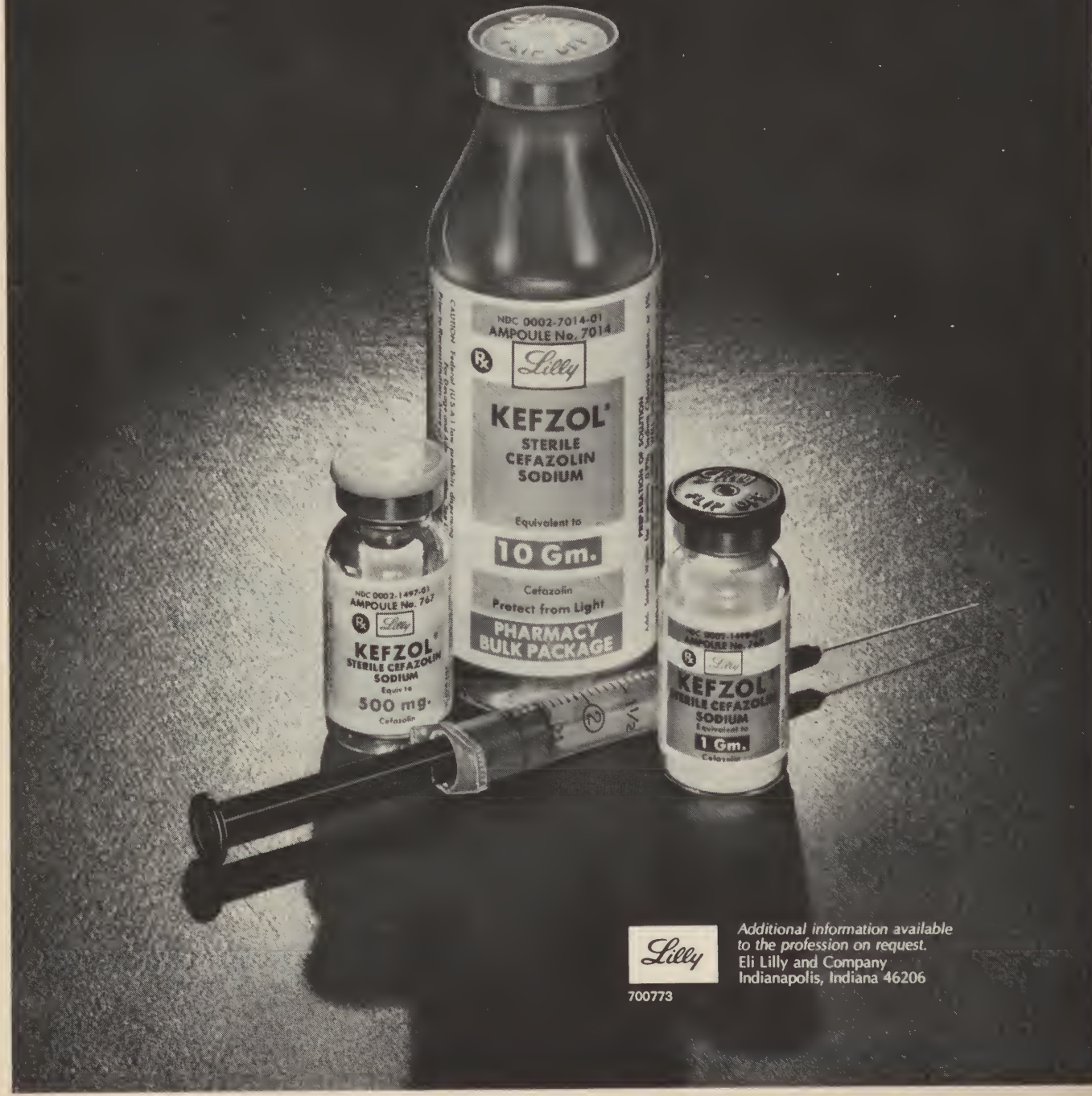

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Computers and medicine

How to decide on a computer

EDWARD H. ACHORN, M.Adm., C.P.A.
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DONALD L. DeMUTH, M.B.A., C.P.A.

The answer to the question of using a computer, whether "in-house" or "out-house," frequently lies in the style of management and not in answers to simple questions.

Technology is advancing rapidly—mini computers are making possible many more in-house installations. According to the July 12, 1977, issue of *Business Week*, the microcomputers are retailing under $1,000. While it is unlikely that they are adaptable to broad commercial application, it is obvious that computer power is now available in one form or another at any level.

How does one decide which way to move—if at all? The first step is usually a cost/benefit analysis, otherwise known as a feasibility study.

Such a study is the topic of many lengthy articles. This article is intended to acquaint the reader with the workings of a feasibility study as well as the reason for it.

The study should provide documented answers to the following questions: How is the work presently performed? What work is to be performed? How is it to be performed? What will it cost on a going basis (continuing cost)? What will it cost to get there (conversion cost)?

Many managers—not just physicians—are tempted to make two fatal mistakes at this point. They are: to assume that the computer is the answer to all their problems; and to avoid being involved in the details. The first assumption is just plain false. The second may be possible if someone on the staff is delegated the responsibility; even so, the physician must maintain a degree of involvement to the point of understanding what is happening. Short of this, disappointment will be the result.

Current operational analysis

The first step is a detailed step by step analysis of business operations. This study should outline—as a minimum—the following: present volumes; detailed procedures in all cases; and itemization of the strengths and weaknesses of the present system.

The volumes to be developed should include (but not necessarily be limited to):

1. Number of patient visits.
   a. By hour.
   b. By day.
   c. Reasons for variations.
2. Number of patients, active.
3. Number of patients, total.
4. Number of medicare claims.
5. Number of Blue Cross claims.
6. Number of other carrier claims.
7. Number of cash receipts, together with payment patterns.
8. Number of cash visits.
9. Number of patient statements.
10. Statements to each patient or to responsible party.
11. Number of no show appointments.
12. Number of claim resubmissions, and patterns of reasons.

One of the benefits of such a study should be the discovery of inherent weaknesses in the present system, with appropriate corrective measures—even before using a system.

Another benefit should be that of ferretting out the strengths to insure they remain strong, and that they or their equivalents are included in the new system.

Such a study may be difficult for the physician to perform. It is time consuming, and pains-taking; yet it should be done. If the physician feels he does not have the time, he should invest in the time of a professional to do it for him. Thereafter, he should review the results—and understand them.

The authors are on the faculty of the Pennsylvania State University's Capitol Campus, Middletown. Mr. DeMuth is an assistant professor of accounting and finance and Mr. Achorn is an assistant professor of accounting and management.

Identify the objectives

The next step should be to identify the objectives of a computer system. Such objectives should have associated with them a relative priority. Some may be a "must." Some may be icing on the cake. All will cost money; therefore, it is essential that they be rated, and the relative cost of providing them should be determined. This will insure the maximum cost performance effectiveness. Such objectives might include:

1. Statement billing monthly.
2. Aged accounts receivable.
3. Medicare billing.
4. Blue Cross and other carriers' billing.
5. Billing statistics.
6. Collection letters.
7. Annual statements to patients for tax purposes.
8. Automatic pricing based on procedure codes.
9. Automatic finance charges.
10. Statement messages to patients.
11. Response time requirements. (Of extreme importance in determining machine requirements.) Example: For purposes of inquiry, if the physician is willing to use last week's Trial Balance and add to it any recent visits from the items unprocessed, he can save money and perhaps use a service center in lieu of in-house equipment. This is a difficult process to understand; however, it is essential to understand the consequences as a part of the process of determining what is acceptable.
12. Extent to which patient records are to be used. If merely for billing, a limited record will suffice. If the intent is to carry referral information, some degree of history, etc., storage requirements increase dramatically.
13. To whom should the computer be available? If one inquiry station will suffice, this translates to dollars. If one is required for each physician in the office, this translates to increased dollars. One inquiry station may be

secured for as little as $3,800, but when the related componentry is included to handle all complexities, its overall cost could run as high as $12,000. Then, too, distance can complicate matters. A cathode ray tube within 30 feet will probably be no problem, but put it across town and it becomes costly—line charges, and communication gear.

Is there a need to establish objectives and priorities? If cost is no object, it is probably not necessary; however, it is seldom the case.

One unique approach to establishing priorities and objectives is to go for the ultimate—that is what we all want. Once the ultimate is established, then repeatedly ask the question, "What does this cost?" Seldom will one find a computer salesman who will do this; when one does, the choice is made. Let him work for you in answering the questions. When the answers are forthcoming and the decisions made, give him the order and proceed. He deserves it, for he has done most of the work.

Another common approach is to establish the maximum amount which you are willing to spend—labor and computer. Then ask the computer salesman how you can get within that range. Be assured that he will find a way. The important thing to remember is that the physician is giving something up to reach that range. Know what is being given up. Is it worth it? Is it only temporary? Will it have to be added later? Is it acceptable?

Vendors' proposals

The next step, assuming the approach mentioned in the preceding paragraphs are not used, is to entertain proposals from vendors. One of the purposes of in-depth analysis of the present system is to establish volumes. The purpose of the next step is to establish objectives and priorities; these should be made available to the vendors.

In your request for proposals, ask the machine vendor to provide the following information:

1. Components Required—purchase price; rental prices and terms; monthly maintenance; total or separate maintenance responsibility? (If split responsibility from multiple vendors, how are questions resolved?)

2. Names of users in your area; refer to at least two. Talk with both machine and top-level non-machine personnel.

3. Support personnel available in your area.

4. Delivery schedule.

5. Software availability. (If package programs, the price? Is it supported? Who owns the programs?) Cost of maintenance programming. (Careful—this is extra. Be meticulous in spelling out the possibilities—rates and responsibilities.)

6. Sample contract. What does it cover? Some vendors will guarantee only that the machine is in operable condition, and no more. Will they make the proposal a part of the contract?

7. Overall procedural flow.

8. Conversion plan and costs and Pert chart to illustrate.

9. If off-line, the effort required to go on-line.

10. Environmental requirements.

11. Suggested programming language. To what extent is it compatible with other hardware? Theirs? Others?

12. Backup facilities. Where can you locate backup in the event of a catastrophe? Determine specifically that machine specifications are compatible.

13. Whose responsibility for testing programs?

14. What are the options if the thing doesn't go as planned?

The service center should be asked to provide answers to the following:

1. Is the firm solvent?

2. Does the firm have knowledgeable talent on its staff—not just computer experts, but people who can talk your language?

3. The names of several present users—again, follow up with key people to insure their quality.

4. Visit their installation. Is it orderly? Are they courteous?

5. Conversion plan costs and Pert chart—can it be amortized?

6. Who owns programs?

7. Who owns data?

8. Whose responsibility for testing programs?

9. Price schedule—normal jobs and special jobs.

10. Schedule and turn around time.

11. What are the potential extra charges?

12. What are the maintenance programming charges?

'Many managers–not just physicians–are tempted to make two fatal mistakes: to assume that the computer is the answer to all their problems; and to avoid being involved in the details.'

---

13. What are the options if the thing does not go as planned?

Evaluating proposals

The next step is the evaluation of the proposals—probably the most difficult because seldom is it possible to match apples and apples.

By answering the following questions, certain choices can be narrowed:

Should I go in-house or service center?

Are there any traps which lock me into this vendor? (Data compatibility; program compatibility; expansion and contraction possibilities.)

What are the economics of the choices?

Will I have the support of the organization? (Be specific—will they make it contractual?)

Once the choices are narrowed down to one or two, an examination of the organization behind the proposal is important: Do they understand your needs; are they capable of supplying them? Beware of the salesman who seems to have all the answers. He is an unusual breed if he does.

Once the selection is made, it is common courtesy to notify all interested parties. At this point, since you have been objective, you will now have to be firm. Do not look back once you have made the decision. Notify the vendors and become unavailable; then pick up your conversion plan and Pert chart and proceed. □

Review of the literature

Complications associated with mediastinoscopy

CHONG M. LEE, M.D.
Youngstown, Ohio

LARRY B. GROSSMAN, M.D.
Hershey

Surgical entry into the superior mediastinum for therapeutic purposes has been practiced for decades. In 1899, Heidendain[1] performed the successful drainage of a mediastinal abscess; and in 1901, von Hacker[2] described a technique of mediastinotomy for surgical treatment of mediastinitis.

Despite the surgical knowledge, the entry into the mediastinum for a diagnostic measure was not developed until the 1950s. In 1948, Daniels[3] first introduced a technique of prescalene node biopsy. Subsequently, in 1954, Harken, *et al.*,[4] described cervicomediastinal exploration for tissue diagnosis of intrathoracic diseases. They considered that their procedure was useful and carried no serious complications.

In 1959, Carlens[5] introduced a midline mediastinoscopy for inspection and tissue biopsy of bronchial carcinoma in the superior mediastinum. The diagnostic result with his approach was much higher than in the reported series of scalene node biopsy. Carlens had stated that in over 100 mediastinoscopies there were no complications; since that report, mediastinoscopy has gained widespread use in Europe and North America. The major indications for mediastinoscopy are to obtain a tissue diagnosis without thoracotomy in various intrathoracic lesions,[6] and to assess the operability in bronchial carcinoma.

Mediastinoscopy has proved to be a simple and valuable diagnostic method with minimal morbidity and mortality.[7-14] A review of the literature, however, reveals a number of serious complications associated with mediastinoscopy.[15-20] In 11,328 cases analyzed by Bacsa, *et al.*, the incidence of complications was 1.34 percent. Ashbaugh[17] found that in his review of 9,543 cases, the overall complication rate was 1.5 percent. Some of the complications have resulted in fatal consequences.

Clagett[21] states that mediastinoscopy should be approached in the same way as entry into the state of matrimony, which in the words of the Anglican Book of Common Prayer: "Should not be taken in hand unadvisedly, lightly or wantonly, but reverently, discretely, advisedly, soberly and in the fear of god." Clagett adds, ". . . with fear of life-threatening complications." In preparation for this paper, which reviews the common complications associated with mediastinoscopy, the authors researched the complications mentioned in the literature (Table I).

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Pneumothorax

A pneumothorax interferes with respiratory and cardiovascular function rapidly. Pneumothorax can occur secondary to alveolar rupture, rupture of a subpleural bleb, injury to fascial planes of the neck, and direct injury to the pleura.

Since the mediastinal pleura lies close to the trachea, the pleura can be entered inadvertently during mediastinoscopy. The largest series studied by Bacsa, *et al.*,[15] records that pneumothorax plus hemothorax was the most frequent complication, with a rate of 0.4 percent. In 6,490 patients reviewed by Ashbaugh,[17] the second most common complication was pneumothorax, involving 43 patients (0.7 percent). Furgang, *et al.*,[22] reported a case of bilateral tension pneumothorax which developed during mediastinoscopy, and they discussed the danger of a massive increase in the size of the pneumothorax with use of a high percentage of nitrous oxide as an anesthetic agent. Pearson[6] described three cases of pneumothorax in his own series of 557 mediastinoscopies. In each instance the lung on the right side was mistaken for anthrocotic lymph nodes, and the pleura was biopsied with forceps.

The mediastinal pleura on the right

TABLE I
Complications
Associated with Mediastinoscopy
as Reported in the Literature

I. Intraoperative Complications
- Hemorrhage
- Hemothorax
- Chylothorax
- Pneumothorax
- Recurrent Laryngeal Nerve Injury
- Phrenic Nerve Injury
- Vagus Nerve Injury
- Hemiparesis
- Esophageal Perforation
- Perforation of Bronchus and Trachea
- Compression of Innominate Artery
- Air Embolism
- Cardiac Arrhythmia
- Cardiac Arrest
- Death

II. Postoperative complications
- Mediastinitis
- Mediastinal Abscess
- Wound Infection
- Hydropneumothorax
- Mediastinal Emphysema
- Subcutaneous Emphysema
- Acute Tracheal Collapse
- Postoperative Respiratory Distress
- Mediastinal Hematoma
- Spreading of Tumor Cells
- Death

side is in close relationship to the upper part of the superior vena cava, innominate artery and vein, trachea and esophagus. On the left side, the pleura makes contact with the aortic arch, the left common carotid, and subclavian arteries. This anatomical relationship of the pleura in the mediastinum is responsible for the higher rate of pneumothorax in the right side.

If the pleura is torn, the pneumothorax may increase in size with spontaneous respiration during the mediastinoscopy. A cough which is likely to be caused by compression of the trachea during surgical dissection can produce a higher negative pressure in the intrapleural space, and in this way increase the size of the pneumothorax.

Many authors point out that a large pneumothorax could be prevented if a positive airway pressure were maintained until the end of the procedure. Using this technique, one prevents air from entering the intrapleural space. Others suggest inflation of the lungs forcefully at the near conclusion of the operation. This allows any air in the intrapleural space to escape, thereby preventing a pneumothorax in the event of a pleural tear. In the postoperative period there have been deaths from the result of pneumothorax.[8] A routine chest x-ray is indicated in the immediate postoperative period to detect a possible pneumothorax.

Hemorrhage

The mediastinal tissue is sparsely vascularized. Therefore, mediastinoscopy is usually accomplished with minimal blood loss. However, the literature reports life-threatening hemorrhage associated with this diagnostic procedure.[15,17,23,24] Hemorrhage was the third most common complication in the series studied by Bacsa, *et al.*[15] Hemorrhage occurred with 31 patients, and 17 patients required further surgery to control the bleeding. Ashbaugh[17] found that hemorrhage was the most frequent complication in his review of 36 collected series. Among 48 patients who had bled profusely, 11 required thoracotomy for hemostasis. In 14 series, involving 3,742 patients studied by Foster, *et al.*,[16] excessive bleeding occurred in 22 patients and thoracotomy was necessitated in 4 instances.

The incidence of hemorrhage in the three large series discussed earlier was approximately 0.5 percent. Among these with serious hemorrhage, 30 percent of the patients required thoracotomy for hemostasis. The hemorrhage was not always controllable, and occasionally led to fatal consequences.[23,24]

Major hemorrhage occurs when large vessels are torn or biopsied inadvertently. In fact, every artery and vein in the mediastinum and the heart[25] is vulnerable (Table II). The predisposing factors are: the anatomic variations of vessels; pathology of vessels such as aneurysm of an artery, infiltration of tumor into the vessels, extended surgical intervention beyond its merit; and most of all the inexperience of the mediastinoscopist.

Mast, *et al.*,[25] found from their fresh cadaver study that in 25 percent of the dissections the innominate artery rose slightly above the suprasternal notch. This observation should be kept in mind when making the initial incision. The accidental tear or biopsy of a large vessel can be avoided with careful dissection of lymph nodes and needle aspiration of all structures prior to biopsy. Since hemorrhage is one of the most common complications, and probably the most serious one, an intravenous route should be secured with a large bore catheter, preferably 14 gauge. In addition, at least three units of properly typed and crossmatched whole blood should be available.

Besides major hemorrhage, a sizable mediastinal hematoma[26] requiring remediastinoscopy, and a hemopneumothorax[27] treated with chest tube drainage have been reported. The following is a brief case history. A 56 year old man was mediastinoscopied under general anesthesia. During the surgical intervention the left pulmonary artery was lacerated, which resulted in massive bleeding. The bleeding could not be controlled by tamponade and emergency thoracotomy was required. The patient became hypotensive and rapid administration of two units of whole blood and 500 ml of plasmanate were necessary to resuscitate the patient before the bleeding was controlled surgically. The patient made an uneventful recovery.

Recurrent laryngeal nerve palsy

The left vagus enters the thorax between the left common carotid and subclavian arteries. The nerve crosses the aortic arch and then gives off the left recurrent laryngeal nerve. The left recurrent laryngeal nerve winds under the aortic arch and comes to lie in close proximity to the left side of the trachea. The nerve then passes posteriorly to the tracheo-esophageal groove and ascends into the neck. The right vagus nerve descends into the thorax between the mediastinal pleura and the right side of the trachea. After the vagus crosses the anterior aspect of the subclavian artery, its recurrent laryngeal branch loops under the subclavian artery and returns to the neck.

The recurrent laryngeal nerves are

within the field of mediastinoscopic exploration. Ashbaugh[17] found a frequency of 0.33 percent. Bacsa, *et al.*,[15] reported an incidence of 0.35 percent, which was the second most common complication in their study. As demonstrated in the large series, the incidence of recurrent laryngeal nerve palsy is about 0.3 percent. Most of the vocal cord paralysis reported was left-sided. This is probably due to the fact that the left recurrent laryngeal nerve has a longer path and lies nearer the trachea than the right recurrent laryngeal nerve.[28] Therefore, special care to the left side of the trachea is advised. This particular nerve may be damaged by being sectioned by the biopsy forcep or contused by any mediastinoscopic instruments. Compression by either hematoma or edema in the surrounding tissue may also contribute to the nerve palsy. The vocal cord paralyses reported have been unilateral, bilateral, temporary, or permanent; however, half of the reported cases have been permanent. Unilateral vocal cord paralysis manifests itself in hoarseness; bilateral paralysis may be followed by hoarseness, inspiratory stridor, or severe respiratory distress. This often requires prompt endotracheal intubation or tracheostomy.

Widstrom[29] stresses the importance of preoperative examination of the vocal cords, especially in cases of lung cancer when paralysis of the vocal cord is considered to be a sign of inoperability. This finding could negate the use of mediastinoscopy. He also suggests a routine examination of the vocal cords after the procedure.

Compression of the innominate artery

The innominate artery crosses the midtrachea and lies about 6 cm below the cricoid cartilage. As a mediastinoscope passes behind the suprasternal notch, its anterior surface comes into contact with the posterior aspect of the innominate artery. Therefore, the artery is often compressed between the sternum and the mediastinoscope, resulting in diminishing blood flow not only to the right arm, but of more importance, to the brain through the right common carotid and right vertebral arteries. This is easily relieved by reducing the pressure on the artery.

TABLE II
Sites of Major Bleeding During Mediastinoscopy as Reported in the Literature

I. Arteries	II. Veins
Ascending Aorta	Superior Vena Cava
Aortic Arch	Innominate Vein
Pulmonary Artery and Its Divisions	Azygos Vein
Innominate Artery	Jugular Vein
Bronchial Artery	Venous Plexus

Trikle, *et al.*,[30] describes a case of transient left hemiparesis following mediastinoscopy, which they attribute to compression of the innominate artery. The authors are unable to assess the incidence and significance of this complication because of the lack of published data. However, compression of the innominate artery probably occurs frequently; particular care should be exercised with patients known to have significant arteriosclerotic disease of the carotid arteries. As a matter of technique it is suggested that the anesthesiologist monitor the pulse very closely in the right arm. Following is a brief case history illustrating this complication.

A 45 year old man had a mediastinoscopy for evaluation of his mediastinal mass. During an examination with a mediastinoscope, the anesthesiologist noted a sudden loss of blood pressure and pulse in the right arm. The electrocardiogram was unchanged. The right femoral pulse was strong and regular. Upon withdrawal of the mediastinoscope, as requested by the anesthesiologist, the blood pressure and pulse returned promptly to normal, as the mediastinoscope had compressed the innominate artery.

Perforation of the esophagus

The esophagus lies posterior to the trachea and away from the range of mediastinoscopy throughout its course in the superior mediastinum. In the subcarinal region the esophagus is situated to the left of midline at the tracheal bifurcation, where it may become vulnerable. Damage to the esophagus is likely to occur during dissection of paratracheal, superior, and inferior tracheobronchial lymph nodes, particularly if the trachea is deviated.[16] The risk of esophageal perforation would be increased in the presence of pulsion or traction diverticulum of the esophagus. Perforation of the esophagus may cause an acute inflammatory process of the mediastinum, pleural effusion, and occasionally, pneumomediastinum. Surgical intervention should be undertaken without delay. An ordinary transthoracic closure of the perforation will usually suffice.

Infection in the mediastinum

Recent experience has shown that the mediastinum is fairly resistant to infection. In two large series covering 17,818 cases, there were 16 cases of infection and one death directly related to the mediastinitis. Preciado, *et al.*,[13] have noted that nearly 50 percent of the patients developed a significant temperature elevation on the evening of the operation. They considered this secondary to mild mediastinal inflammation. In all cases the fever subsided spontaneously by the next morning without treatment. The most common cause of acute mediastinitis is perforation of the esophagus.

Cardiac arrhythmia

The cardiac plexus over the distal end of the trachea and its bifurcation is vulnerable to the mediastinoscopy. The effect of manipulation within the cardiac plexus is not clear. But bradycardia and hypotension have occurred during manipulation in the deeper part of the superior mediastinum.[31] Such disturbances are referable to irritation of the vagal cardiac plexus. This is alleviated easily by altering surgical manipulation or by the administration of atropine.

A case of cardiac arrhythmia, reported by Preciado,[12] was due to an

unsuspected myocardial biopsy. It is prudent that the patient's electrocardiogram be monitored closely.

Seeding of metastatic tumors

Dissemination and implantation of malignant cells following biopsy or surgical excision of tumors have long been known. Muller[32] reports a case of implantation metastasis in the skin scar of the neck after mediastinoscopy. This probably originated from metastasis of bronchial carcinoma in a lymph node. Barraclough, *et al.*,[10] present a case in which oat-cell carcinoma from a lymph node biopsy was implanted in a mediastinoscopy wound. The tumor cells were presumably carried by the instrument used in the operation.

TABLE III

Actual Causes of Death as Reported in the Literature

Hemorrhage
Pneumothorax
Mediastinal Infection
Air Embolism
Cardiac Arrest
Acute Circulatory Insufficiency
Severe Respiratory Distress
Postoperative Pneumonia
Myocardial Infarction
Extension of Malignant Tumor

Undoubtedly, certain conditions must exist for the development of disseminated malignant cells. Freise, *et al.*,[33] discuss three favorable factors in development of implantation tumor: (1) the quality of neoplasm; (2) the quantity of disseminated cells; and (3) the resistance of the organism. Implantation tumor has been observed in rare occasions after mediastinoscopy.

Mortality

The operative mortality reported with mediastinoscopy is low. In the series of Ashbaugh,[17] the overall mortality was 0.09 percent. The mortality rate was 1:4,000 in the largest series analyzed by Bacsa, *et al.*[15] Maassen's[34] report on 1,400 mediastinoscopies collected from different hospitals record a mortality of 0.2 percent. Flyn, *et al.*,[35] collected information on 1,087 mediastinoscopies from published reports and show 4 deaths (0.3 percent).

Although all the complications listed in this review could be contributing factors to operative mortality, the actual causative factors of the reported deaths have been limited mostly to the mishaps occurring during surgical intervention and the course of anesthesia management (Table III).

Massive hemorrhage appears to be the most common cause of death. At times, excessive bleeding from torn major vessels in the mediastinum cannot be controlled by tamponade or with thoracotomy: Tucker[23] reports three instances of death from hemorrhage of the large vessels, in spite of emergency thoracotomies. MacVaugh, *et al.*,[24] discussed a death that followed a tear of the right pulmonary artery, despite a prompt thoracotomy. Even if there are more deaths which have not been reported, mediastinoscopy spares many exploratory thoracotomies. The surgeon and anesthesiologist must be aware of, and at all times alert to, the dangers confronting the patients during such an operation.

Summary

Mediastinoscopy is a simple and useful diagnostic procedure for intrathoracic lesions. The overall complication rate is 1.34 percent, and the operative mortality is 1:4000. Pneumothorax is the most frequent complication and hemorrhage is the most common cause of death.

Awareness of the problems occurring in mediastinoscopy is mandatory as it provides for early diagnosis and prompt treatment. Increasing experience and proper surgical technique will further decrease morbidity and mortality associated with mediastinoscopy. □

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Cellulitis in children—a five year review

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Cellulitis is an acute, subacute, or chronic inflammation of loose connective tissue, particularly subcutaneous tissue. It occurs most commonly as a complication of a wound or ulcer, but may develop suddenly in previously normal skin.

Cellulitis is usually caused by either streptococcus, staphylococcus, or haemophilus influenzae.[6] Haemophilus influenzae should be considered as a causative agent of cellulitis, especially between ages 6 months to 2 years.[6] Recent literature has contained isolated reports of cellulitis in children.[1, 2, 3]

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The author has reviewed medical records of Harrisburg Hospital from the years 1971 to 1975 in order to determine recent trends in the etiology of cellulitis.

The study is based on the records of 45 patients, with diagnoses of cellulitis, who were admitted to the pediatric floor of Harrisburg Hospital

TABLE I
Cellulitis

Total No. Cases	*Pneumococcus*	*Haemophilus Influenzae*	*Staphylococcus Aureus*	*β Streptococcus Group A*	*β Streptococcus Non Group A*	*No Growth*
45	*3*	*4*	*15*	*3*	*3*	*17*

TABLE II
Age Distribution

Age (Years)	*Pneumococcus*	*Haemophilus Influenzae*	*β Staphylococcus Aureus*	*β Haemolyticus Streptococcus Group A*	*Haemolyticus Streptococcus Non Group A*	*No Growth*
0-1	*3*	*1*	*5*	-	*1*	*6*
1-2	-	*3*	*4*	*1*	-	*3*
2-3	-	-	*1*	*1*	-	-
3-4	-	-	*1*	*1*	-	*1*
4-10	-	-	*4*	-	*2*	*7*

1971 to 1975. Inocula for cellulitis were obtained by injecting and withdrawing sterile saline into lesions. Purulent material from local sites, blood cultures, and spinal fluid were cultured where warranted clinically. Blood cultures were performed for both aerobes and anaerobes.

Results of the study are shown in Tables I to V.

Of the 45 cases of cellulitis, staphylococcus aureus was the most common pathogen (33 percent). Staphylococcus aureus was uniformly resistent to penicillin except in one case. Other organisms involved were haemophilus influenzae, pneumococcus, and β haemolyticus streptococcus, both group A and non group A. No pathogens were recovered from 33 percent of the cases and none of these had received prior antibiotics.

Associated positive blood cultures were most frequent in haemophilus influenzae cellulitis (75 percent). This finding is in agreement with previously reported high incidence of positive blood cultures in haemophilus influenzae cellulitis.[2] One of our cases developed meningitis from the same organism. The importance of recognizing the entity is related to bacteremia which often accompanies that type of cellulitis. The bacteremia may lead to metastatic meningitis, osteomyelitis, or pyarthrosis.[5] The bluish-purple color of the swelling, high temperature, age of the patient (under 6 years), site of the swelling (more often on cheek) should alert the physician to the possible role of haemophilus influenzae as the agent responsible for cellulitis.

Staphylococcus aureus was the most common pathogen isolated locally from cervical soft tissue swelling (50 percent). All of the cervical swellings eventually became fluctuant and were drained surgically. In most cases, suppurative lymph nodes were the source of overlying soft tissue swelling. The etiology in one case was group A β hemolyticus streptococcus and no organisms were isolated in 45 percent of cervical swellings.

Considering the organisms involved in cellulitis it may be advisable to use a combination of Nafcillin and Ampicillin as the first line of therapy, especially under 6 years of age, until culture reports are obtained. □

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TABLE III
Organism and Site of Lesion

		Face		
	Cervical	*Cheek*	*Eyelids or Periorbital*	*Extremities*
Staphyloccus Aureus	9	1	-	5
Group A β Haemolyticus Streptococcus	1	1 (scalp)	-	1
Haemophilus Influenzae	-	2	1	1
Pneumococcus	-	1	1	1
Non Group A β Haemolyticus Streptococcus	-	-	1 (scalp)	2
No Organism Isolated	8	2	-	7

TABLE IV
Site of Culture

Organism	*Total No.*	*Blood*	*Local Drainage*	*Throat*	*N.P.*	*Complications*
Staphylococcus Aureus	15	-	15	-	1	-
Haemophilus Influenzae	4	3	-	-	1	*Meningitis(1)*
Pneumococcus	3	1	2	-	-	-
Group A β Haemolytic Streptococcus	3	-	3	1	-	-
Non Group A β Haemolytic Streptococcus	3	-	3	-	-	-

TABLE V
Color of Swellings in Different Forms of Bacterial Cellulitis

	Total No.	*Color of Swelling*	
		Red	*Bluish-Purple*
Staphylococcus Aureus	15	15	-
Haemophilus Influenzae	4	2	2
Pneumococcus	3	1	1
Group A β Haemolyticus Streptococcus	3	3	-
Non Group A β Haemolyticus Streptococcus	3	3	-

Philadelphia case study

Transmission of human pulmonary tuberculosis

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A reduction in rate of detected active cases through better drugs, more reliable treatment programs, and effective surveillance have engendered a great degree of confidence in the control of tuberculosis. The lower rates for new cases has permitted a reduction in spending for tuberculosis control programs. Public health departments are becoming bolder in experimenting with cost cutting as long as the active case rate is manageable—theoretically, a dangerous pursuit.

Philadelphia's serious financial problems have curtailed spending in the health field. The following case study demonstrates the continued potential for micro-epidemics of tuberculosis in a city with a declining active case rate, and illustrates the effectiveness of the current surveillance despite program cutbacks.

Case report

While hospitalized, G.C., a black, 75 year old widow living with her daughter, was found to have active pulmonary tuberculosis. Her case was reported to the Philadelphia Health Department (PHD). Her physician treated her with effective drugs (INH, RIF, AMB) and sent her home to continue office treatment and restrict her activity.

While anti-tuberculous treatment was supervised by her physician, the PHD district office near her home monitored her contacts. Her family of two daughters and one son-in-law, their four children and grandchildren were tested. Seven reactors were found and given isoniazid prophylaxis.

Within the month following detection of G.C., 17 others, contacts through G.C.'s church activities, were found to be infected. The activities consisted of participating in church affairs and going to church in a van driven by her minister (Rev. McN.) each Sunday. In the van were 15 members of three families, all of whom were infected. Two infected family members did not go to church.

Subsequent mycobacterial cultures of the van dust were negative and none of the 15 van riders other than G.C. were found to have positive sputum. Of the 24 family and church contacts, only one, her daughter, was living with G.C. The others saw her about one-half day or less per week. Fifteen were children who developed primary tuberculosis. Six became tuberculin converters; five were reactors with no prior tuberculin tests.

The high yield in G.C.'s contacts, her positive sputum, social habits and the timing of tuberculin conversion noted are all consistent with G.C.'s being the source case for the micro-epidemic. So far no tertiary cases have been detected among contacts of the secondary cases. No other church member or family member is known to be an active case with positive sputum.

Was this epidemiologic result unusual? Certainly, in the recent experience of the Philadelphia Health Department it was a high contact rate for a single source case. Yet, in many respects, her case (G.C.) was not unusual for she appears to have been a typical elderly, religious lady, fond of children.

Surveillance was excellent and the Philadelphia Health Department was aided by a school tuberculin testing program which uncovered the first contact (J. McN.), a 17 year old, who rode the van to church with G.C. each Sunday. A large assist was provided by J. McN.'s father, the reverend who drove the van. He recognized the potential for infection and warned his family and congregation, who all eventually came to local health districts for tuberculin testing.

These points are emphasized because of a recent tendency to relax the definition of a contact to include only someone living in the same household or someone with multiple hours of exposure each day. A non-household and other more casual contact is less likely to be tested. This applies to members of the same church or occupants of a car or bus carrying a source case, and so on. It is incumbent upon those responsible for finding contacts of positive sputum cases to skin test all contacts and advise x-ray in tuberculin reactors.

It is possible that stricter isolation of G.C. could have prevented the infection of some of her contacts, but such isolation is not practiced today, except in rare circumstances. G.C. received the best available therapy, (INH, RIF, AMB), so that was not a factor in the epidemic.

Conclusions

The author is disturbed by the fact that a micro-epidemic of tuberculous infection occurred in a city in which active tuberculosis is declining and a tuberculosis control program exists despite budget restrictions. Perhaps the surveillance results are not unusual and 24 infections for a single source case is near the norm for tuber-

Dr. Stoloff is a specialist in the Chronic Respiratory Disease Section of the Philadelphia Health Department. He is an associate professor of medicine and associate professor of community health and preventive medicine at Jefferson Medical College, Thomas Jefferson University, Philadelphia.

Note: The opinions expressed do not necessarily reflect those of the Philadelphia Health Department.

G. C. (Source Case)						
Family Tested (7)			*Bus and Church Contacts (17)*			
Health District 1			*Health District 8*		*Health District 8*	
*A. Nor.	*(daughter)*	*R (INH)*	*Rev. McN.*	*R (INH)*	*F. Pi., Jr.*	*R (INH)*
T. Nor.	*(granddaughter)*	*R (INH)*	*Mrs. McN.*	*R (INH)*	*J. Pi.*	*R (INH)*
A. Nor.	*(great granddaughter)*	*R (INH)*	*T. McN.*	*A (INH&PAS)*	*R. Pi.*	*R (INH)*
			L. McN.	*A (INH&PAS)*	*S. Pi.*	*A (INH&PAS)*
Health District 7			*D. McN.*	*A (INH&PAS)*	*F. Jon.*	*R (INH)*
			J. McN.	*C (INH)*	•*F. Pi., Sr.*	*R (INH)*
A. Nix	*(daughter)*	*R (INH)*	*D. McN.*	*C (INH)*	•*Mrs. Pi.*	*R (INH)*
S. Nix	*(granddaughter)*	*R (INH)*	*S. McN.*	*C (INH)*	o*C. Rob.*	*C (INH)*
J. Nix, Jr.	*(grandson)*	*R (INH)*	*C. McN.*	*C (INH)*	+*A. Rob.*	*A (INH&PAS)*
J. Nix, Sr.	*(son-in-law)*	*R (INH)*			+*N. Rob.*	*A (INH&PAS)*

* *Only household contact of G.C.*
o *Rev. McN. daughter*
\+ *Grandchildren of McN and Pitts families*
• *Mr. & Mrs. Pitts did not ride bus or go to church*

Twenty-four contacts of G.C. (+ sputum culture in April 1976). Final diagnoses were: 6 primary actives (A); 5 tuberculin converters (C); 13 reactors (R); all given chemo-prophylaxis or therapy.

culosis in a large city with a high proportion of susceptibles. If so, what can be expected in view of anticipated cuts in the control programs?

Private physicians in Pennsylvania may be called upon to bear an increasingly larger share of the responsibility for tuberculosis control. To do a proper job requires use of public health surveillance facilities where available, an interest in the epidemiologic evaluation of infectious persons under care, and the desire and tenacity to detect and bring to chemo-prophylaxis or treatment all infected contacts.

Current procedure emphasizes testing of close household contacts who spend about 5-6 hours per day with a positive sputum case; less emphasis is placed on testing other contacts with less intense exposures. The author believes this policy to be outdated. Although the active case rate among casual contacts should be less than among intimate contacts, enough cases in casual contacts exist to justify tighter surveillance, particularly at a time when nurse epidemiologists have a lighter case load. The dividends from a more inclusive contact program are obvious from the study reported above; physicians should not settle for anything less. □

book review

Handbook recommended as valuable reference

EDWARD C. ALBEE, M.D.
Lancaster

Diagnosis and Evaluation of the Drug Abusing Patient for Treatment Staff Physicians, National Drug Abuse Center for Training and Resource Development, Rosslyn, Virginia.

Diagnosis and Evaluation of the Drug Abusing Patient for Treatment Staff Physicians is a concise and comprehensive handbook which acquaints the physician with current treatment alternatives. It gives him a quick reference of the physical and psychological signs and symptoms essential to an accurate diagnosis, and suggests realistic courses of therapy.

Included in the guide are: check lists of questions to ask the patient which supplement the sections on patient interview and physical examination; charts listing 63 signs and symptoms which help distinguish withdrawal, intoxication, and overdose within the five major classes of abused drugs; and an up to date bibliography which aids those involved in the treatment of conditions complicated by drug addictions, such as pregnancy and hepatitis.

Dr. Albee is the director of the drug and alcohol program at Lancaster General Hospital.

Tests to take before and after reading are useful tools for the teaching physician as well as the practicing physician who wants to sharpen his skills.

The booklet may be obtained from the National Drug Abuse Center for Training and Resource Development, 1901 N. Moore St., Rosslyn, VA 22209.

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Continued

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(Six credit hours, Category I, AMA PRA)

Auditorium of the Center Building
Fox Chase Cancer Center

Wednesday
November 16, 1977

Recent Trends in Diagnosis and Therapeutics of Various Important Diseases in Daily Practice

Morning Session 8 a.m.

"Use and abuse of diuretics" Jacob Zatuchni, Professor and Director of Medicine, Temple University

"Hypertension 1977" Marvin Moser, M.D., Chairman, Joint National Committee on Detection, Evaluation, and Treatment of Hypertension, Clinical Professor of Medicine, New York Medical College, Valhalla

"Empirical Antibiotic Therapy" Herbert L. DuPont, M.D., Professor and Director, Program in Infectious Diseases and Clinical Microbiology, University of Texas Medical School

"Thyroid Diseases" Leslie I. Rose, M.D., Professor of Medicine, Hahnemann Medical College

Afternoon Session 1 p.m.

ANNUAL JEANES MEMORIAL LECTURE: "The Hepatitis Virus in Health and Disease" Baruch S. Blumberg, M.D., Associate Director for Clinical Research, Institute for Cancer Research, Philadelphia, 1976 Nobel Laureate

"Precise Control of Diabetes by Multiple Jet Injection of Insulin and Self-Monitoring of Blood Glucose" T. S. Danowski, M.D., Director, Department of Medicine, University of Pittsburgh School of Medicine

"Which is Better: Physical Examination, History, or Laboratory Test?" Ray Gambino, M.D., Professor of Pathology, Columbia Presbyterian Hospital, New York, N.Y.

Tuition: $30, includes luncheon. Please make checks payable to Jeanes Hospital Medical Staff. Mail to Yung H. Kim, M.D., Jeanes Hospital, 7600 Central Avenue, Philadelphia, PA 19111

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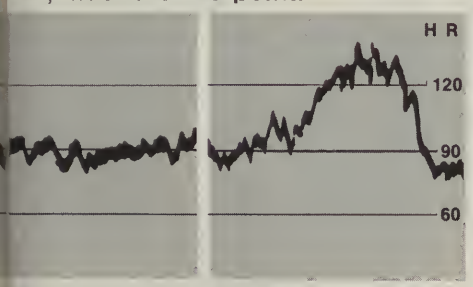
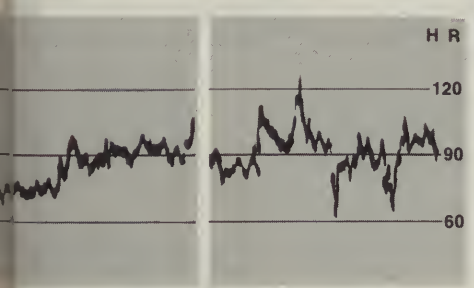
The energy cost of sex to the heart is relatively modest.
Over 80% of post-coronary patients can ultimately resume sexual activity without serious risk. Hellerstein and Freedman demonstrate that mean maximal heart rate during orgasm with spouse (as opposed to extra-marital sex) in 14 post-infarct patients is lower than that during usual occupational activity.

Representations below of actual EKG readings of an attorney, post MI, illustrate the point:



A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



C. Pre-orgasm sex activity (about 90 beats/min)

D. Peaks at orgasm (120 beats/min)

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Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26, 1920—

Social Security Bill Is Signed; Gives Pensions to Aged, Jobl

Roosevelt Approves Message Intended to Benefit 30,00 Persons When States Adopt Cooperating Laws—He C the Measure 'Cornerstone' of His Economic Progra

WASHINGTON, Aug. 14, The Social Security Bill, pr a broad program of unempl insurance and old age pe and counted upon to benefi 20,000,000 persons, became day when it was signed by dent Roosevelt in the pres those chiefly responsible f ting it through Congress.

Mr. Roosevelt called the m "the cornerstone in a st which is being [illegible] me s c ple [illegible] ri to [illegible]

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent to [illegible]

TRUMAN CLOSES TED NATIONS CONFEREN ITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the [illegible]

OL SIGN the Draf Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that [illegible]

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA
THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

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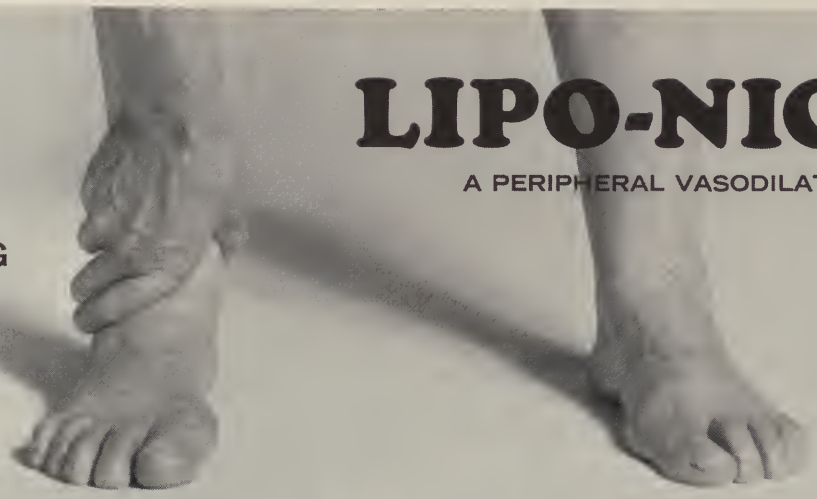

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Pyridoxine HCL (B-6).. 10 mg.
DOSE: 1 to 5 tablets daily.
AVAILABLE: Bottles of 100, 500, 1000.

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Niacinamide ..... 75 mg.
Ascorbic Acid .....150 mg.
Thiamine HCL (B-1) .. 25 mg.
Riboflavin (B-2) ..... 2 mg.
Pyridoxine HCL (B-6).. 10 mg.
DOSE: 1 to 3 tablets daily.
AVAILABLE: Bottles of 100, 500, 1000.

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LIPO-NICIN/300 mg.
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Thiamine HCL (H-1) .. 25 mg.
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In a special base of prolonged therapeutic effect.
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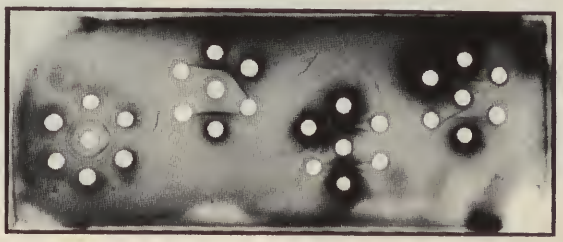

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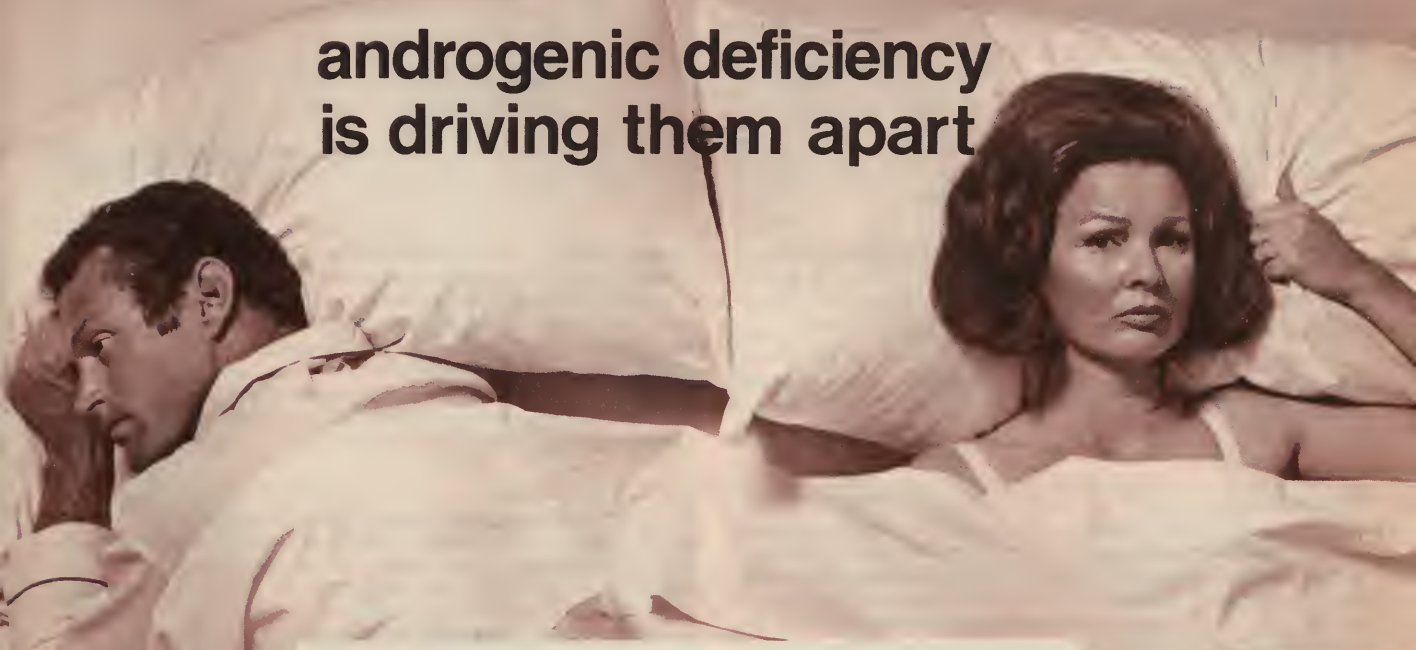

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

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obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Anthony F. Antognoli,** Peckville; Georgetown University School of Medicine, 1933; age 70; died July 2, 1977. He had practiced family medicine in Peckville for 40 years.

• **Frederick S. Baldi,** Newtown; University of Pennsylvania School of Medicine, 1910; age 90; died June 7, 1977. He had been superintendent and medical director of Philadelphia County prisons from 1932 to 1953 and headed Rockview State Penitentiary from 1953 to 1956 when he retired. He was a past president of the Philadelphia County Medical Society.

• **Robert C. Bastian, Jr.,** Williamsport; Jefferson Medical College, 1957; age 46; died May 16, 1977. He had served as a physician in the United States Army from 1958 to 1965.

• **Stanley F. Boc,** Kensington; Hahnemann Medical College, 1942; age 63; died July 30, 1977. He was a staff member of Doctor's, Lawndale, and Predecessor Olney hospitals and had been a school physician for the Philadelphia Board of Education.

• **Frederick B. Clemens,** Berwick; Hahnemann Medical College, 1953; age 51; died August 9, 1977. He was on the board of directors of the Central Pennsylvania Health Systems Agency and a member of its Primary Care/Emergency Health Services Committee. He had been chief of staff of Berwick Hospital until June of 1977, when he became chief of obstetrics at the hospital.

• **Miles O. Colwell,** Natrona Heights; University of Pennsylvania School of Medicine, 1943; age 60; died July 24, 1977. He was vice president of health and environmental service for the Aluminum Company of America. He had been an officer of the American Occupational Medical Association and director of the Occupational Health Institute, Inc., and the Community Health Association of Western Pennsylvania.

• **Eugene A. Conti,** Annapolis, Maryland; University of Pittsburgh School of Medicine, 1927; age 73; died July 21, 1977. He had been a member of the obstetrics and gynecology staff of Pittsburgh Hospital from 1930 until his retirement in 1973 and had served as president of the hospital's medical staff. He was a past president of the Allegheny Medical Society and the Pittsburgh Obstetrical and Gynecological Society.

• **Walter S. Darby,** Plymouth Meeting; Hahnemann Medical College, 1943; age 61; died June 26, 1977. He had been a physician for the Colonial School District for 25 years and chief physician for three years.

• **John J. Duncan,** Chadds Ford; Jefferson Medical College, 1937; age 65; died July 25, 1977. He was an associate professor of plastic and reconstructive surgery at Jefferson Medical College and had been a staff member of Fitzgerald Mercy, Nazareth, Philadelphia General, and Doctor's hospitals.

• **Francis W. Feightner,** Greensburg; University of Buffalo School of Medicine, 1939; age 67; died July 17, 1977. He had served as chief radiologist at Latrobe Area Hospital from 1945 to 1973 and at H. C. Frick Community Hospital from 1945 until his death.

• **John A. Hoffa,** Ambler; Hahnemann Medical College, 1936; age 67; died July 4, 1977. He had been coroner of Montgomery County for nine years.

• **Raymond Kabakjian,** Lansdowne; University of Pennsylvania School of Medicine, 1938; age 65; died August 9, 1977. He had practiced family medicine in Lansdowne for 38 years.

• **Phillip B. Kassow,** Philadelphia; Hahnemann Medical College, 1930; age 71; died July 13, 1977.

• **Philip Klarich,** Camden, New Jersey; University of Vienna School of Medicine, 1938; age 65; died July 16, 1977. He taught pelvic anatomy at the University of Pennsylvania Graduate School of Medicine and was an assistant professor of gynecology at Hahnemann Medical College.

• **Clairmont A. Kressley,** Allentown; University of Pennsylvania School of Medicine, 1923; age 86; died July 18, 1977. He had practiced medicine in Sellersville and Allentown for 55 years and was a past president of the Bucks County Medical Society.

• **Raymond F. O'Connor,** Punxsutawney; University of Maryland School of Medicine, 1934; age 69; died June 29, 1977. He had practiced general medicine in Punxsutawney for several years, then received specialty training in ophthalmology at the Cleveland Clinic and returned to Punxsutawney to practice ophthalmology. He was a past president of the Jefferson County Medical Society.

• **Maurice V. E. Ross,** New Brighton; Hahnemann Medical College, 1939; age 72; died July 31, 1977.

• **Edward T. Schantz,** Allentown; Hahnemann Medical College, 1948; age 52; died July 19, 1977. He had practiced general medicine in Allentown for 24 years, and was a past president of the Lehigh County Medical Society and a former delegate to the Pennsylvania Academy of General Practice.

• **Goodell W. Stroup,** Philadelphia; University of Pennsylvania School of Medicine, 1931; age 79; died July 23, 1977. He was a member of the original staff of Fitzgerald Mercy Hospital and, until his retirement in 1970, was also on the staff of Misericordia Hospital.

• **Leander P. Tori,** Philadelphia; Hahnemann Medical College, 1926; age 73; died May 28, 1977.

• **William J. Tourish,** Gladwyne; Jefferson Medical College, 1928; age 74; died July 16, 1977. He had been associated with Jefferson Medical College since 1931 as assistant surgeon and instructor in surgery. Since 1967 he had served as director of the Diagnostic Center at Mercy Catholic Medical Center, Misericordia division.

• **Luis M. Tredici,** Doylestown; National University of Cordoba, Cordoba, Argentina, 1956; age 46; died July 12, 1977. He was a psychiatrist at Thomas Jefferson University Hospital.

Carmen T. Bello, Overbrook; Temple University School of Medicine, 1943; age 61; died July 31, 1977. He was a professor of pharmacology and medicine and head of the section of hypertension of the department of medicine at the Temple University School of Medicine.

William Braun, Haddonfield, New Jersey; Jefferson Medical College; age 69; died May 25, 1977. He had practiced ophthalmology for 35 years.

William Buck, Germantown; Hahnemann Medical College, 1932; age 72; died July 23, 1977. He was on the staff of Germantown Hospital and had practiced general medicine in the Philadelphia area for 45 years.

Emiro Garcia, Kittanning; University of Antioquia, Medellin, Colombia, 1960; age 43; died June 23, 1977. He was a pathologist on the staff of the Armstrong County Memorial Hospital.

Frank W. Hausner, Philadelphia; Temple University School of Medicine, 1926; age 76. Information on the date of death is unavailable at this writing.

John E. Livingood, Reading; Jefferson Medical College, 1913; age 87; died July 11, 1977. Before his retirement from medicine in 1929, he had practiced radiology in Reading for ten years and had served as secretary of the Berks County Medical Society from 1919 to 1929.

Lewis A. Smith, Easton; Jefferson Medical College, 1929; age 81; died August 11, 1977.

Arthur H. Thomas, Philadelphia; Howard University College of Medicine, 1933; age 70; died August 4, 1977.

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The recommended quantitative disc susceptibility method (*Federal Register, 37*:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

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Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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DELEGATES SET SOCIETY'S COURSE A new course was charted for the Pennsylvania Medical Society when the House of Delegates met in Annual Session October 25-27 in Lancaster. Over 90 pieces of business, including 45 resolutions, were studied and debated at reference committee open hearings October 25. These included the Society owned insurance company, Society structure, a dues increase, legislative issues, and relations with Blue Shield. New officers assumed their duties following installation ceremonies October 26.

HOUSE ENDORSES SOCIETY OWNED COMPANY The State Society's House of Delegates unanimously endorsed the establishment of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) at 1977 Annual Session. Delegates gave unanimous approval to the $250 mandatory assessment for active members ($125 for senior active members and $25 for residents). Also winning unanimous support was the selective assessment of policyholders, who will pay from $385 for Class I insureds to $2,625 for Class V insureds. Income from the assessment must be invested in PMSLIC by December 1, 1977 for the settlement agreement between the State Society and Argonaut Insurance Co. to be effective. The agreement, reached September 13, will settle all outstanding litigation and replace Argonaut with PMSLIC in the existing master contract which has provided the only means of coverage for some 4,800 physicians. Assessment notices were mailed the first week in October. Second notices, requesting payment by November 15, are in the mail to all who have not yet paid.

DUES UP $75 State Society members will pay $225 dues in 1978 as a result of unanimous action taken by the House of Delegates. The $75 increase is the first since 1974 and will ward off a projected deficit of as much as $700,000 in 1978. The increase will provide funds to cover a 1977 deficit of $256,000. Delegates voted the increase after full discussion at the open hearing of the causes of legal and actuarial expenses. Earlier, delegates greeted with a standing ovation the "money well spent" address of William J. Kelly, M.D., immediate past president. Details on the dues increase and other business of the House of Delegates will appear in the December issue.

DRS. BLADY, LOVETTE, MARSHALL TO LEAD John V. Blady, M.D., Philadelphia surgeon, was sworn in as the Society's president October 26. John B. Lovette, M.D., Johnstown surgeon, became president elect; and Matthew Marshall, Jr., M.D., Pittsburgh urologist, was elected vice president by acclamation. G. Winfield Yarnall, M.D., Harrisburg internist, was re-elected secretary, and D. Ernest Witt, M.D., of Bloomsburg, and Donald E. Harrop, M.D., of Phoenixville, were re-elected speaker and vice speaker of the House of Delegates. Trustees re-elected were Kenneth L. Cooper, M.D., of Williamsport, Seventh District; and David W. Clare, M.D., Pittsburgh, Tenth District. Gerald L. Andriole, M.D., Hazleton, was elected new trustee of the Twelfth District. Samuel F. Cohen, M.D., of Norristown, was elected to the

Judicial Council. George A. Rowland, M.D., of Columbia, chairman of the Board of Trustees, and William C. Ryan, M.D., of Somerset, vice chairman, were re-elected by acclamation. Full election results will appear in the December issue.

SOCIETY ACTS ON HEALTH PLANNING GUIDELINES The House of Delegates, acting on a Board recommendation, has asked the Commission on Health Planning to review the National Health Planning Guidelines published by the Department of Health, Education, and Welfare September 23, 1977. The commission is working with state specialty societies to prepare a report for the Board prior to the presentation of formal comments by the State Society

HOUSE LIMITS SOCIETY OFFICERS' BLUE SHIELD ACTIVITIES Acting on a recommendation of the Board of Trustees, the House adopted as Society policy that in the future no one in an elected PMS leadership position, i.e., members of the Board or officers, should serve on the Blue Shield Board of Directors. In two further actions the House recommended that the Board discontinue making appointments of members at large of the Blue Shield Corporation and that the Society encourage Blue Shield to seek sources, in addition to county medical societies, of physician nominees for election to the Blue Shield Corporation. The policy adoption followed study of an antitrust report by legal counsel.

SOCIETY STRUCTURE STREAMLINED The House of Delegates abolished three Society committees in what appears will be an ongoing examination and modernization of the organizational structure. The Committees on Discipline, Objectives, Relations with Allied Professions, and Medicine, Religion, and Bioethics were abolished. Activities of the latter will be transferred to a commission of the Council on Education and Science. A constitutional change will permit the Board of Trustees to establish administrative councils and describe their activities, subject to review by the House of Delegates.

FOUNDATION TO EXPLORE ALTERNATIVE SYSTEMS The Pennsylvania Medical Care Foundation has been charged by the House of Delegates with the "primary function" of studying "alternative health care financing and delivery systems to determine the need to design a plan for the development of a physician-operated program, with a report of its findings to be presented at the 1978 meeting of the House of Delegates."

AMA HAS HOUSE SUPPORT The House of Delegates voted support for the AMA's national health insurance legislation (H.R. 1818) but voted against mandatory AMA membership for PMS members (unified membership) at this time. Delegates, however, reaffirmed their support of voluntary AMA membership by adopting a recommendation encouraging it.

YOUNG PHYSICIANS RECOGNIZED A stronger voice for medical students and resident physicians was guaranteed when the House of Delegates established within the Society a Resident Physician Section and a Section on Medical Schools. The sections will elect officers and hold meetings in conjunction with the Annual Session of the House of Delegates.

Pennsylvania Medicine

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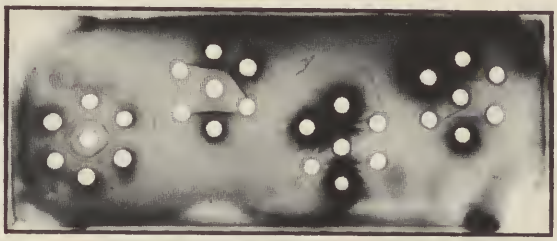

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Council reports on Society's legislative action

Proceedings of the 1976-77 State Legislature have been slowed by a "hectic two months' exclusive battle with the state budget" during which "very little else has received their attention," according to the Council on Governmental Relations in its 1977 supplemental report to the House of Delegates. The General Assembly "is scheduled to reconvene . . . just weeks before the House of Delegates opens its session. We think it is safe to assume that very little can be accomplished in the medical legislative area during that time . . ."

Of the more than 50 bills and resolutions that have been reported to the Board of Trustees by the Council, none has become law during the State Legislature's 161st session. Bills which were in committee and on which the State Society had taken a position at the writing of the supplemental report follow.

Ambulances—S-339. The Society supports the bill, which would require that minimum standards be set for all state ambulance services. It has passed the Senate and is in House committee.

Cancer—H-1120. The bill would require that income from taxation of cigarettes be used for cancer research by the State Health Department. The Society favors the concept of using revenues in this way, but opposes the establishment of a bureaucracy to administer the funds. In committee.

Chiropractors—H-711 and H-1238. H-711 would include chiropractic services under the Workmen's Compensation Program. It has passed the House with an amendment requiring the patient to see a physician first. H-1238, which is in House committee, would place chiropractic services under the Blue Shield plan. Both bills are opposed by the State Society.

Clinical Laboratories—H-233. Physicians' offices would be excluded from the definition of clinical laboratories in the Clinical Laboratory Act. The Society supports the bill, which is now in the Senate Public Health and Welfare Committee.

Death Certificate—S-104 and S-401. S-104 would require that a cremation certificate be completed only after notice is given by a coroner. The bill is in Senate committee and has Society support. Also in Senate committee is S-401, which would allow the nurse in charge in a nursing home to sign a death certificate. The Society opposes the bill.

Ghost Surgery—S-714 and S-716. The bills would require that a patient be informed of all present in the operating room at the time of surgery. The Society does not favor the bill, which is in Senate committee.

Good Samaritan Law—H-978. The Society supports this bill, which would offer protection from liability to physicians who give instructions to others in cardiac care units. In House committee.

"Laetrile"—S-901 and H-1240. The Senate has passed and the House has tabled the bill, which would permit the manufacture and sale of "laetrile" in Pennsylvania. The State Society opposes passage.

Lupus Research—S-816. Society support is given to the need for lupus research, but it opposes the award of a grant to the State Health Department for such research. In committee.

Malpractice—S-921 and S-679. S-921 would provide a limited liability category for semi-retired physicians under Act 111 and is supported in principle by the Society. In committee. S-679, which is now in Senate hearings, is a Society-drafted bill to permit professional corporations to purchase coverage under Act 111.

Medical Assistance—S-292 and H-254. The Society is opposed to S-292, which would require departmental preauthorization for nonemergency procedures. H-254 would require vendors to be reimbursed on a cost-related basis and is supported in principle by the Society. In committee.

Medical Practice—H-307. The Society opposes the requirement for a one-year general practice residency. In committee.

Mental Health—H-394 and H-395. Hearings are expected on corrective amendments to the Mental Health Procedures Act. Proposals are now being studied by the Pennsylvania Psychiatric Society.

Motorcycle Helmets—S-550. S-550 would remove the Vehicle Code requirement that all motorcyclists wear helmets. The bill is opposed by the Society. In committee.

Neonatal Hyperthyroidism—H-922. Newborn—S-958, S-959, and S-960. The State Society is currently studying recommendations requiring that hospitals test for neonatal hyperthyroidism, recognize the right of premature infants to receive medical treatment, and test for genetic diseases. In committee.

Nursing—S-684. The bill would allow the State Board of Nurse Examiners to enforce continuing education requirements.

Council reports on proposed legislation—continued

The Society does not oppose the proposal if it is carried out by the Nurses' Association.

Orthotists, Prosthetists—S-340 and S-341. The Society opposes the bills, which would license orthotists and prosthetists in Pennsylvania. In committee.

Physicians' Assistants—S-586. Regulation of physicians' assistants would be overseen by the State Board of Medical Education and Licensure with the passage of S-586. Society support and Senate approval have been given. In House committee.

Physician's Liability—Paramedics—S-752. Society support is given to the bill, which would protect physicians from liability when giving orders to emergency medical technicians. In committee.

Physicians' Licenses—S-937. The original bill was designed to increase all state fees and would fix physicians' biannual renewals at $75.00. Amendments to eliminate the fee and have it set by the State Board of Medical Education and Licensure, in accordance with the Medical Practice Act, are approved by the State Society.

Physical Therapy—H-410. H-410 amends the Physical Therapy Act to exclude athletic trainers from its scope. The Society opposes the bill. In committee.

Prisons—H-965. Prisons would be required to have physicians or nurses on duty at all times. The State Society supports the bill with amendments to include physicians' assistants. In committee.

Public Eating Places—S-220. The Society opposes S-220, which would require all public eating places to have food removal devices. In committee.

Rubella Testing—H-1474. Society support is given to this requirement for females to have premarital rubella tests. In committee.

Salk Vaccine—H-1294. H-1294 recommends that the Advisory Health Board be required to approve the Salk vaccine as a substitute for the Sabin vaccine. The Society opposes the bill because it believes that the Board should be allowed flexibility in its decisions based on supply and other factors. In committee.

Smoking Prohibited—H-989, H-990, and S-168. The Society opposes legislation prohibiting smoking in hospitals and physicians' offices because it believes that designation of smoking areas should be under the jurisdiction of individual hospitals and physicians.

Speech and Hearing Technicians—S-86 and S-87. The bill, which would create a board to license speech and hearing technicians, is opposed by the Society. In committee.

Vehicle Code—H-1171. The bill would amend the 1976 codification. The State Society is seeking repeal of Section 1518 which requires physicians to report patients' conditions. The bill has passed the House.

HOPE to study hospital cost containment

Project HOPE has established and funded a 23 member Committee on Health Policy to study the possible consequences of a national program to contain hospital costs.

According to William B. Walsh, M.D., founder and president of Project HOPE, "This is a joint effort with the University of Southern California Center for Health Services Research, which will manage the study... The ultimate goal is to provide balanced and expertly researched analyses and reports on which the nation can formulate sensible and workable policies regarding the future of health care and its delivery in the United States."

Among the 23 committee members are representatives of: the National Academy of Sciences; the American Hospital Supply Corporation; the American Hospital Association; the American Medical Association; and the Pharmaceutical Manufacturers Association. About 80 other medical, consumer, and educational organizations have been invited to comment.

Task force issues report

The report of the Governor's Task Force on Cancer Control is now available to physicians through the Pennsylvania Department of Health.

The document represents two years of study and preparation by a group of authorities including consumers and laymen as well as professionals in the field of cancer control. The task force offers a number of recommendations, many requiring legislative action, for a comprehensive program of cancer control in Pennsylvania.

Robert C. Eyerly, M.D., Geisinger Medical Center, Danville, served as chairman of the task force; Alton I. Sutnick, M.D., dean of the Medical College of Pennsylvania, Philadelphia, was vice chairman.

For a copy of the report contact Mr. Robert Ranberg, Director, Division of Chronic Diseases, Pennsylvania Department of Health, PO Box 90, Harrisburg, PA 17120; (717) 787-7073.

PBS ends payment for questionable procedures

In an attempt to contain costs and assure quality health care, Pennsylvania Blue Shield removed 17 surgical and 2 diagnostic procedures from its routine payment mechanism as of October 1, 1977.

Criteria used to determine that procedures should not be reimbursed routinely are:

1. New procedures of unproven value.
2. Established procedures of questionable current usefulness.
3. Procedures which tend to be redundant when performed in combination with other procedures.
4. Diagnostic procedures which are not likely to provide a physician with additional information when performed repeatedly.

Payment for the services will be made only upon submission of documentation which establishes medical necessity in each case. PBS will not delete coverage of the procedures unconditionally because situations may occur in which their performance is justified.

Physicians who contemplate performing a procedure on the new list must request predetermination of eligibility by submitting their reasons in writing to Joseph T. Ichter, M.D., PBS vice president for medical affairs, who will review the request with the appropriate medical advisor.

The change in payment policy will supplement the April 1, 1977 request for prior approval for the following services: 50420—Nephropexy; 58400 and 58410—Primary uterine suspension; 89000—Basal metabolic rate; and 64350 and 64351—Lumbodorsal sympathectomy (when used to treat hypertension).

The accompanying chart lists the surgical and diagnostic procedures that are no longer reimbursed routinely.

Procedures Subject to Revised Payment Policy

Code	*Terminology*
37999	Ligation of internal mammary arteries, unilateral and bilateral
46260	Hemorrhoidectomy, radical Whitehead type
49001	Omentopexy, for establishing circulation
50260	Decapsulation kidney, unilateral
50261	Decapsulation kidney, bilateral
53999	Perirenal insufflation
56660	Circumcision, female
58999	Hysterotomy, nonobstetrical, vaginal
58180	Hysterectomy, supracervical, subtotal hysterectomy with or without surgery on tubes and/or ovaries, one or both
64340	Sympathectomy, hypogastric or presacral neurectomy
20920	Graft, fascia lata, by stripper (when used to treat low back pain)
20922	Graft, fascia lata, by incision and area exposure, complex or sheet (when used to treat low back pain)
37650	Ligation, femoral vein (when used to treat post-phlebitis syndrome)
60600	Excision tumor carotid body, without excision of carotid artery (when used to treat asthma)
60605	Excision tumor carotid body with excision of carotid artery (when used to treat asthma)
64330	Sympathectomy, thoracolumbar, unilateral (when used to treat hypertension)
64331	Sympathectomy, thoracolumbar, bilateral or two stage (when used to treat hypertension)
83420	PBI
83520	Icterus index

AMA rebate received

A rebate totalling $17,981.90 was received this year by the State Society based on AMA membership reported for 1977, an increase of $966.55 over the 1976 sum. Fifty percent of the refund from AMA dues will be shared by the 57 counties that reported AMA membership prior to March 15. A rebate of $2.87 per member will be given to those counties that reported in January; reduced amounts of $0.88 and $0.35 per member will be refunded to those that reported in February or between March 1 and March 15.

ACP, PSIM members hold joint meeting

The eastern Pennsylvania regional meeting of the American College of Physicians was held in association with the Pennsylvania Society of Internal Medicine on November 11-13, 1977 in Philadelphia.

Special features of the meeting included a lecture by Frank Sterling, M.D., F.A.C.P., and presentation of a paper by Nobel prize winner Baruch S. Blumberg, M.D., F.A.C.P., and associates from the Institute for Cancer Research, Fox Chase.

George L. Jackson, M.D., F.A.C.P., ACP governor for eastern Pennsylvania, and George R. Fisher, M.D., PSIM president, presided jointly at the meeting, which was highlighted by presentations of medical papers and panel discussions by ACP and PSIM members.

Honored guests at the meeting were Robert H. Moser, M.D., F.A.C.P., executive vice president of ACP, and Calvin F. Kay, M.D., F.A.C.P., deputy executive vice president.

Legal counsel reports

Allegheny Court opts for preservation of life

FRED SPEAKER, ESQ.
Harrisburg

The courts continue to struggle with issues of life, death, and suicide in medical treatment. In a decision made in 1975 but just published, the Allegheny County Court of Common Pleas considered whether to order that emergency blood transfusions be given to an unwilling adult.

The patient was admitted to a hospital suffering from a bleeding duodenal peptic ulcer. He refused to receive emergency blood transfusions; his wife joined with the hospital in applying to the court for authority to administer the emergency transfusions. Both Dr. Howard Elestin and Dr. Michael Levis testified that the patient would die if the transfusions were not administered. The Court agreed and authorized an immediate transfusion, stating that the Pennsylvania Crimes Code:

. . . makes it a crime to cause another to commit suicide or attempt suicide. The public policy of the Commonwealth thus expresses abhorrence at the act of self-destruction. In the present case, to ignore medical help and advice is in effect to court suicide.

* * * * *

Today in our managed society when there are so many necessary and perhaps unnecessary restrictions on individual liberties it is not tyrannical to contend that a person does not have the right to do away with his own life even on sincere religious beliefs. . . . Freedom of conscience still remains. The courts have a right to intervene and to choose life rather than death. The right to practice religion freely does not include the right to diminish the respect for life which is the basis of all society. In re William J. Dell, II *1 D.&C. 3rd 655, 658, 660 (Allegheny 1975).*

Thus, the Court joins other courts that opt for the preservation of life. They are not, however, universally consistent. Furthermore, this decision could be read as having a negative influence on physicians acting on the so-called "Living Will," since the following of a patient's predetermination not to allow artificial means of preservation of life might place the physician in violation of the Crimes Code prohibition against aiding another to commit suicide.

Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.

State Society Physician Placement Service revitalized

A new, systematic approach has been introduced to the Pennsylvania Medical Society's free physician placement service. The Society now matches physicians to practice opportunities based on information supplied in questionnaires.

Physicians looking for associates and communities seeking physicians are encouraged to contact PMS with information about the available position. An acknowledging letter is sent with the appropriate questionnaire and, when the survey is returned, a likely match is made.

The heart of the new placement program is numbers. While more than 50 physicians are now seeking practice opportunities in Pennsylvania, PMS has not received enough notices of available positions to place the doctors.

To begin the physician placement service process, contact the Council on Education and Science, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043. Among the needed openings are specialists in urology, pediatrics, gastroenterology, radiology, and cardiology.

Physician admits guilt

A Wayne County physician pleaded guilty in federal court August 5 to one count of distributing and dispensing a controlled substance.

Richard A. Porter, M.D., of Paupack, was indicted by a federal grand jury on 21 counts of the same charge last February. He agreed to surrender his medical license and enter a guilty plea to one count in return for having the other charges against him dropped, according to court records. Dr. Porter changed his plea from not guilty to all counts before Judge William J. Nealon, who ordered a presentence investigation.

The grand jury charged he illegally dispensed a variety of controlled drugs between October 4 and December 13, 1976. The guilty plea to one count involves the alleged dispensing of biphetamine on December 13.

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References:
*National Disease & Therapeutic Index, Jan.-Dec., 1976. IMS America Ltd., Ambler, Pa. 1976.
†Amer. Med. Assn., Dept. of Drugs, A.M.A. Drug Evaluations, 2nd Edition, Publishing Sciences Group, Inc., Acton, Mass., 1973, pp. 482-3.

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Physician role crucial in determination of disability

"The Physician's Role in the Social Security Program" was the topic of a summer symposium held at the Philadelphia County Medical Society Building. Harry Shubin, M.D., chairman of the Center City Branch of the Philadelphia CMS, and Milton J. Freiwald, M.D., chief medical adviser to the Philadelphia Regional Office on the SSA disability program, delivered opening remarks.

Herbert Blumenfeld, M.D., acting chief medical officer, Social Security Administration Bureau of Disability Insurance, presented a summary of the disability criteria and medical documentation requirements of the Social Security Administration. He explained that the social security law describes disability as "inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to last, or has lasted, for a period of not less than 12 months." The words "medically determinable" assume special significance. Under the program, the impairment must be expressed in anatomic, physiologic, or psychological abnormalities that are medically demonstrable. Symptoms, alone, are not enough to satisfy the requirements of disability. Significantly, the disability does not have to be permanent.

Role of the treating physician

Dr. Blumenfeld explained that when a patient applies for social security disability benefits, he is asked to list medical sources that can provide support for the claim. Ideally, the evidence will consist of data from the records of the treating physician, clinic, or other medical source. *The treating physician is neither asked, nor expected, to make a determination.*

In each state, the responsibility for making the determination of disability rests with the Disability Determination Service (DDS) of that state, which evaluates social security disability claims for its residents. The DDS requests information from the medical sources given by the claimant. These sources usually have enough clinical facts and laboratory findings on record to enable the DDS to determine the severity of the patient's condition and how it limits ability to work. The professional staff of the DDS includes both physicians and trained disability examiners, who form a balanced team of medical and lay evaluation specialists who can consider all the medical and legal facts on file. They evaluate data that range from medical reports to a complete assessment of vocational considerations as part of their preparation for making the disability determination.

Making the decision

Whenever possible the DDS tries to limit its requests for medical information to data that relate directly to the impairment and the associated conditions which the claimant states are the cause of the disability. A goal of such individually tailored requests is to ease the burden of medical reporting without jeopardizing the claimant's right to have the case decided on the basis of all available information.

The decision on a patient's claim can generally be made if all relevant information about the medical condition is reported. The evaluating physician in the state DDS who has requested the medical evidence does not see the patient. Instead, he depends on medical information supplied by the examining physician to assess the severity of the impairment and its expected duration. The disability decision, therefore, rests largely on the completeness of the medical evidence. A detailed report from the treating source, including objective findings based on physical examination and laboratory procedures, is the key. If specialized testing and laboratory data are indicated, a consultative examination may be commissioned. Whenever possible, DDS will arrange to obtain this consultation from the individual's treating physician at the expense of DDS.

Nonmedical factors

Some physicians have had the experience of referring patients with seemingly similar medical conditions to social security only to discover that one patient is allowed disability insurance benefits and another is turned down. Generally, a person who is not working will be found disabled if he has an impairment, or combination of impairments, which meet or equal the level of severity established under the medical criteria listed in the Regulations. For claimants whose impairments fall short of the level of severity described in the medical criteria, nonmedical factors such as age, education, training, and work experience are considered, together with the functional limitations imposed by the impairment, in deciding whether to allow or deny the claim. Complete criteria, including the medical findings listed by body system, are contained in the publication *Disability Evaluation Under Social Security–A Handbook for Physicians*. It can be obtained without charge by writing to the Bureau of Vocational Rehabilitation, Disability Determination Division, 1313 N. Seventh St., Harrisburg, PA 17120.

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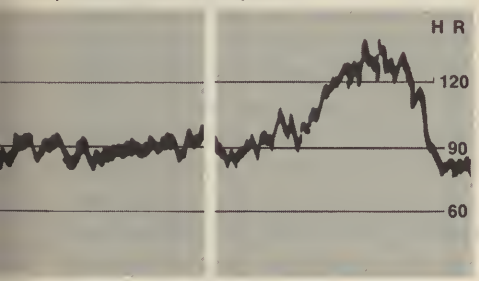
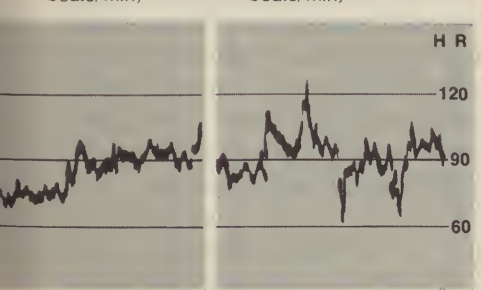


A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



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From the arbitration administrator

Status report — Act 111 of 1975

PAUL F. ABRAMS, ESQ.
Harrisburg

This article will provide the latest information available on the operations of Pennsylvania's medical malpractice arbitration system which has been in effect since January 13, 1976. Although it is too soon to gauge definitively the effectiveness of the new system, I believe our accomplishments to date indicate successful operation of an innovative system to resolve medical malpractice claims brought against health care providers.

In order for us to operate, one of our initial tasks was the collection of the annual fee required from all health care providers practicing in Pennsylvania. For the 1976 period (February 1, 1976 to January 31, 1977) approximately 24,300 health care providers paid the required charge. That number included 20,600 medical doctors, 2,000 osteopathic physicians and surgeons, 900 podiatrists, 600 nursing homes, and 270 hospitals. Approximately 12,500 licensed health care providers informed us that they were not practicing in Pennsylvania.

For the current year (February 1, 1977 to January 31, 1978) we have collected the required fee from approximately 23,100 health care providers. This includes 19,500 medical doctors, 1,950 osteopathic physicians and surgeons, 800 podiatrists, 590 nursing homes, and 270 hospitals. A series of follow-up steps have been taken to collect the fee from providers who have not yet responded to our initial billing and reminder letter, and we expect the total number of health care providers paying our fee for 1977 will equal or exceed last year's figures.

Our receipts for the 1976 billing period have totalled approximately $1,350,000; and to date for the 1977 period, approximately $1,295,000.

Administration

Those of you who know me personally would probably agree that I am not known as the last of the big time spenders. I like to think of myself as being careful with money. Let me say that if I am careful with my own funds, I am even more frugal with money that has been entrusted to me by members of the public—in this instance, practicing health care providers in Pennsylvania. I administer a no frills operation in Harrisburg, and part with your money very grudgingly.

Much of our administrative work involves peak periods of activity lasting between four and eight weeks. Rather than hire full time employees who would work hard during that period and be relatively idle at other times, we have hired only that number of full time employees necessary to ing basis. We have then employed part time employees through a public bidding process, at $2.99 per hour, to assist during the peak period.

The author was a principal draftsman of Act 111 and is the first administrator of Pennsylvania's arbitration system.

As a result of the bare-bones approach we have taken in operating an alternative to the court system, and because of our success in settling a significant percentage of cases, we are reviewing our expected future revenue needs. We are hopeful that soon we will be able to recommend to the Governor and the General Assembly a substantial reduction in the annual fee physicians pay to fund the arbitration system.

Another of our initial tasks was to generate the names of arbitration panel candidates who would be available to serve on arbitration panels. Our office mailed out approximately 16,000 letters and questionnaires to potential panel members throughout the Commonwealth. Approximately 7,200 questionnaires were properly filled out and returned to our office. Of that total, our files now include approximately 1,500 attorney candidates, 1,600 health care provider candidates, and 4,100 lay persons. I am particularly grateful for the efforts of the Pennsylvania Medical Society and the county medical societies for their efforts in providing me with initial lists of physicians whom we contacted with regard to future service as arbitration panel members.

Status of cases

The new arbitration system has

original, exclusive jurisdiction to hear and decide cases in which the medical procedure giving rise to the claim occurred on or after January 13, 1976, the effective date of Act 111. From that date until December 31, 1976, 48 cases were filed with our office.

From January 1, 1977 to September 28, 1977 an additional 262 cases have been filed. Thus, 310 cases have been filed during our first 20 months of operations. This is a substantially lower number than I would have expected by this time. The reasons, I believe, are the typical time lag between the medical incident and the filing of suit (in Pennsylvania, an average of 17 months), and the fact that few attorneys care to be trailblazers under a new, unfamiliar procedure.

During the past six months new cases have been averaging almost ten per week and, unfortunately, I suspect that such a rate of filing will hold steady or increase slightly in the future.

Of the total 310 cases filed to date, 139, or 45 percent, represent actions in which the alleged negligence resulted in death. Of the 691 named defendants in the 310 cases, 403 are physicians, 208 are hospitals, 10 are nurses, 8 are nursing homes, and 62 fall into the miscellaneous category. The average number of defendants per case is slightly more than two. Forty percent of the cases have a single defendant, and 82 percent have three or fewer defendants. Our experience indicates that plaintiffs' attorneys are not naming entire letterheads of physicians as has been alleged in the past. It should be noted, too, that defendants frequently name other physicians as additional defendants in medical malpractice cases. Such additional defendants are included in our statistics on the total number of defendants.

PAUL ABRAMS has presented the facts in this article to several county medical society meetings recently. He is shown above, center, at a medical legal symposium sponsored by the Delaware County Medical Society and Bar Association September 29. With him are, left to right, Conrad A. Etzel, M.D., chairman of the medical society's interprofessional relations committee; James C. Buckley, Esq., bar association president elect; John S. J. Brooks, Esq.; A. Gerald Litvin, Esq.; Hunter S. Neal, M.D., medical society president; and John Churchman Smith, Esq., chairman of the bar association's interprofessional committee.

Conciliation efforts

The Rules of Practice and Procedure which we adopted provide for a mandatory conciliation conference to be held within six months of the filing of the complaint. At such a conference, attended by me and counsel to the parties, we attempt to effectuate, if possible, a settlement or discontinuance of the suit.

To date, 40 have been held and 29 additional conferences are scheduled to be held during the month of October. In six cases, counsel have requested a second conciliation conference and such conferences are scheduled to be held within the next three months. Settlements were concluded in 9 actions and are pending in 15 actions for which we held conciliation conferences. A settlement or discontinuance has occurred in 20 cases prior to our mandatory conference, and 5 cases have been dismissed.

It appears at this time that at least 60 percent of the cases will be settled or discontinued (without payment to a plaintiff) as a result of our mandatory conciliation conference. I strongly suspect that the final figure will be closer to 80 or 90 percent by the time the panel selection procedure is completed. Such a high rate of settlements with the approval of the defendant(s) will substantially reduce the costs of resolving medical malpractice cases. If such proves to be the case, we will be able to reduce the annual fee collected to fund the arbitration system.

Of the 310 cases filed, 46 percent arose in Philadelphia County. Adding the cases that have arisen in the suburban counties sur-

rounding Philadelphia, the five county southeastern Pennsylvania area has been the site of 66 percent of the cases.

Arbitration hearings

As of October 1, 1977 no arbitration panel hearings have been held. In two cases, however, we have completed the procedure for selecting arbitration panel members. In the first, the hearing was scheduled for the third week of July and on the day prior to the scheduled hearing, the defendant physician's counsel informed us that the defendant was vacationing abroad for the summer. This came as a surprise to his counsel who had previously informed him that the hearing would be held during the month of July and had been told that the date was agreeable.

In the second action we have had a series of difficulties with the attorney members of the panel, who at the last minute informed us that they could not serve because of potential conflicts of interest. We have had to select, on two different occasions, other attorneys to substitute for panel members previously selected. The first case mentioned is scheduled to be heard October 5, 1977, and the second will be heard by a panel by the early part of November.

Constitutionality questions

Common Pleas Court Judge Jacob Kalish in Philadelphia recently issued an Opinion concerning three constitutional challenges lodged against a number of aspects of the arbitration system. Judge Kalish's Opinion upheld the constitutionality of the arbitration system in all respects, except for the provision of Act 111 permitting the decision and findings of fact of an arbitration panel to be admitted into evidence before the court in any appeal taken from a panel's decision. The Opinion said that such a provision would unconstitutionally infringe on a party's right to a *de novo* trial by jury. Plaintiffs in those actions have appealed the portions of Judge Kalish's Opinion upholding the constitutionality of the bulk of the arbitration system and its procedures, and the Commonwealth of Pennsylvania has appealed that portion of the Opinion striking down the admissibility on appeal of the panel's decision and findings of fact.

A second constitutional issue has been raised with regard to the mandatory insurance features of Act 111. A physician in Bradford County who has never carried professional liability insurance informed the State Board of Medical Education and Licensure that he did not intend to carry such insurance. On December 9, 1976 the Board held a hearing with regard to his situation and the provisions of Act 111 requiring him to maintain professional liability insurance. The board voted to suspend his license for not maintaining the mandated level of insurance, and the official adjudication was issued in 1977. Thereafter, the physician appealed the decision of the Board to the Commonwealth Court and briefs have been filed by all parties. Actual suspension will not take place until the appeal is determined finally by the courts.

CAT Fund

Let me also provide some information about the Medical Liability Catastrophe Loss Fund, which pays judgments or settlements in excess of the basic $100,000/$300,000 insurance limits required by Act 111. As of September 27, 1977 the fund had received premium surcharges amounting to approximately $14,557,000. Of that amount, approximately $9,437,000 was received for 1976 coverage, and approximately $5,120,000 has been received for 1977. CAT Fund officials have been informed by primary coverage insurance carriers of approximately 110 incidents in which the *potential* liability may exceed the $100,000 basic insurance coverage limits, although it is expected that far fewer than that number will actually result in the Fund's financial involvement. To date, the CAT Fund has not paid any money in plaintiff recoveries, although it has agreed to settle one action in which the CAT Fund's share of the settlement is $225,000. That amount will be paid early in January 1978 as per the terms of Act 111.

'. . . the arbitration system is working fairly, efficiently, and economically. But . . . it does not confront the crucial issue of reducing . . . medical negligence.'

I believe that the arbitration system established by Act 111 is working fairly, efficiently, and economically. But such a system addresses only the problem of adjudicating or otherwise resolving medical malpractice claims. It does not confront the basic and crucial issue of reducing the incidence of medical negligence. I commend the medical profession for its efforts to date, but I urge you and your colleagues who administer hospitals and emergency rooms to take bold steps to treat the cause and not merely the effects of burgeoning malpractice litigation.

I pledge my best efforts to administer the medical malpractice arbitration system competently, and offer my assistance to your efforts to root out the causes of the problems facing health care providers and consumers.

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in my opinion

A vanishing art—the physical examination

DAVID PRAGER, M.D.
Allentown

CBC, SMA-12, coagulation profile, RPR, chest x-ray, urinalysis, CVP, ECG are all familiar expressions to medical students and physicians. Other familiar statements frequently overheard during a case (not a patient) presentation are: What did the chest x-ray show? Did you get a flat plate of the belly? How was the ECG? Are the arterial blood gases OK?

At CPC presentations, the volume of laboratory work presented and discussed usually has greater emphasis than the findings of the physical examination.

In medical journals the space usually allotted to laboratory results is two to three times greater than that allotted to the findings of the physical examination. Serial laboratory and x-ray findings are presented, but rarely are serial physical findings included in the CPC format. Refer to the yearly issues of the *Index Medicus*; under the heading "Physical Examination" it rarely lists thirty subtitles, yet under the category of "Lecithins" it contains an average of more than seventy published references.

Ask a medical student, intern, resident, fellow, or graduate physician to define RNA or DNA and the chances are that he will promptly respond with the correct answer. Let the questioner ask the same physician: What does the umbo look like? He will probably respond with the usual stall: Will you please repeat the question?

If the questioner were to repeat the question and explain that the umbo is an anatomical part of the tympanic membrane, the group's disdain for the questioner probably would be substituted with curiosity. Curiosity because it is odd that many undergraduate and graduate physicians know what DNA or RNA stands for, but don't know what the umbo represents.

This author guesses that the same group would be equally unfamiliar with other expressions, such as whispering pectoriloquy, tactile fremitus, amphoric breath sounds, and a whole host of terms relating to the vanishing art of the physical examination. This observer has worked with and taught many medical students and house officers over the past ten years and rarely has met a newly graduated physician—or a postgraduate physician, for that matter—who could perform a capable physical examination.

The only medical specialty that seems to depend heavily on the physical examination is dermatology. All other med-

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ical specialties are laboratory oriented and dependent. For example, the chest physician seems to spend more time with the chest x-ray or arterial blood studies than with the patient's chest. The gastroenterologist is more attuned to endoscopy and x-ray studies than to abdominal inspection, palpation, percussion, or auscultation. The hematologist looks only for lumps and bumps while the oncologist seeks out the extent of disease via scans, x-rays, angiograms, and ultrasound studies. The cardiologist auscultates, but checks everything out with the phonocardiogram, cardiac catheterization, and ECG. The endocrinologist used to examine the patient until hormonal radioimmunoassays became readily available. The nephrologist orders a creatinine clearance, 24 hour urine for total protein, IVP and renal biopsy, but rarely personally checks the microscopic analysis of the patient's urine.

The internist may be perplexed about the patient's condition because the patient looks and is so sick, but the laboratory tests are normal and "not that bad." Another way of describing this quandary is: The patient cannot be that sick because the SMA-12 is normal; or, If the laboratory tests didn't give us an answer, maybe we should perform a physical examination.

Perhaps this author rambles too much and fails to make his point, which is that *many contemporary physicians do not know how to perform a comprehensive, capable, and reproducible physical examination.* Such a statement may seem ridiculous, but to learn how to perform a physical examination requires a teacher who can teach that which he has learned.

The typical physical diagnosis course in medical school is taught by a physician who has little ability in the area; his teacher probably taught physical diagnosis in the same manner in which he is now teaching the course. Furthermore, the physician with the least seniority is usually assigned to the task of teaching physical diagnosis to the medical students. This decreased seniority is frequently combined with limited clinical experience and skill in performing the assigned task.

Physical diagnosis, or the bedside examination of the patient, can be taught only to a small group of students and only by a seasoned clinician who appreciates DNA, but who can also recognize whispering pectoriloquy and an abnormal umbo. Because that clinician can recognize and evaluate those physical findings, he can teach the meaning of the signs to the students. The bedside diagnostic examination can only be taught at the bedside, not through televised conferences, textbooks, journals, or audio-visual corrals. The art of the physical examination should be taught as a communication among patient, clinician, and student. Unless we assure a trained supply of clinicians, the physical examination will become a vanishing art that will be greatly missed and reclaimed in the future only through great effort.

The art of performing a capable physical examination can be taught to the student by sending him to a qualified physician who has learned the art. Because physical examination is an art not a science, it must be passed down as an art from teacher to student. Somewhere in the great, present day proliferation of medical knowledge, the physical examination has to be re-emphasized and given the same attention that is offered to the other fundamentals of medicine. □

These M.D.-J.D.s say: 'Prophylaxis beats malpractice!'

HAROLD L. HIRSH, M.D., J.D., F.C.L.M.
EDWARD R. WHITE, M.D., J.D., F.C.L.M.
Washington, DC

'The cure for medical malpractice ills is to prevent them, not to change the practice of medicine or the laws that control malpractice actions.'

In the past few years the medical malpractice situation has rapidly escalated from mess to crisis, and it threatens to proceed unimpeded to disaster. Some legal measures have been instituted to lower the incidence of claims, but malpractice still poses great threats and requires intraprofessional measures. To that end, the malpractice situation may paradoxically represent a disguised opportunity for physicians and hospitals to look at their malpractice problems and institute specific measures to alleviate them.

Study goals

In an attempt to find a solution to the medical malpractice problem, the authors conducted a statistical study of patient claims in order to identify specific potential sources of malpractice common to the various medical specialties. Identification of the problem, we believed, would result in a lessening of malpractice and an improvement in the quality of health care delivery. Our study revealed an important solution: The cure for medical malpractice ills is to prevent them, not to change the practice of medicine or the laws that control malpractice actions. Since our study was conceived, the elaboration of risk management programs directed to this purpose has mushroomed.

Our preamble in undertaking a study of medical malpractice was that all people are careless or negligent from time to time.[1] We hoped that by identifying patterns of negligence based on patients' allegations we might determine the etiology and pathogenesis of malpractice claims. By equating patients' allegations with actual negligence, our purpose was not to justify or nullify the allegations, but to expose and analyze them as symptomatic of the malpractice crisis. By reviewing selected cases in order to identify these allegations, we hoped to be able to recommend specific measures that could be implemented by the health care provider to prevent or defend a law suit with a greater chance of success. It is immaterial whether the health care provider agrees with the patients' allegations; he must learn to deal with them if solutions to

TABLE I

Classification of Medical Malpractice Based on Categories of Negligence

Negligence in Diagnosis
- Deficiency in history and/or physical examination
- Negligent diagnostic testing
  - Failure to test timely includes failure to test, do proper test, or test at proper times
  - Negligent interpretation of findings
  - Injuries resulting from testing
- Introgenic reaction related to diagnosis or diagnostic misadventure

Negligence in Care and Management
- Negligent observation or treatment
- Negligent preoperative care
- Negligent prescription of specific treatment or performance of procedure
- Negligent postoperative management
- Unnecessary treatment
- Bad result
- Introgenic reaction related to therapy or therapeutic misadventure

Defective Consent
- Specific or express
- Informed

Breach of Contract or Warranty

Dr. Hirsh is clinical professor of medicine at Howard University College of Medicine and a professorial lecturer at the schools of law of George Washington University, Catholic University, and American University in Washington, DC. Dr. White is assistant chief of the division of legal medicine of the Armed Forces Institute of Pathology and adjunct professor at the Georgetown University School of Law, Washington, DC.

TABLE II

Allegations of Malpractice According to Specialty
(*Citation* series only)

Specialty	No. of claims		Specialty	No. of claims	
Allergy		3	**Orthopedics and Traumatic Surgery**		256
Negligence in specific treatment or procedure	3		Negligent postoperative care	142	
Anesthesiology		74	Failure to test timely	40	
Negligence in specific treatment or procedure	32		Negligence in specific treatment or procedure	36	
Negligent postoperative care	32		Defective informed consent	21	
Failure to test timely	4		Injuries due to testing	7	
Deficient history and/or physical examination	2		Bad result	4	
Defective specific consent	2		Defective specific consent	4	
Defective informed consent	1		Deficient history and/or physical examination	1	
Negligent preoperative care	1		Unnecessary treatment	1	
Dermatology		8			
Negligence in specific treatment or procedure	5		**Otorhinolaryngology**		5
Deficient history and/or physical examination	2		Negligence in specific treatment or procedure	5	
Defective informed consent	1				
Gynecology (Medical and Surgical)		184	**Clinical Pathology** (includes blood bank and medical examiners)		46
Negligence in specific treatment or procedure	82		Breach of contract or warranty	30	
Negligent postoperative management	46		Negligent interpretation of test	4	
Failure to test timely	32		Failure to test timely	4	
Defective informed consent	15		Unauthorized autopsy	4	
Defective specific consent	5		Blood transfusion reaction	1	
Bad result	2				
Unnecessary treatment	1				
Therapeutic misadventure	1		**Pediatrics**		37
Medicine (General, Family Practice, Internal)		396	Newborns		
Negligence in specific treatment or procedure	218		Negligent management (immediately postpartum)	12	
Failure to test timely	150		Children		
Diagnostic misadventure	10		Failure to test timely	13	
Unnecessary treatment	8		Negligence in specific treament	8	
Deficient history and/or physical examination	7		Negligent interpretation of tests	4	
Negligent postoperative management	2				
Defective informed consent	1		**Plastic Surgery**		2
Cardiology (includes catheterization)		37	Defective informed consent	2	
Failure to test timely	17				
Negligence in specific treatment or procedure	10		**Psychiatry**		44
Negligent management	7		Negligence in specific treatment or procedure	25	
Injuries resulting from testing	2		Unnecessary treatment	16	
Defective informed consent	1		Therapeutic misadventure	2	
Neurosurgery and Neurology		73	Defective informed consent	1	
Failure to test timely	23				
Negligent postoperative management	22		**Radiology**		21
Negligence in specific treatment or procedure	19		Negligence in specific treatment or procedure	13	
Defective informed consent	4		Negligent interpretation of findings	7	
Injuries due to testing	2		Defective informed consent	1	
Negligent preoperative care	2				
Bad result	1		**Surgery**		279
Obstetrics		69	Negligence in specific treatment	184	
Negligence in specific treatment or procedure	32		Negligent postoperative management	49	
Negligent preoperative care	25		Defective informed consent	31	
Failure to test timely	8		Defective specific consent	11	
Injuries from testing	2		Negligent preoperative care	2	
Bad result	1		Therapeutic misadventure	1	
Ophthalmology		14	Deficient history and/or physical examination	1	
Failure to test timely	6		**Urology**		22
Negligence in specific treatment or procedure	6		Negligence in specific treatment or procedure	17	
Negligent postoperative management	1		Negligent postoperative care	3	
Therapeutic misadventure	1		Defective informed consent	2	

the malpractice problem are to be found.

Statistical sources

In organizing the study, we used three sources. The first was our analysis of 1,852 cases reported in the American Medical Association's *The Citation* from April 15, 1971 to July 1, 1977. Most were decisions by appellate courts. We selected *Citation* because it represents cases chosen by the Office of the General Counsel of the AMA for the purpose of enlightening physicians about their legal problems. The second source of data was 353 cases reviewed during the past six years by one of the authors in his role as a medicolegal consultant. The purpose of each review was to determine whether the patient had been treated in a substandard manner. Most cases did not proceed to litigation as a result of the review, and many supplied data that were not available in the litigated *Citation* cases. Finally, we attempted to correlate our data with statistics published by claims investigators and insurance company associations.

We were not concerned with the outcome of litigation because we observed that many cases were decided on technicalities, the relative abilities of the plaintiffs' and defendants' lawyers, economics, the philosophy and biases of the jury and judge, and the geographic location of the suit.

We did not start with any preconceived classification of the causes of medical malpractice claims, but we were able to develop a classification which can be applied to all specialties. Our classification of the causes of malpractice by categories of negligence is shown in Table I. Additional categories of negligence were not revealed in our cases; however, because we do not claim to have a study which is complete for all medical specialties, we have not included cases reported in other studies. We hope that this study will provoke others to review the problem.

A list of the causes of malpractice by specific medical specialty is given in Table II. Several specialties are not listed in the tables because they were not the target of a malpractice suit among the cases we reviewed. The total number of allegations in Table II exceeds the actual number of cases reviewed, for in a number of cases more than one health care provider was sued. In our review we attempted to identify each claim of negligence against each target. This explains the disparity in our figures.

'. . . physicians cannot find protection by seeing patients more frequently and/or ordering a battery of tests for the purpose of avoiding malpractice suits . . . Better records . . . afford better and more certain protection.'

TABLE III

Relative Frequency of Malpractice Claims According to Specialty

Specialty	No. of Claims
Medicine (General, Family Practice, Internal)	396
General Surgery	279
Orthopedics and Traumatic Surgery	256
Gynecology	184
Anesthesiology	74
Neurology and Neurosurgery	73
Obstetrics	69
Clinical Pathology	46
Psychiatry	44
Cardiology	37
Pediatrics	37
Urology	22
Radiology	21
Ophthalmology	14
Dermatology	8
Otorhinolaryngology	5
Allergy	3
Plastic Surgery	2

All cases involving defective consent, particularly informed consent, were seen recently. This is undoubtedly due to recognition by the courts of the duty of the physician to obtain informed consent for treatment. It may also reflect a reaction to the legislative barriers recently established to chill the pursuit of negligence suits.

In Table III we have listed specialties according to the incidence of lawsuits in which they were involved. This data does not conform with previously published frequency statistics.[2-4] It is noteworthy, however, that comparisons with more recent publications demonstrate a similarity between our data and recently published studies. Reports from a study by the National Association of Insurance Commissioners indicate that the majority of claims were against physicians who do not perform surgery.[5]

'. . . most of the cases studied could have been prevented had the health care providers exercised greater vigilance, diligence, and attention to the details of patient care, particularly in communicating with the patient.'

Orthopedists, obstetricians, gynecologists, anesthesiologists, and cardiologists follow in frequency and yet still generate a large number of claims. A noticeable shift in the culpability of specialties has occurred in recent years.

A claims analysis chart recently distributed by St. Paul Fire and Marine Insurance Company was also used as a basis for comparison with our study. Although their published statistics are predicated on somewhat different criteria, many of the findings are similar to ours. This consistency of results as to the preventable cause of malpractice suits should serve as an impetus to health care providers to implement prophylactic measures aimed at minimizing malpractice claims and awards.

'Defensive' prevention

Many have claimed that one undesirable consequence of malpractice litigation is "defensive" medicine. The "defensive" physician sees the patient more frequently and orders an excessive amount of unnecessary laboratory work to protect himself against malpractice litigation. Some of this preceded the malpractice crisis and was the result of other forces in the practice of medicine. In any event, our study shows that physicians cannot find protection by seeing patients more frequently and/or ordering a battery of tests for the purpose of avoiding malpractice suits. The tests must be proper, appropriate, and timely. The number of malpractice cases despite intensive testing, particularly in the fields of medicine, neurological diseases and obstetrics, belies the wisdom and security of extensive testing as a form of defensive medicine. We contend that better records, including adequate explanations for the physician's actions, afford better and more certain protection.[9]

Preventive measures

Our study has identified specific and potential sources of medical malpractice problems based on patient allegations. Most important among these, as indicated by the vast majority of claims against each specialty, is the failure of the physician to create and maintain an adequate relationship with his patient.[7] Inadequate records and attempts at coverup were the health care provider's downfall in a significant number of cases. Seldom were malpractice claims due to the errant, delinquent, deficient, or "sick" physician. Based on our study and others[8] continuing medical education, relicensure, or recertification may be important and desirable but they are not significantly related to malpractice.

The malpractice crisis is not due to ungrateful patients, greedy lawyers, an unsympathetic judiciary, unintelligent juries, unscrupulous insurance companies, or uncaring legislatures. Although physicians deride plaintiffs' lawyers, plaintiffs' lawyers blame physicians and/or insurers, and defense lawyers complain about jurors, these accusations are not often appropriate. The allegations may be true in particular situations, but generally they have not had a significant impact on the malpractice situation.

Our conclusions, based on patient allegations, is that most of the cases studied could have been prevented had the health care providers exercised greater vigilance, diligence, and attention to the details of patient care, particularly in communicating with the patient.[7] Improper drug therapy and failure to test timely were also important in creating malpractice claims. These causes would not seem to require difficult or complex solutions.

There are those who believe that the jeopardy of a malpractice suit has improved the caliber of medical practice. Whether or not this is true, instituting reforms to prevent malpractice claims will automatically improve health care.

The problems discussed above are real, and the measures to prevent them are obvious and can be realistically accomplished by making physicians and the public aware of the problem. We believe that solutions can and will be found and implemented more successfully than in the past. Prophylaxis *can* beat malpractice. □

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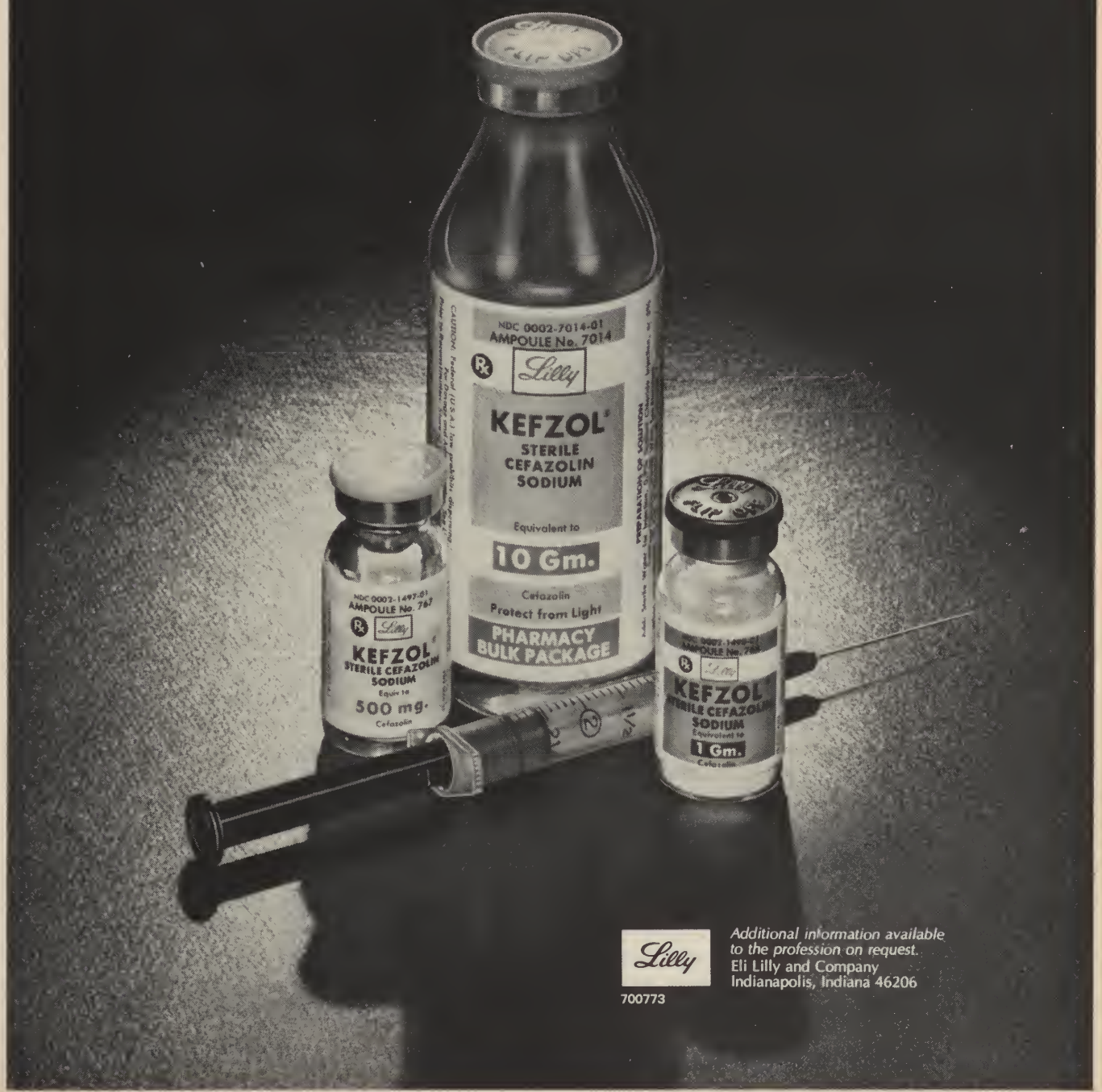

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Neurosurgery changed by malpractice crisis

WILLIAM F. BOUZARTH, M.D.
Philadelphia

While members of this specialty cry 'help' in the face of a continuing malpractice crisis, the author says they are speaking for other physicians as well as patients. All are suffering because of the problem.

To prepare for the Pennsylvania Medical Society House of Delegates special meeting on malpractice which was held in April 1977, a questionnaire was sent to practicing neurosurgeons in Pennsylvania. It was estimated that 103 neurosurgeons received the questionnaire, but only 64 completed most of the 14 questions. Thus, the validity of the facts to be presented is subject to question; nevertheless, the answers were analyzed by a computer and the following facts were uncovered.

The first question asked neurosurgeons if they had stopped doing certain operations or procedures because of malpractice. Over half (55 percent) had! The next question requested a list, limited to three, of operations that were no longer being performed. Procedures that affected human personalities, such as lobotomies, were mentioned by 14. Surgical procedures to alleviate pain, such as cordotomy, were a close second at 12. Six neurosurgeons, most of whom were from Philadelphia where there are two pediatric hospitals, had stopped doing pediatric neurosurgery. Carotid endarterectomy or surgery for intracranial aneurysm were being referred to others by four neurosurgeons. Six additional operations were not being performed by five additional neurosurgeons.

Dr. Bouzarth is clinical professor of neurosurgery at the Medical College of Pennsylvania and a founding member of the Pennsylvania Neurosurgical Society, which he represents in the Pennsylvania Medical Society's House of Delegates.

Another question concerned an arbitrary refusal to accept certain types of patients because of the malpractice problem. Over one quarter of the respondents (27 percent) answered that they had made such an arbitrary refusal. Seven mentioned that a decision had been based on the fact that the prospective patient was a lawyer or a member of a lawyer's family. Another seven would not accept referrals for personal injury of compensable nature. Four actively discouraged patients on public assistance. Eight neurosurgeons (14 percent) had resigned from certain hospitals because of malpractice. Six located in or moved to an area considered to be low in malpractice potential, and one went to Canada.

These statistics suggest that nearly half of the respondents have modified their practice in a negative way. Even if non-respondents have not done so, this still leaves one third of Pennsylvania neurosurgeons that have!

Appraisal of neurosurgical practice indicates that neurosurgeons working in groups tend to offer better quality patient care than those in solo practice. Assuming this to be correct, 41 percent of the respondents wanted an associate or an additional associate, but were precluded by malpractice costs.

When asked at what level a malpractice premium would price neurosurgeons out of Pennsylvania, seven doctors admitted that the requested Argonaut increase to $18,556 would force early retirement or cause them to abandon their Pennsylvania practice. Twenty-eight considered a $25,000 premium as the break point (8 percent were from the less dense areas of the state), sixteen drew the line at $40,000, and two would close their offices if the premiums exceeded $50,000. Four, somewhat unrealistically, would pass on the cost of premium hikes to their patients. It is interesting that ten of the respondents did not answer this question. All but one of these was insured by a hospital or a university. Further analysis indicated that neurosurgeons in private practice in Philadelphia, Delaware, and

Montgomery counties could not adjust to high premiums as readily as those who practiced in less populated regions, indicating that their income is not as high as is commonly believed.

Responses to the first eleven questions were then analyzed according to the neurosurgeons' current malpractice carrier. The most common carrier was Argonaut, followed by hospital master policy, Medical Protective, and other coverage. Each neurosurgeon was requested to locate his practice in one of five areas: city of Philadelphia, Delaware or Montgomery Counties, Bucks or Chester Counties, Allegheny County, or the remainder of the state. None of the answers related significantly to the type of malpractice coverage or to the location of practice, except that those individuals who were insured by a hospital or university seemed less concerned about changing their practice or the effect of higher malpractice premiums.

Physicians who practice in the Philadelphia or Allegheny standard metropolitan statistical areas were comparatively more concerned about malpractice than were neurosurgeons in less urban areas. Despite this, little difference was seen between respondents who carried less expensive malpractice coverage and those covered by Argonaut. Incidentally, Argonaut insurance coverage was purchased by 50 percent of the neurosurgeons.

A final question asked for suggestions for resolving the malpractice problem. Four doctors favored the formation of a captive insurance company. Eight others offered single suggestions, the most significant of which was the feeble plea, "Help!" □

Physicians fund resumption of NAIC claims study

Statistical studies of medical professional liability claims by the National Association of Insurance Commissioners (NAIC) resumed July 1, supported by component societies in the Council of Medical Specialty Societies (CMSS).

Richard S. Wilbur, M.D., CMSS executive vice president, said in announcing the project, "A major impediment to solving the serious medical liability problem has been the lack of statistically valid data. Essentially, the objective of the study is to gather facts on what went wrong and why it went wrong. Then, our component societies participating in this project will work with their members, through continuing education programs aimed at patient safety and risk management, to help prevent the types of incidents that lead to many claims."

Funding will occur principally through voluntary grants from CMSS member societies, and from physician-owned professional liability insurance companies. The issuance of study quarterly reports, of which four have been published to date with the last covering the period ending June 30, 1976, will resume as soon as practical.

The NAIC Closed Claims Malpractice Study was initially undertaken in 1975 and was cofunded by the NAIC and insurance companies. The first study analyzed 25,000 claims closed during a twelve-month period beginning July 1, 1975. Study was discontinued after withdrawal of financial support by the insurance companies.

The Cancer Information Service (CIS) has begun servicing physicians and residents of eastern Pennsylvania by offering a toll-free telephone line (1-800-822-3963) to answer questions from professionals and the public about cancer causes, detection, diagnosis, and treatment. CIS will also provide information on local resources for cancer care and rehabilitation.

The program, which is administered by the Fox Chase Cancer Center in cooperation with the American Cancer Society, does not recommend particular physicians or hospitals, nor does it become involved with existing physician-patient relationships.

Now serving Delaware, greater New Jersey, and eastern Pennsylvania, the CIS will soon be extended to include the 34 counties in the eastern half of the state.

AAP warning ignored

Children under age eight receive tetracyclines under prescription from their physicians in spite of the American Academy of Pediatrics' warning that the drugs can cause complications in young children.

A recent study, conducted by Vanderbilt University's medical school and published in the Journal of the American Medical Association (JAMA), has revealed that of 59,000 children enrolled in Tennessee's medicaid program, 4,026, or about seven percent, had taken tetracyclines on prescription from their doctors. About 27 percent of 1,947 physicians surveyed had prescribed tetracyclines for children at least once; 134 doctors accounted for 84 percent of all prescriptions while 26 doctors wrote 54 percent.

More than two years ago the American Academy of Pediatrics had issued a warning that "few, if any," reasons exist for prescribing the drugs to children under age eight.

editorials

When to test — individual judgments required

Rising medical costs have had so much media attention that the average physician is becoming tired of listening to the repetitive charges. Radio, television, newspapers, and magazines have zeroed in on the subject. Even medical journals are publishing papers and editorials with the usual charges and countercharges.

Defensive medicine has been named as one of the causes of spiraling health care costs, but very little has been written on the subject. Defensive medicine might be defined as overutilization of diagnostic tests because, to avoid a malpractice suit, one should investigate every possibility, that is, cover all bases.

Do we perform too many tests? There is no clear answer—either a yes or a no reply must be qualified.

This example concerns one of your patients whom you've seen many times and know well. He has a sprained ankle. You examine the ankle, explain that you are fairly sure that he has a sprain, and prescribe treatment, including instructions that he should return in a specified number of days if there is no improvement.

If the same patient goes to the emergency room with the same complaint, the emergency room physician probably would order radiographic studies to rule out a fracture. The E.R. physician is not less competent, but he takes the additional precaution because the patient is a stranger, so that no personal physician-patient relationship exists. The emergency room itself is a "high risk" area with regard to the filing of malpractice suits.

Another of your patients has a renal disorder. In the course of providing routine care, you need one or two electrolyte values, and a uric acid and BUN value. But you know that in the automated laboratory, the actual cost of performing these tests individually varies between 20 and 50 percent higher than the renal profile which includes nine studies. Because automated laboratories have increased efficiency and reduced costs, you obtain additional information to assist your evaluation at less cost.

Your last patient today comes in because of a specific problem. You are reasonably sure the symptoms are due to a common ailment, but circumstances necessitate tests to rule out more serious causes. In this specific case, the patient has what appears to be bronchitis. There is a family history of malignancy, and the patient, who also smokes, wants a chest x-ray. Your judgment tells you the patient has bronchitis, but in view of the family history, the smoking habit, and the anxiety, are you not obligated to explore further? Medicine is not an exact science—extenuating circumstances such as these influence the ordering of diagnostic tests. How much do planners, managers, and bureaucrats know of these complexities?

There is an indication that the government plans an attack on physicians' fees, specifically with regard to the number of tests performed. If this occurs, who then will be responsible for an error in judgment resulting in the death or disability of a patient? This would be penny wise and pound foolish government regulation and an invasion of the normal physician-patient relationship. As Ben Franklin said, "Bad gains are true losses."

David A. Smith, M.D.
Medical Editor

Relaxation is relaxation is relaxation

Relaxation is a physiological state that can be achieved by anyone who is not organically paralyzed. If one has power to utilize his skeletal muscles he can learn to shut off completely the power going to them and by doing so can bring a state of relaxation that will cause demonstrable physiological changes. With reduction in tenseness and lessening of rigidity and firmness in muscles, the expenditure of energy is reduced and a resting state is established. Not only do the muscle fibers rest in this state, but millions of nerve cells that must be activated to maintain a state of tension are also able to rest and restore their functioning capacity.

With the reduction of muscular tension the readiness to respond to stimuli is reduced in the nervous system at all levels and physiological changes can be readily observed when a truly relaxed state is established. The first change observed after the muscles become limp and loose is a reduction in the rate of breathing.

When in medical school I served as a summer resident in the White Haven Sanitorium for the treat-

ment of tuberculosis and there I was impressed by the value of muscle relaxation and thought control as taught patients by Doctor Joseph Walsh.

Doctor Walsh presented to patients ways in which they could contribute to the healing of their diseased lungs. In the wards he informed the patients that it was essential to do everything possible to diminish movement in the lungs. He pointed out that when one has a cracked lip or cut knuckle he avoids movement so that healing will be accelerated. He advised against deep breathing, yawning, and especially coughing, which creates tumult in the lungs. He taught patients to reduce movement in the lungs by diminishing the body's need for oxygen. This can best be accomplished by relaxing the muscles since they are the largest consumers of oxygen. When it was apparent to him that all patients were reasonably relaxed he instructed them in abdominal breathing and began to call the inhalations and exhalations at a progressively slower rate as he encouraged deeper and more profound relaxation. As he steadily slowed the breathing rate it was amazing to see the patients breathing six or even four times a minute as they seemed to achieve a state of suspended animation. He then encouraged the patients to try to be relaxed at all times and to do everything slowly and with the least possible expenditure of energy.

Several years later I recognized the elements of suggestion and hypnosis that were so effective and, when I later told Doctor Walsh that I felt he was a magnificent hypnotist, he was astonished that I regarded his work in this light.

In addition to the physical benefits gained through relaxation, Doctor Walsh assured patients that when they became relaxed a state of composure was established and their anxiety and concern about their illness and their future would be diminished and their ability to face life with confidence would contribute to their happiness.

Years later I had an interesting conversation with a woman who had a summer camp in the Poconos for young girls. The camp was located in a forested area and many of the children were afraid of the darkness and the strange noises of the woods. She handled this problem by a technique she had developed. Each night she went into the cabins at bedtime and made a game of getting them to relax and make their bodies go limp. When all were relaxed and apparently drowsy, she announced that there was a magic word they could repeat silently in their minds so that they would sleep soundly and awaken ready for a wonderful day. The magic word she gave them was "hemlock." This same magic word worked for all of them. Each did not have her own special "mantra" as in the system of "transcendental meditation" taught by Maharishi Mahesh Yogi. With or without a mantra relaxation will work for anyone who concentrates on shutting off power going to muscles. The result will be an improvement in physical and mental health with little professional help.

During periods of relaxation when muscles and other tissues require less oxygen, the respiratory rate is diminished, the heart rate is slowed, and blood pressure is lowered because the reduced muscle tension and the reduced pressure in the fascial planes between the muscles permit blood to flow against lessened resistance. As skeletal muscle tension is reduced the responsiveness of the nervous system at all levels is lessened, the spastic state in the gastrointestinal tract is relieved, and the flow of hydrochloric acid is cut down; relief of the peptic ulcer syndrome can be dramatic.

The physiological changes that occur in a relaxed state can be observed easily and, with the use of biofeedback, can be shown to the patient. The apparatus that records these changes graphically impresses on the patient that relaxation can alter important body functions and lead to improved physical and mental health. "One picture is worth a thousand words" and this procedure convinces patients who would otherwise be resistant to using the technique that relaxation is an effective measure.

Every physician should learn to help patients relax and enlist the patient's own efforts in improving his state of health. Hypertension, peptic ulcer, tension headaches, spastic colon, and many other disorders can be greatly improved by creating a relaxed state.

Relaxation is relaxation and it can be utilized to improve body and mental health without the convincing aid of biofeedback equipment, the use of a mantra selected by a trained disciple of Maharishi Mahesh Yogi, or any other mystical measures.

Samuel B. Hadden, M.D.
Contributing Editor

Hey, isn't that your beeper you just hit away?

Assessment of the surgical management of coronary atherosclerosis coexisting with other surgically correctable heart disease

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Combined operative intervention for coronary artery disease (CAD) coexisting with other surgically correctable heart lesions constitutes about 8 percent of aorto coronary bypass (ACB) procedures in published series. However, the indications for surgical treatment of these combined cardiac lesions are not clearly established. The operative mortality is relatively high and there is little information about the long term results.

The advent of coronary arteriography has revealed that CAD coexists with other surgically correctable heart diseases in as many as one third of patients. Surgical treatment of these patients includes both ACB and procedures for correction of the coexisting heart disease. Published series include relatively few patients, for surgical mortality is usually much higher than the cumulated mortality for the surgical treatment of CAD and the coexisting heart disease.

Materials and Methods

During a 39 month period ending March 31, 1974, 30 patients (22 men and 8 women) ranging in age from 41 to 67 (average 54.3) years underwent aorto coronary bypass with concomitant heart procedures.

Preoperative coronary arteriography and left ventriculography were performed on all patients. Right and left heart catheterization was done when indicated. Cardiopulmonary bypass with hemodilution and mild hypothermia was used in each operation.

Thirty-five grafts, of which five were derived from internal mammary arteries and thirty from saphenous veins, were used on the thirty patients. Twenty-five patients received single grafts and five received double grafts. Only one of the 30 patients required gas endarterectomy of the left anterior descending coronary artery at the time of ACB. The left anterior descending coronary artery was grafted in 16 patients, the right coronary artery in 12, the marginal branch of the circumflex coronary artery in 6, and the diagonal branch of left anterior descending in 3 patients. In addition, 14 patients had 20 diseased coronary arteries with nonsurgically correctable lesions.

The type of concomitant heart procedure required as well as the sex and age of the patients, their preoperative functional class and history, the duration of symptoms, and the indication for operation are presented in Table I. The most common symptoms were those of congestive heart failure and angina. The patients whose coexisting heart lesion was mitral valve disease had the longest preoperative symptomatology.

The left ventriculogram was abnormal in 27 of 30 patients; 16 had elevated left ventricular end-diastolic pressure at rest ranging from 14 to 44 (average 23) mm Hg.

The type of valvular disease and the presence of known rheumatic fever in the history of the patients who underwent valvular procedures are presented in Table II. The mean pulmonary arterial pressure of the patients with mitral valve disease ranged from 21 to 55 (average 31) mm Hg. The gradient across the aortic valve of the patients who had pure aortic stenosis ranged between 75 and 90 (average 82) mm Hg. The subvalvular gradient after provocative measures on the one patient who had idiopathic hypertrophic subaortic stenosis (IHSS) was 115 mm Hg.

Beall valve was used for mitral valve replacement. Aortic valve was replaced with Magovern valve in all the patients.

Eleven of 26 patients who survived the operation had postoperative heart catheterization between 2 and 27 (average 13) months after the operation. All patients who survived were monitored until March 1975, for an average of 32.4 months.

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Results

Four operative deaths and seven late deaths resulted within 30 days of the operation. The causes and times of deaths are presented in Table III. Postoperative and late nonfatal complications are presented in Table IV.

Patients with aortic valve replacement had very good results. Patients with mitral valve procedures demonstrated the poorest operative and long term results.

Of the 26 patients who survived the operation, 22 showed improved symptomatology, three were unchanged, and one showed deterioration after the operation. All patients who did not improve after the operation died in the late postoperative period. Of the 19 patients who are still living, all but one work full time or enjoy active retirement; some even participate in sports.

Postoperative catheterization findings are presented in Table V. Nine of eleven patients who had postoperative catheterization did not show improvement of the left ventricular function.

TABLE I
Clinical Material

	Concomitant heart procedure						
	Resection or plication of left ventricular aneurysm	*AVR*	*MVR*	*OMC*	*Excision of IHSS*	*Pericardiectomy*	*Total*
Sex							
F	1	3	4	0	0	0	8
M	10	5	4	1	1	1	22
Age	41-64 (51.5)	45-67 (56.5)	47-66 (56.5)	55	57	45	41-67 (54.3)
Functional class							
III	7	6	5	1	0	1	28
IV	4	2	3	0	1	0	2
History							
CHF	7	7	8	1	1	1	25
Angina	9	6	7	0	1	1	24
MI	10	4	2	0	1	0	17
Arrhythmias	5	1	5	1	0	0	12
RHD	0	4	5	1	0	0	10
Syncope	2	2	0	0	0	1	5
Duration of symptoms (years)	0.25-11 (3.8)	0.25-12 (2.6)	0.5-15 (5.6)	0.5	1.5	1	0.25-15 (3.7)
Indication for surgery							
Coexisting HD	2	4	2	0	0	0	8
CAD	7	2	2	1	0	1	13
HD and CAD	2	2	4	0	1	0	9

AVR—Aortic valve replacement
MVR—Mitral valve replacement
OMC—Open mitral commissurotomy
CHF—Congestive heart failure
MI—Myocardial infarction
RHD—Rheumatic heart disease
HD—Heart disease

Discussion

Valvular heart disease and left ventricular aneurysm are the most common surgically correctable heart lesions coexisting with CAD.

In Loop's[2] series, 56 percent of the patients who demonstrated left ventricular aneurysmectomy required combined revascularization operations of the remaining myocardium.

Valvular heart disease does not alter the incidence of CAD. Recent publications[3-5] demonstrate that CAD is present in 4 percent of patients suffering from valvular heart disease. Loop, et al.[6], report that 8.4 percent of patients who had mitral and/or aortic valve replacement had CAD that justified myocardial revascularization procedures. The great variation of the reported incidence of CAD apparently is due to the fact that different criteria were used by the authors to determine the severity of CAD.

Patients suffering from surgically correctable heart lesions coexisting with CAD have been treated in the past without the correction of CAD by surgical intervention. The results of such management have been unsatisfactory.[7,8] The advent of direct myocardial revascularization has made possible ACB combined with additional procedures for correction of coexisting heart diseases. In a collective series[9-12] examining 3,924 patients with ACB, 305 patients (7.7 percent) needed additional procedures for correction of coexisting left ventricular aneurysm and/or valvular heart disease. Patients reported to have had emergency ACB for acute myocardial infarction with or without infarctertomy are not included in this review.

According to Oran, et al., patients with IHSS coexisting with CAD were treated surgically for the CAD alone.[13]

The authors performed 718 consecutive ACB procedures in a 39 month

TABLE II
Valvular Diseases

Concomitant heart procedure		*Valvular disease*		*Known history of rheumatic heart disease*
AVR	8	*AS*	3	1
		AI	3	2
		AS & AI	2	1
MVR	8	*MS*	4	3
		MI	2	0
		MS & MI	2	2
OMC	1	*MS*	1	1

AS—Aortic stenosis
AI—Aortic insufficiency
MS—Mitral stenosis
MI—Mitral insufficiency

TABLE III
Mortality

Concomitant heart procedure	No. of patients	Within 30 days of surgery: No.	Within 30 days of surgery: Cause	Late postoperative: No.	Late postoperative: Cause	Late postoperative: Months after surgery
Resection or plication of left ventricular aneurysm	11	1	*Congestive heart failure*	2	*Sudden death*	4, 7
				1	*Ventricular fibrillation*	26
MVR or OMC	9	1	*Myocardial infarction*	1	*Myocardial infarction*	24
		2	*Rupture of dissecting thoracic aortic aneurysm*	1	*Cerebrovascular accident*	25
				1	*Sudden death*	1.5
				1	*Pulmonary embolism*	2.5
AVR	8	1	*Ventricular fibrillation*	0		
Excision of IHSS	1	0		0		
Pericardiectomy	1	0		0		

period. Additional procedures were required in 30 (4.2 percent) of the patients in order to correct coexisting heart diseases, including IHSS and constrictive pericarditis.

Comparative data are given in three[9-11] of the previously mentioned collective series. The operative mortalities for ACB alone were 7.1 percent, 1.0 percent and 5.9 percent, respectively. Operative mortality for the ACB combined with concomitant heart procedures (aortic and/or mitral valve procedure and/or left ventricular aneurysmectomy or plication) was 2 to 10 times higher, averaging 17.4 percent.

The authors' study shows that of 688 patients who had ACB alone, 19 (2.8 percent) died; there were four deaths among the 30 patients who had ACB combined with concomitant heart procedures during the same period.

Table VI presents the operative mortality (up to 30 first postoperative days) of a collective series of nine authors[2,3,5,6,9-11,14,15] whose 465 patients underwent ACB with concomitant heart procedures for correction of left ventricular aneurysm and/or valvular heart disease. Operative mortality rates vary widely among the authors.

Patients with nonrheumatic mitral regurgitation associated with CAD, left ventricular dysfunction, and/or elevated left ventricular end diastolic pressure are considered by the majority of authors to have the highest operative risk.[3,15,16]

Limited data on the long term results of surgical treatment of coronary atherosclerosis coexisting with other heart diseases do not permit definite conclusions; however, they suggest that long term results of patients undergoing aortic valvular procedures combined with ACB may be good. In our series, all four patients who underwent this kind of treatment three or more years ago are doing well. Anderson, et al.,[3] report an 80 percent 3 year survival rate and good functional results in their patients. Because medical treatment of these patients gives very poor results, we think that surgery is the treatment of choice.

It is not known whether aneurysmectomy combined with ACB improves the longevity of patients suffering from left ventricular aneurysm coexisting with CAD of the remaining myocardium. However, the quality of life of these usually severely incapacitated patients is significantly improved by surgery.[7]

Patients suffering from mitral valvular disease coexisting with CAD seem to be less responsive to surgical treatment. Only two of our six patients who had ACB combined with mitral valve procedures three or more years ago were alive in March 1975. High late postoperative mortality with this procedure has been reported by other authors.[17,18]

Indications for surgical treatment of patients suffering from CAD coexisting with other surgically correctable heart diseases are not clearly established. The absence of comparative late results between the medical and surgical treatment makes clearcut indications difficult. Kasparian, et al.,[5] gave "reasonable indications for surgery" in patients with CAD coexisting with chronic valvular disease.

TABLE IV
Nonfatal Complications

	No. of cases
A. *Within 30 days of surgery*	
Myocardial infarction	7
Infection	2
Ventricular tachycardia or ventricular fibrillation	1
Other arrhythmias requiring cardiac pacing or cardioversion	4
Bleeding requiring reoperation	1
Embolism in systemic circulation	1
B. *Late complications*	
Atrial flutter or atrial fibrillation requiring cardioversion	3

TABLE V
Results of Postoperative Catheterization Studies (PCS)

Concomitant heart procedure	ACB grafts			Left ventricular ejection fraction			Left ventricular end diastolic pressure		
	No. in PCS	No. placed	No. open	Inc.	Dec.	NC*	Inc.	Dec.	NC
Left ventricular aneurysmectomy or plication	5	6	5	2	0	3	3	1	1
Mitral valve replacement	3	3	3	0	1	2	2	1	0
Aortic valve replacement	2	2	2	0	0	2	0	0	2
Excision of IHSS	1	1	1	1	0	0	0	0	1
Total	11	12	11	3	1	7	5	2	4

* No change

In view of our experience and the results of other authors, we think that if a segmental stenosis of 60 percent or more of one or more of the main coronary branches coexists with surgically correctable heart disease, ACB should be considered in addition to the usual indication for surgical correction of the coexisting heart problem. The opposite is also true; that is, if the patient has CAD which is severe enough to justify ACB, in addition to moderately severe surgically correctable heart disease, both lesions should be corrected in one surgical intervention in most cases. If both severe CAD with impairment of left ventricular function and severe coexisting heart disease are present, individualization should be carried out. This is particularly true when the coexisting problem is mitral valve disease, for both operative and late mortality are high. Apparently, the long term result is not greatly affected by the improvement of the valvular problem but, as the postoperative catheterization findings show, is determined primarily by the underlying myocardial status. □

TABLE VI
Surgical Mortality in Collected Series

Concomitant heart procedure	No. of patients	Mortality	Percentage	
			Avg.	Extreme values
Resection or plication of left ventricular aneurysm	152	23	15.1%	9.7-20%
Aortic valve	187	25	13.3%	5.4-85.7%
Mitral valve	104	23	22.1%	0-50%
Multiple valvular; valve and resection; plication of left ventricular aneurysm	22	8	36.4%	0-100%
Total	465	79	17.0%	

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WASHINGTON, Aug. 26, 1920—

Social Security Bill Is Signed; Gives Pensions to Aged, Jobl

Roosevelt Approves Message Intended to Benefit 30,00 Persons When States Adopt Cooperating Laws–He C the Measure 'Cornerstone' of His Economic Progra

WASHINGTON, Aug. 14 The Social Security Bill, pr a broad program of unempl insurance and old age p and counted upon to bene 20,000,000 persons, became day when it was signed b dent Roosevelt in the pres those chiefly responsible t ting it through Co s.

Mr. Roosevelt cal the "the cor erstone s which is being b me s c ple ri o

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today 94 to 0 and sent to

TRUMAN CLOSES ITED NATIONS CONFEREN WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

SAN FRANCISCO, June 26, 1945

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the eight United States delegates to

UL IGNI the Draf Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that he foresees no need for

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

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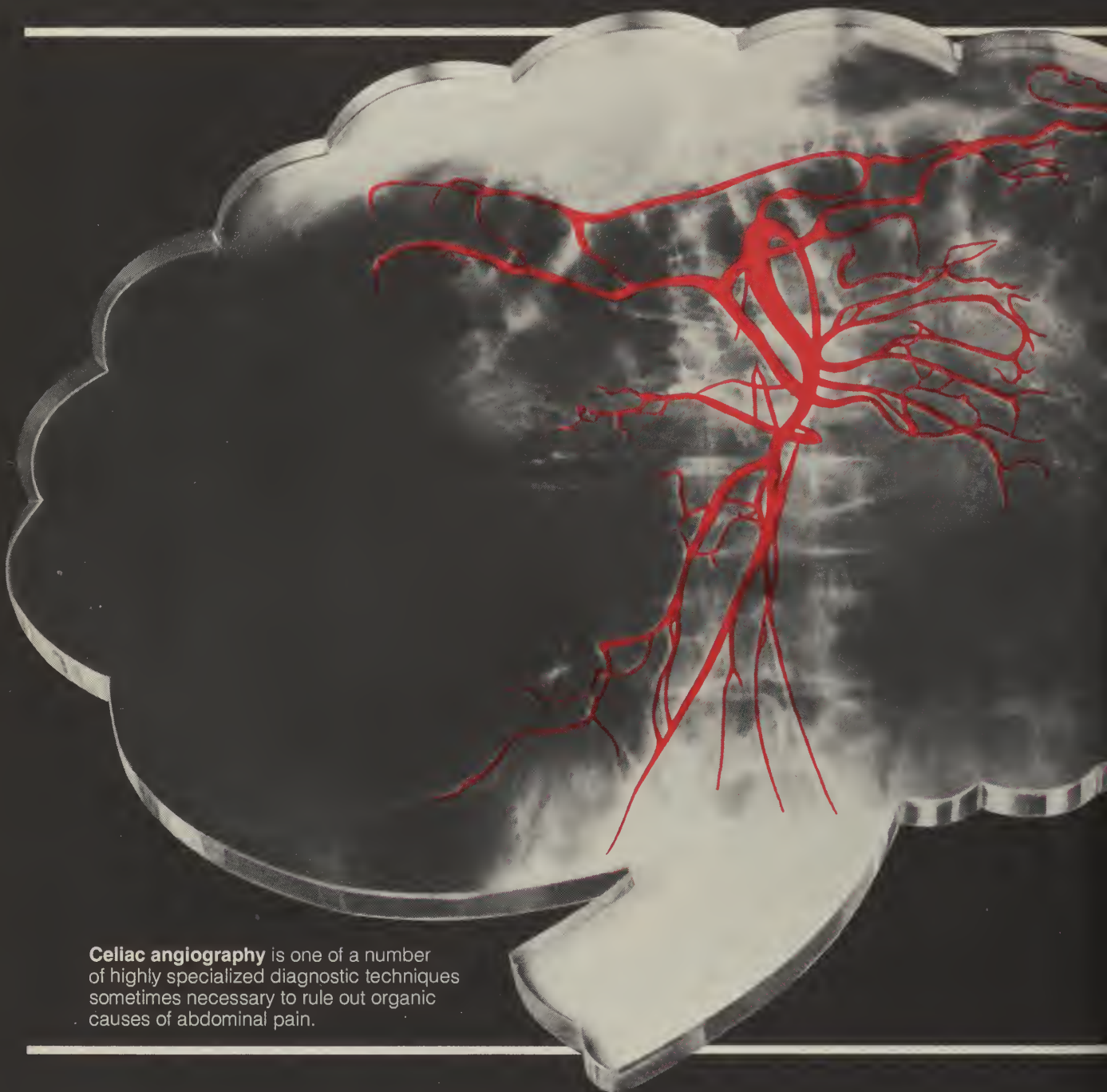

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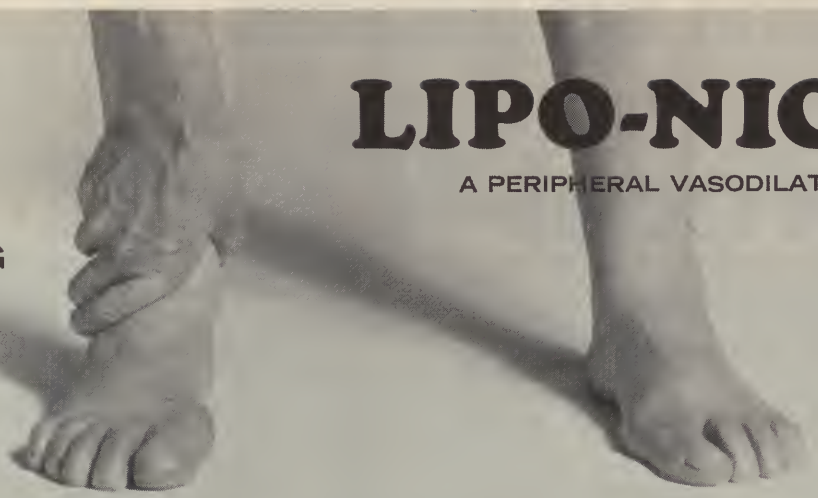

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Continued on page 57

Computers and medicine

Computer law 'new and explosive'

EDWARD H. ACHORN, M.Adm., C.P.A.
DONALD L. DeMUTH, M.B.A., C.P.A.
Harrisburg

When a physician thinks of legal problems, he normally thinks of malpractice. However, for much the same reason, he should examine the legal side of computers. This article is intended to raise some basic questions, and to provide some do's and don'ts.

The common misconception regarding computers is that they can handle medical decisions. Computers may be delegated that authority in part, but hospital management and the physician must select the criteria and construct the decision tables. In other words, the responsibility still rests with the physician or hospital management.

When legal questions arise in connection with operation of a computer system, the basic questions to be asked will evolve from the phrase "ordinary and reasonable care." If you are among those using or contemplating use of electronic data processing (EDP), there are some things you should know to preclude future grief. The computer law field is new and explosive. Few attorneys would consider themselves experts, but an attorney should be consulted before becoming involved in EDP contracts. Normally the only time a contract is referred to is when there is trouble. If you have used the services of a consultant in developing your system, involve him in developing sound computer contracts.

Just as you would not sign a purchase agreement and settle for real estate without consulting an attorney so you should be equally prudent when entering a computer contract. The total outlay for a computer system including software and hardware could equal or exceed that of real estate.

Some recent situations are cited for emphasis.

An airline passenger reservation system was installed and goofed. Result: The airline sued the manufacturer for $70 million, and a countersuit of $11.5 million for the hardware was filed by the manufacturer.

A publisher sued a software firm for $2.5 million when a mailing list maintenance program didn't work properly and large numbers of names were either duplicated or dropped.

As "on line" systems become more common, and as mini-computers begin to saturate the market, more and more people will be suing because someone did not use proper care.

Other areas are equally vulnerable. A company officer—or a physician—cannot ignore the computer. A landmark Supreme Court decision in 1891 held, "The degree of care required of directors of corporations depends upon the subject to which it is applied, and each case is to be determined in view of all the circumstances . . . directors . . . must exercise ordinary care and prudence."

Ordinary care and prudence applies to the physician who should investigate the computer for: practice management, third party billing, accounts receivable, patient billing, scheduling, patient history, multiphasic health testing, computer assisted diagnosis, medical records, physiological monitoring, and EKG interpretation.

Professional liability also has found its way into the computer field. The physician's practice is not an isolated case for malpractice. (And this is something to look for when deciding which firm to use. Question: The scope of its errors and omissions insurance? Question: Does the contract restrict damages to the amount of the bill?) Consequential damages can be severe. A recent article in the *Wall Street Journal* illustrates the point. In an effort to promote public relations, a midwestern motel chain sent thank you letters to its recent occupants. Unfortunately, the computer operator inserted "Mrs." on each of the mailing labels. Needless to say, many lawsuits resulted. At many points along the way, this could have been prevented by reviewing the work for quality. It is usually possible to place sufficient control on commercial applications (billing, ledger, etc.) to preclude major problems in these areas.

This article is the last in a series on computer management techniques for physicians. The authors are on the faculty of the Pennsylvania State University's Capitol Campus, Middletown. Mr. Achorn is an assistant professor of accounting and management and Mr. DeMuth is an assistant professor of accounting and finance.

The field is new, however, and the techniques for placing controls on medically oriented programs are not fully developed. Computer output in these applications must be examined with a scrutinizing eye.

Computer privacy

The privacy problem is one which must be resolved. A physician should not permit access to medical records to just anybody, but placing them on a computer makes them available to maintenance personnel, computer operators, or anybody who has access to a terminal. Access to the computer can be restricted by requiring a code to retrieve medical records. This code will be only as good as the fidelity of those using it, but that is true of manual systems as well.

Even to those outside the medical profession, carelessness in the use of data is a bad trait. One safeguard is the communication of the idea of privacy to those around the system. Tell them, "Keep your hands off."

In connection with computer security, a catastrophe plan should be developed. The physician should copy the files and programs, and store this valuable information in a fire-proof vault or in a location away from his office.

Avoiding inaccuracies

Inaccurate information and its use can result in serious illness or death. These types of problems can occur from several sources:

1. Inaccurate programming, resulting in the loss or misassignment of medical record entries.
2. Miscoding of information for the computer by an aide or nurse.
3. Misrecording, again resulting in loss of information or incorrect infor-

mation.

Who will ultimately be held responsible? The programmer? The aide? The keypunch operator? The physician? There are no simple answers, and in each case the circumstances will dictate. Most software (programming) contracts place the final responsibility on the user to test programs thoroughly. Unquestionably the physician will be at risk. The following steps should safeguard against such contingencies.

1. Check test runs thoroughly before using.
2. When program modifications are made, check them just as thoroughly. This means everything, not just the area changed.
3. Require the programmer to provide a logic diagram, and insist that all parameters of that diagram be tested. Do not use the program until this is done.
4. Become critical of computer output. If something does not look right, do not accept it. If strange numbers appear, insist on knowing why, and have them corrected—not eliminated, but corrected.

Signing the contract

There are contracts and there are contracts. The most common types are service, hardware, and combinations. Most often the contract includes the phrase, "Anything written or verbal not contained herein . . . " Where does this leave the ultimate user? One has to look to the proposal for answers. It should include:

1. Specifications of the hardware.—What it can and cannot do.
2. Specifications of the software.—What it can and cannot do.
3. Details of programs and program language.
4. Details of implementation and whose responsibility it is to do what.
5. Specifics as to when contractors' outside assistance is concluded.
6. Method and time for billing and payment for hardware and software.
7. System parameters—volumes, cycles, timing, interfacing requirements. These are ultimately the user's responsibility. Care should be exercised to insure that a clear understanding exists between user and contractor. Example: A daily cycle for a given process versus a weekly cycle will probably increase the required computer time by five times. Time costs money. Someone ultimately will pay for that kind of mistake, so why not avoid it?

One common sense approach to the contract problem is to examine and *understand* the proposal. If sections need clarification, have them clarified in writing. Once all is clear and acceptable, make the proposal a part of the contract. This can be done by accepting the contract by letter and including the proposal as part of the acceptance.

In dealing with software firms and service bureaus, certain other questions must be raised. Most firms will profess to "know how." It is a simple matter to prove performance by checking out references. When dealing with service bureaus, the question of program ownership arises. Package systems are usually owned by the bureau.

The question arises, "What do I do if for one reason or another the contract is terminated?" Some bureaus will sell an interest in or license use of the programs in this event. If the bureau designs a special system, you should contract to possess title. Care should be used to insure that you will receive source (not object) programs in a common program language (RPG, Cobol, Bal, and Autocoder are the most common). Further, it is no help to have programs if there is no equipment on which they may be run. For example, the IBM Systems 3 and 360 are probably the most common systems. Yet there is such a wide range of specs that it is common—even with these—to have to do a detailed search for compatability. Ask the bureau if there is back-up and where it is located.

Another aspect to consider is financial stability. The mortality rate of software and hardware firms has been high. If your bargain is too shrewd, you may be a captive customer. Will you have to pay more just to keep the business going?

Third party contracts are available for both software and hardware. A good software agreement should include: the basis for billing; upper limits on price; responsibilities of both parties regarding layout of the system, programming, documentation of procedures, setup and testing, scope of tests and who sets them up; who owns the programs; where the work is to be done; who pays for travel, computer test time, supplies, and incidentals; who is responsible for supervision; the system covered under the basic agreement; and the rates for extras.

For hardware, a third-party agreement may be one of two types, financial or operating. Generally, a financial lease is nothing more than another way of financing the purchase of equipment. In general, when committing to computer equipment one should commit to an extended period, so there is probably nothing wrong with this kind of lease, provided several key questions are covered:

Is the system upward expandable?

Could a more economical rate be secured through conventional financing?

What provisions exist to take title to the hardware during or at the end of the lease?

Who gets the investment credit?

An operating lease is one which covers a fixed term and under which no equity is gained. These are usually more costly and the user has the option to return the equipment. In general, it will be shorter in term. The argument frequently is made that this type is attractive because of obsolescence. If the physician takes the pains to examine the proposed system and feels that it is adequate for a period of five years (some vendors will prove the system and run it on a service basis for a period to satisfy the user), obsolescence is not a factor. Once the hardware is paid for, costs drop drastically.

Maintenance on computer equipment can be secured from the manufacturer, another user, or a third party service company. Generally all have been satisfactory. However, when the system consists of the hardware of multiple vendors, problems arise in establishing cause of failures. If possible, it is best to deal with one service organization, for then responsibility will be pin-pointed.

Does all of this seem complicated? It need not be. There is no substitute for common sense. Most of the areas of concern respond to just that. It is simply necessary to understand the system, the responsibilities, and the hazards. This requires common sense and time. □

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Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

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Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
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Intramuscular: 5 to 10 mg.(1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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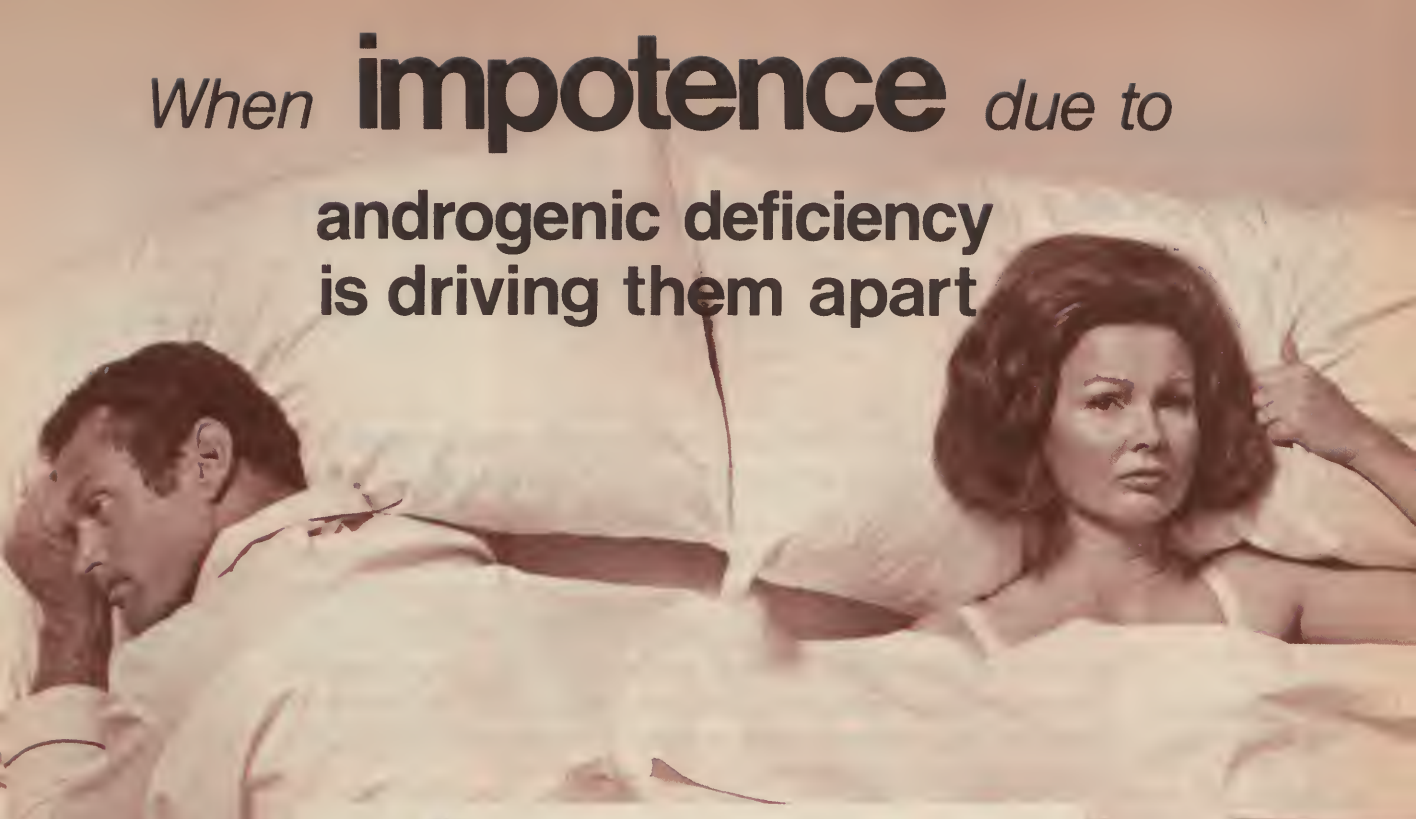

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New Double-Blind Study ANDROID-25 *vs.* Placebo*

* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D., and D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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Office counseling

Patients may need basic sex education even today

JOYCE D. KALES, M.D.
TJIAUW-LING TAN, M.D.
ENOS D. MARTIN, M.D.
Hershey

This article is the first in a series coordinated by members of the departments of psychiatry of Pennsylvania's medical schools. The series is intended to help physicians in general practice to assess and manage the emotional needs of their patients. The first three articles constitute a miniseries on human sexuality. In the first article, Dr. Kales and associates provide a checklist for the physician whose patient requires basic sex education. Subsequent articles will discuss the sexual history and male and female sexual dysfunctions.

Despite society's increasing openness about sexuality and sexual functioning, many individuals are not exposed to proper sexual education. The practicing physician may help to educate individuals and couples in a personalized and comprehensive way concerning the development of their potential as sexual human beings, and thus encourage them to express their natural sexual needs in healthy and acceptable ways. It is the physician who cares for patients at those critical phases of the life cycle (puberty, marriage, pregnancy, menopause, and geriatric periods) that are tied to the ebb and flow of reproductive and sexual functioning.

Thus, the physician is in an optimal position to provide sexual education tailored to the specific needs of his patients. Instructional aids such as pamphlets, books with diagrams, films, and videotape cassettes are available to provide anatomic and physiologic information, clarify various misconceptions, and encourage healthy and appropriate sexual attitudes. Table I gives a list of suggested materials for use by the physician in office counseling.

A checklist of basic information for the physician's use in his role as counselor follows.

Sexual Response

The human sexual response cycle may be divided into four phases:

Excitement—Erection of the penis in the male and lubrication and swelling of the vagina and labia of the female occur in response to visual, tactile and olfactory stimuli, and to erotic thoughts and fantasies.

Plateau—Continued stimulation results in increased size of the testicles and breasts, increased muscular tension, and the so-called "orgasmic platform," which is due to swelling of the vagina. The "sex flush," a measles-like rash over the face and upper chest (blush area) and trunk, occurs during this phase in men and women.

Orgasm—This phase is characterized by seminal emission and ejaculation in the male and cervical and uterine contractions in the female. Both responses are accompanied by intense pleasure. Heart rate and respiration are increased.

Dr. Kales is director of the division of community and social psychiatry and of the sex education program and sexual dysfunctions clinic of the department of psychiatry of The Milton S. Hershey Medical Center. Drs. Tan and Martin are associates in the department of psychiatry at Hershey.

Resolution—In the male, erection subsides and a refractory period ensues, lasting from minutes to hours, during which erection and ejaculation cannot occur. Females do not have such invariable refractory periods; some women may be stimulated to successive orgasms.

Studies have shown that when only one to ten minutes of foreplay are involved, 40 percent of the women interviewed report they "nearly always" reach orgasm; 50 percent do so when foreplay extends for 15 or 20 minutes, and 60 percent when it is longer. When intromission lasts less than a minute before ejaculation, only about 25 percent of women achieve orgasm; about 50 percent do so when intromission lasts from 1 to 11 minutes, and about 65 percent do so when it lasts longer than 11 minutes.

Coital positions—Variety in coital positions makes sexual activity more enjoyable and prevents it from becoming routine and predictable. The most common position, often considered the "normal" or "missionary" position, is the face-to-face, man-above position. Other common positions include the man supine, woman atop, which allows the woman a chance to

express herself and govern clitoral contact as well as control the tempo of movement and the depth of penetration; the face-to-face, side position, which allows maximum contact between the man's body and the woman's clitoris and offers the advantage of neither partner supporting the other's weight; rear entry, which can be accomplished with the woman kneeling or lying on her stomach or the man sitting on a bed or chair while the woman sits on his lap with her back to him; and standing or sitting face to face.

When various sexual practices are desired by one partner and considered "abnormal" by the other partner, the physician may be asked to be the arbiter of such disputes. Acts such as mutual manual stimulation and different coital positions are normal. Adding variety to the sex life of a couple is entirely healthy. However, sadistic or masochistic practices or other activities too roughly pursued, such as blowing air into the vagina, could lead to pain and permanent psychological or physical harm. It is also advisable to warn against the possibility of vaginitis resulting from anal sex followed by vaginal intercourse without proper cleansing.

A form of sexual activity that is more popular than many realize is oral-genital stimulation. Kinsey reported that oral-genital contact was experienced by 60 percent of couples who were college educated. Some individuals have a very negative attitude toward genital kissing because they consider the genital region to be "dirty." The proximity of the genitals to the anus and urethra gives rise to the concept of uncleanliness, but when the region is properly cleansed to remove smegma and other genital secretions, the "unclean" objection to oral-genital contact is no longer valid.

Frequency of marital coitus—In a recent study of middle class couples in their late 30s whose marriages averaged 14 years in length, the average husband desired intercourse nine times per month. The husbands reported that the actual frequency was seven times per month (25 percent below preference), while the wives reported that the actual frequency was eight times per month, the same as their preference. In another study, 45 percent of males between 20 and 29 years old had intercourse three to four times per week; this figure declines to 1 percent of men between 60 and 69.

Sex drive—The strength of libido, or sex drive, in the male and female is determined by androgenic hormones, which are derived from the testes and adrenals in the male and from the adrenals in the female. Psychological factors determine the aim or object of the sex drive, although constitutional factors may also play an important role in certain sexual behaviors, for example in homosexuality and transsexualism.

Attitudes toward sex are learned both from the family, beginning with the early mother-infant relationship, and the culture. The deprivation of parental warmth, acceptance, and affection in childhood may result in ungratifying promiscuity representing a search for the fulfillment of needs, or the inability to find lasting sexual satisfaction with a loved and loving partner. The culture, too, imposes its own frequently conflicting values regarding sexual ethics, which shape individual sexual attitudes and behavior.

On a conscious or deeper, unconscious level, feelings of inadequacy and inferiority toward one's self and one's own body will result in fears of rejection, withdrawal from sexual opportunity, and difficulty with sexual responsiveness. A positive self esteem and high level of confidence will enhance sexuality. Sexuality can also be adversely affected by fears of bodily harm in women, or the counterpart, castration anxiety in men, or discomfort with closeness and intimacy, or fears of losing control and being dominated. The emotions of guilt, shame, anger, depression, or anxiety may result in low levels of drive and responsivity.

Myths and Misunderstandings

Misconceptions about sexual function and sexual anatomy and feelings of physical inadequacy and inferiority are common.

Penis size—Men, especially in adolescence, often have concern over the size of the penis. Masters and Johnson indicate a range of 7 to 11 cm in the flaccid state and 14 to 18 cm in the erect state. The flaccid dimension

TABLE I
Selected Materials on Sexuality and Sex Education

Books for Physicians

Human sexuality: a health practitioner's text, edited by Richard Green, M.D., The Williams & Wilkins Company, Baltimore, 1975.

Medical aspects of human sexuality: 750 questions answered by 500 authorities, compiled and with a forward by Harold I. Lief, M.D., The Williams & Wilkins Company, Baltimore, 1975.

The sexual experience, edited by Benjamin J. Sadock, M.D., Harold I. Kaplan, M.D., and Alfred M. Freedman, M.D., The Williams & Wilkins Company, Baltimore, 1975.

Instructional Materials for Lay Persons and Health Personnel

About your sexuality, prepared by Derzck D. Calderwood. Beacon Press, Boston, 1971. Multimedia kit and guide published by the Unitarian Church.

Human sexuality, 2nd edition, James L. McCary, Van Nostrand Reinhold Company, 1973.

Siecus Study Guides (series of 14), Sex Information and Education Council of the US, Behavioral Publications, New York, 1974.

Audiovisual Aids

Sexually mature, John Wiley & Sons, Inc., 605 Third Ave., New York 10016. *Graphic and tasteful. Covers sexual anatomy, physiology, sexual response cycle, and changes with age.*

Human sexuality, its anatomy, physiology and psychology, Paul R. Miller, M.D., The Williams & Wilkins Company, 428 East Preston St., Baltimore 21202. *Presents three major aspects of the subject: basic facts about the sexual processes of the body (slides of filmstrip plus audio cassette tape); heterosexual intercourse (16 mm film or super 8 cartridge); and manual stimulation (16 mm film or super 8 cartridge).*

Sexual anatomy and physiology, male and female, Focus International, Inc., 505 West End Ave., New York 10024. *Three sound filmstrips and three cassettes plus discussion guide. A comprehensive factual review for lay and health care and professional groups.*

bears little relation to the erect dimension: the smaller penis erects to a proportionally greater size than does the larger penis and is equally capable of providing sexual satisfaction to the female. Masters and Johnson found no difference in the tactile threshold between the circumcised penis and the uncircumcised penis. Intravaginally, the prepuce of the uncircumcized penis remains retracted behind the glans during penile thrusting, dispelling the myth that premature ejaculation may be more common in uncircumcised men.

Breast size—Women are frequently concerned about the size of their breasts. A discrepancy in size between the two breasts is common. The degree of sexual satisfaction or ability to respond, including the erotic sensitivity of the nipples and surrounding tissues, is not dependent upon breast size or shape.

The hymen—The hymen is highly significant in almost all cultures, with the intact hymen often prized as a symbol of virginity. The hymen varies in its rigidity or elasticity, and number and size of perforations. Women should be reassured that virginity is intact when tampons are utilized for menstrual protection, or when the hymen is gently stretched manually in preparation for coitus.

The clitoris—The clitoris is the counterpart of the penis, and it similarly becomes engorged with blood during sexual stimulation. It is the triggering site of the female orgasm. Some men are unsure of the location of the clitoris because it becomes elevated and retracted during sexual excitement. They also may believe that a woman likes direct, vigorous, digital stimulation of the tip of the clitoris, whereas most women prefer gentle, manual stimulation in the general area of the clitoris in a "teasing" manner—perhaps first stroking the vaginal orifice lightly until lubrication is felt. The male's moist fingers when stroking the vagina to the side and around the clitoral area provide a heightened level of stimulation to the female partner. Women should be encouraged to guide the male partner to their preferences rather than expecting expertise and automatic knowledge of their individual response.

Menopause—With the onset of middle age, the female undergoes menopause. Many women are apprehensive about the menopause fearing that they may become emotionally unstable and experience marked physical discomforts. Libido may decrease when the woman feels that the cessation of ovarian activity and the "change" represents an end to her sexual and reproductive life. Sexual drive may increase as the woman is freed from the prospect of unwanted pregnancy and the burden of contraception. There is increased production of androgens associated with menopause, and this theoretically raises libido.

Menopause induced by hysterectomy should not interfere with normal sexual relations if the woman has had satisfactory sex relations before the operation. If both ovaries have been removed at the time of surgery, estrogen replacement therapy is necessary to maintain the normal vaginal epithelium and prevent the occurrence of senile vaginitis.

Education and preparation of the couple for the changes associated with natural or induced menopause will prevent undue anxiety over the menopause and encourage continued closeness and intimacy. Women should be reassured that the couple's sex life can improve as more freedom from the responsibilities of child care increases the time to plan for and enjoy sexual activities together.

Special Situations

Sexual counseling in special situations is not only therapeutic but also serves prophylactically to prevent subsequent sexual dysfunctions.

Pregnancy—Advice regarding coitus during pregnancy should neither be uniformly restrictive nor excessively liberal. In the uncomplicated pregnancy, full sexual expression should be encouraged, with reassurance that this will not harm the baby. Couples should recognize the female libido in pregnancy normally undergoes noticeable fluctuation with each trimester. As the pregnancy progresses, alternate positions should be used to obtain maximum comfort.

If there is a wound of the vagina, cervix, or uterus, incompetent cervix, ruptured membranes, or history of habitual abortion, three potential hazards of coitus are mechanical injury from the penis, introduction of infection, and inducement of uterine contractions. Instructions should be tailored to the specific situation, and alternative sexual activity, such as petting and manual stimulation, should be encouraged whenever coitus is contraindicated for medical reasons.

Geriatric period—The elderly person retains a need and potential for affectional expression, even though it is quite common to think of the elderly as asexual or inappropriately lewd if they acknowledge interest in sex. Individuals who have been sexually active in their younger years will retain sexual interest when they are old; conversely, those who had a low level of interest and activity in their younger years will have even less interest as they age. There is evidence that elderly patients will be pleased rather than offended with tactful questioning by the physician regarding their erotic interest, sexual opportunities, and sexual problems.

Special conditions in the elderly female, such as atropic vaginitis due to thinning and absence of lubrication of the vaginal mucosa, may be alleviated by local application of estrogen cream to the vagina. Vaginal dilators may be used to restore accommodation when sexual activity is contemplated after a period of abstinence.

In the middle-aged and elderly male, the erection process gradually slows. Erection may be sustained much longer before ejaculation, however, thus producing greater satisfaction for the female partner. The refractory period of the elderly male lengthens up to days or weeks and coital frequency is typically reduced, but the capacity is maintained indefinitely in the absence of debilitating illness.

Morning coitus timed to take advantage of early morning erections may result in a more satisfying experience for the couple. This suggestion may also be helpful for the middle-aged male who complains of some loss of erectile capacity due to the effects of diabetes or certain drugs. In the elderly male after prostatectomy, reflux ejaculation into the bladder occurs about 80 percent of the time, but the operation itself should not render the patient impotent or change the sensation of orgasm. □

MDs in the news

Harold G. Scheie, M.D., founding director of the five year old Scheie Eye Institute in Philadelphia, recently resigned his title of director of the University of Pennsylvania affiliate. He will continue in practice at the institute and has been appointed Emeritus William E. Norris and George D. DeSchweinitz Professor of Ophthalmology at the university. A nationwide search for a successor for Dr. Scheie has resulted in the naming of **Myron Yanoff, M.D.,** as director of the institute and head of the ophthalmology departments at the University of Pennsylvania School of Medicine and the Presbyterian Medical Center. Dr. Yanoff is also a professor of pathology at the university.

The staff of Allentown Hospital was recently joined by two new pathologists. **Alexander Nedwich, M.D.,** a former associate pathologist at the Allentown and Sacred Heart Hospital Center, has become chief pathologist and director of laboratories at the hospital. **Proctor L. Child, M.D.,** will serve as an associate pathologist on the Allentown Hospital staff.

John L. Ginsberg, M.D., was recently named medical director of the White Deer Run Treatment and Rehabilitation Center for the addicted, Allenwood. Dr. Ginsberg, who received his medical degree from Temple University School of Medicine, is on the family practice medical staff of Evangelical Community Hospital, Lewisburg.

Carl T. Brighton, M.D., Malvern, was recently named chairman of the department of orthopedic surgery and the Paul B. Magnuson professor of bone and joint surgery at the University of Pennsylvania School of Medicine. Dr. Brighton is chief of orthopedic surgery at the Hospital of the University of Pennsylvania, a consultant in orthopedic surgery at the Philadelphia Naval Hospital, and an attending staff physician at Children's Hospital and the Philadelphia Veterans Administration Hospital.

Geisinger Medical Center, Danville, recently announced the following staff appointments: **Ronald L. Kabler, M.D.,** associate in the department of urology; **Howard G. Hughes, M.D.,** associate in the department of emergency medicine; **Richard H. Driscoll, Jr., M.D.,** associate in the department of gastroenterology; **David R. Gutknecht, M.D.,** associate in the department of general internal medicine; **Gurijala N. Reddy, M.D.,** associate in the department of radiation medicine; **Donald P. Monsaert, M.D.,** and **Ralph H. Starkey, M.D.,** associates in the department of endocrinology and metabolism; and **Gary R. Plotkin, M.D.,** associate in the department of allergy, immunology, and infectious diseases.

Two physicians have recently been appointed to the staff of Mercy Hospital, Scranton. **Charles M. Haas, M.D.,** will serve as an associate pathologist and **Paul Metzger, M.D.,** will join the staff as a full time physician in the emergency room.

A Thomas Jefferson University professor reports that male infertility problems can be corrected with a drug normally prescribed for women to induce ovulation. In his study, Jerome Check, M.D., found that nine of ten men selected for treatment with clomiphene citrate impregnated their wives within seven months of beginning to take the medication. Dr. Check, instructor in obstetrics and gynecology and assistant professor of medicine at Jefferson Medical College, has been treating men with the medication, which is often given to women when the cause of their inability to ovulate is unknown, for the past two years. "Today, one couple of every five or six in the general population is infertile and roughly 40 percent of the time the problem is with the male. About half of these men can be improved with clomiphene citrate," Dr. Check says.

Jeffrey Weiner, M.D., Meadowbrook, has been appointed associate medical director of the Health Maintenance Organization of Pennsylvania. Dr. Weiner will be directly responsible for the development of utilization programs and computerized techniques. He is a member of the Montgomery County Medical Society, the Pennsylvania Medical Society Advisory Committee on Family Practice, and the American Medical Association, and a charter member of the American Academy of Family Practice.

The following physicians were recently elected to fellowship in specialty organizations: **Frederick J. Munson, M.D.,** Allentown, fellow of the American College of Radiology; **Henry K. Sagel, M.D.,** York, and **Ook Jai Lee, M.D.,** Coraopolis, fellows of the American College of Obstetricians and Gynecologists; **Joseph E. Pirog, M.D.,** Altoona, fellow of the American College of Pathologists; **Bhupinder K. Varma, M.D.,** Hershey, fellow of the American Academy of Pediatrics; **Paul S. Friedman, M.D.,** Philadelphia, distinguished fellow of the American College of Nuclear Medicine; **Burton Mass, M.D.,** Elkins Park, fellow of the American College of Chest Disease; and **Sheila Brown, M.D.,** Bethlehem, fellow of the American College of Anesthesiologists.

Recently certified in their various specialties are the following physicians: **Feizel Zavahir, M.D.,** Altoona, in pediatrics; **Jeffrey D. Hare, M.D.,** Bethlehem, in occupational medicine; **Brendan O'Brien, M.D.,** Allentown, in surgery and orthopedics; **Usha D. Singh, M.D.,** Latrobe, in pathology; and **Jay Soo Jung, M.D.,** Allentown, in anesthesiology.

Neil I. H. Park, M.D., was elected recently to fellowship in the American College of Obstetricians and Gynecologists. Dr. Park is associated with the Windber Hospital and Wheeling Clinic.

MDs in the news

Richard H. Gross, M.D., a general and thoracic surgeon, has been appointed to the board of directors of Paoli Memorial Hospital. Dr. Gross is assistant professor of surgery at Hahnemann Medical College. He is a fellow of the American College of Surgeons and the Philadelphia Academy of Surgeons and he is a member of the board of directors of the American Cancer Society of Chester County.

Jan Schneider, M.D., has been appointed professor and chairman of the department of obstetrics and gynecology at the Medical College of Pennsylvania effective January 1, 1978, according to **Robert E. Cooke, M.D.,** president of the college. Dr. Schneider, a graduate of the London Hospital Medical College of the University of London, England, and the recipient of a master's degree in public health from the University of Michigan, will be leaving his posts as professor of obstetrics and gynecology at the University of Michigan Medical School and professor of maternal and child health in the School of Public Health.

DR. SCHNEIDER

DR. SCHUMACHER

L. Richard Schumacher, M.D., was recently appointed director of ambulatory care and director of medical care evaluation at York Hospital. He will also serve as associate director of medical education. In his new position, Dr. Schumacher will be responsible for the supervision and coordination of the out-patient clinics and the medical care evaluation programs and he will assist in the supervision of the physician education programs. Dr. Schumacher was most recently chief of medicine at the Doylestown Hospital.

Thomas P. Foley, M.D., was recently promoted to associate professor of pediatrics at the University Health Center of Pittsburgh. Dr. Foley is a member of the University of Pittsburgh School of Medicine faculty and director of the clinical research center of Children's Hospital of Pittsburgh.

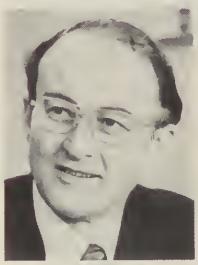
Two physicians were recently certified as diplomates in their respective specialties: **Thomas F. Bednarek, M.D.,** Kingston, was designated a diplomate of the American Board of Radiology; and **William S. Gordon, M.D.,** Harrisburg, was recertified by the American Board of Family Practice.

Howard G. Hughes, M.D., and **Michael J. Leicht, M.D.,** have received appointments as associates in the department of emergency medicine at Geisinger Medical Center. The physicians will teach, work with the Susquehanna Poison Center, and administer to emergency patients. Dr. Hughes, a graduate of Wilkes College with a master's degree from Pennsylvania State University, received his medical degree from Jefferson Medical College. Dr. Leicht was graduated from Drexel University and Temple University School of Medicine.

David G. Ansel, M.D., has been named director of the section of ear, nose, and throat at the Daroff Division, Albert Einstein Medical Center, Philadelphia. Dr. Ansel received his medical degree from Yale Medical School and did post-graduate work at Johns Hopkins Hospital, Baltimore, and Barnes Hospital, St. Louis. He recently completed two years of service at the Philadelphia Naval Hospital.

The board of trustees of Westmoreland Hospital recently announced the appointment of **Hugh E. Chavern, M.D.,** as director of the Community Mental Health Center. Dr. Chavern is a clinical assistant professor of psychiatry at the University of Pittsburgh School of Medicine and psychiatric consultant to the Veterans Administration.

Lewis W. Bluemle, Jr., M.D., was recently inaugurated president of Thomas Jefferson University. Dr. Bluemle, of Williamsport, was formerly president of the University of Oregon Health Sciences Center, Portland, and president of the State University of New York's Upstate Medical Center at Syracuse. He is recognized as an authority in the field of liver and kidney diseases and was one of the pioneers in the development of artificial kidneys.



DR. BLUEMLE

DR. MULHOLLAND

S. Grant Mulholland, M.D., noted urologist, epidemiologist and surgeon, has been appointed Nathan Hatfield Professor of Urology and chairman of the department at Thomas Jefferson University. Dr. Mulholland has been an assistant and associate professor of urology at the University of Pennsylvania School of Medicine since 1970. He is an assistant urologist at Penn's Graduate Hospital, an assistant surgeon at Children's Hospital, a consultant to the Veterans Administration Hospital in Philadelphia, and a member of the department of urology of the Hospital of the University of Pennsylvania. Dr. Mulholland is best known among his colleagues for his clinical and research endeavors in the field of infection.

Robert W. Leipold, M.D., director of the department of family medicine at Geisinger Medical Center, was recently elected vice president of the Pennsylvania Primary Health Care Association. The organization is composed of primary health care centers and other institutions interested in primary care throughout the state.

practice management

Take time to agree on details when forming group

LEIF C. BECK, LL.B.
VASILIOS J. KALOGREDIS, J.D.
Bala Cynwyd

. . . physicians entering into a joint practice must take the time to explore and agree upon the details that will govern their relationship.'

In two recent articles we set forth some primary considerations for physicians contemplating the establishment of an effective group practice. The first article dealt with division of income alternatives. The second examined philosophies of practice, incorporation versus partnership, and practice income and expenses.

Other matters of importance to be considered by doctors contemplating practicing together will be described in detail in this article. After all items have been resolved, they should be reduced to a formal written agreement. If the physicians decide to remain unincorporated, a partnership agreement must be signed; if incorporation is chosen, employment and buy-sell agreements are necessary.

Advisors with experience in dealing with professionals are often helpful in guiding physicians through the types of questions raised in these articles. We must stress, however, that only the physicians involved can make the final decision about what is best for them, for only they understand their individual and joint purposes, philosophies, practices, and personalities.

Initial capital contributions

When a group practice is established through the merger of existing practices, each physician has certain equipment, furniture, and other assets to contribute to the new practice. The dollar values of each doctor's asset contributions are usually unequal. This raises a question of fairness among the parties. In addition, the new venture requires an influx of cash, both to purchase newly required assets and quite often to meet expenses for the first couple of months.

In a partnership situation, it is often desirable to credit each partner's "capital account" with the value of the assets he is contributing. Generally, it is sufficient to credit them at "book value"—the original cost minus depreciation. When one physician has accelerated his depreciation for tax advantage far ahead of the other doctor or doctors, we often recommend that the capital accounts be based on what would have been the book values had each partner previously depreciated his assets on a "straight line" method. This may entail a depreciation over a longer than normal tax term.

In a partnership, these capital accounts are treated as permanent reflections of each partner's initial contributions to the practice. They are not likely to be paid over to a partner in cash or other assets unless and until he leaves the group practice. At that time, he is entitled to a payment equal to his capital account balance as of the date of leaving.

Such a treatment is generally fair as long as each partner has reasonably contributed approximately the same dollar amount. In situations in which one or more of the physicians has contributed substantially larger values of assets, he should be reimbursed for his contribution. Several approaches can be taken to see that he is made whole. His share of income may be increased to recognize that some income comes from the use of these assets and particularly from the freedom from having to otherwise lease the assets. Another approach is to have the physician lease the assets to the group practice. The assets are no longer contributions; the doctor retains ownership and the group pays rent for the assets.

In other situations, it is best to strive for equalization among the partners, even if this entails a cash payment from one partner to another so that the capital accounts begin on an equal plane. This often occurs when a senior doctor takes on a young physician who does not have assets to contribute to the practice. This is also the fairest approach in most corporate situations in which it is often preferable for each physician to have an equal percentage of the corporate stock. A disparity may best be made up with cash payment.

Cash flow is often tight during the first few months of a new practice. Much depends on the treatment of accounts receivable from prior practices. As cash is required, however, it is best for the partners to contribute in the same ratio in which they plan to divide income. We believe that physicians should seek to keep cash contributions to a minimum. If any must be made, it is best to repay them as soon as the practice begins to produce cash. It is often better to borrow some of the cash and pay it back quickly rather than

The authors are the principle consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.

have the physicians put out-of-pocket money into the practice. Physicians should practice medicine with minimum direct investments (except for extreme situations, such as radiology, in which large asset purchases may be required). Because physicians derive their incomes from services and not from capital investments, they should not tie up too much money in the practice.

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Accounts receivable

The proper handling of patient accounts receivable often causes difficulty in a group practice situation. Two problems frequently arise. How should the receivables generated by a physician's work *before* he joined the venture be handled? How should he share in the group's receivables if he *leaves* the group practice?

When doctors merge several existing practices, they may decide to hold back and collect the receivables independently of the new venture. The philosophy behind this approach is that these items represent potential payments for services previously provided and, since the services do not flow from the group practice, neither should the income inure to it. In such situations, the new venture may continue to bill the old patients as a convenience to each physician, separately crediting the receipts to the doctors' personal accounts.

When one or more physicians join a single continuing practice, it is more common for the practice to continue receiving the payments as if there had been no interruption. When an unincorporated practice merges with a corporate practice, with the corporation to survive, it is often advisable for the physician who was incorporated prior to the merger to receive additional salaries to reflect the receivables owed to the corporation for pre-merger work. The unincorporated physician collects his pre-merger receivables outside the corporation.

An advantage of having receivables flow into the joint practice is that the money helps to meet initial cash flow needs. In such a case, the partners who performed the work that generated the receivables deserve an income advantage. The "new partners" will often buy into the receivables by accepting a lower share of income for a period of time.

Another major concern with receivables arises when a partner leaves the group practice because of death, permanent disability, retirement, or other reasons.

Generally, a partner should be entitled to his proportionate share of the group's receivables when he leaves the group. This share should, of course, be reduced for the uncertainties and costs of collection. A departing partner's share is often reduced by 10 or 15 percent to reflect these factors. Quite often a partner's "separation entitlement" will be stated in terms of a certain number of months continued income (much of it tied to accounts receivable). In such a case, a specific percentage share of the group's accounts receivable are not taken into account, although the amount of continued income from the practice includes this as a factor.

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Care should be taken that the partner who leaves is not paid out of receivables long before the continuing partners have actually collected the income. This requires a close analysis of the practice's collection experience. If much of the potential income is in litigation (as may be the case for orthopedic surgeons or radiologists), then the period for paying a departing partner might best be longer than for a family practitioner.

These typical arrangements for a partnership require a certain degree of accurate bookkeeping. We are amazed at the number of group practice members who are unaware of their collection ratios, their accounts receivable outstanding, and other basic management information. All practices should have this data. Of particular importance is a working definition of accounts receivable. A practice should maintain a steady program and set policy of writing off "dead accounts" so that partners remaining in a group are not strapped with large payments for uncollectible accounts.

When a practice is dissolved and no doctor maintains it, physicians customarily split the receivables as they come rather than one partner "buying" the receivables from the other.

Vacations and illnesses

Any agreement among physicians should state how much vacation and meeting time absence each is entitled to in a given year. This should be included in a partnership agreement or working rules in a partnership setup or in a physician's employment contract in a corporation.

The amount of vacation time taken by group members must depend on how well the remaining doctors can handle the burden during any such absences. A primary reason for joint practice is the opportunity to stagger working schedules and allow such absences. Most group practices can easily accommodate as few as four and as many as eight weeks of vacation per year per member.

Another real advantage of group practice is the security provided in case of absence due to illness or disability. We encourage practices to provide as much absence time as possible without disrupting the remaining partners' ability to handle the practice.

The amount of time given to receive continued income should be tied to the accounts receivable experience and to a determination of a reasonable amount of time for the remaining physicians to bear the burden without seeking additional help. To cut off a disabled partner from his income share earlier than that would deprive him of a strong advantage of group practice. If the income share continues

for too long, however, the "healthy" partners are unduly penalized.

Several months of normal income share, followed by a smaller share of income as the absence continues, is often a fair solution. For example, a practice may provide two months of full income and four months of half income if the illness continues. This system recognizes that the effect on the remaining partners is gradual (because of accounts receivable, ability to work a little harder for a short period of time, and the like) and that the cost of hiring a replacement (if one is available) would be less than the sick man's full income share.

In other cases, after providing for perhaps two or three months of full income, an agreement may call for additional income to the disabled partner if it is available after paying practice expenses and the normal income shares for the healthy partners. This can work well. It protects the healthy partners from taking a cut in income while providing the disabled partner some income from the practice.

If a partner's absence continues beyond the allowable period (often six to twelve months) his sharing of income often ceases and he becomes an inactive partner. We generally recommend that he be allowed the opportunity to return to the partnership if he recovers during some extended period (perhaps one or two years). If he cannot return to active practice during that period, then his relationship with the partnership should be terminated. The group cannot, in all fairness, keep a place open for him indefinitely. It must recognize the uncertainty of his return and subsequent productiveness and also be provided the opportunity to seek a replacement within a reasonable amount of time.

It is advisable to provide for these contingencies prior to the event. To wait until something like this happens can only result in hard feelings and embarrassment.

Retirement, death, and withdrawal

A group's formal agreement should specifically set forth what a person is entitled to if he leaves the practice for any reason. This entitlement usually includes: a return of his capital (in a corporation, the stock price); his share of income until the date of termination; and his share of accounts receivable (which may be tied to some sort of salary continuation).

Very few medical practices have any greater value. Good will is a factor in very few medical practice situations. Proof of this is seen in various legal and tax decisions and in the practical inability to sell medical practices. Most medical practices have value only to the extent that the physician actually and personally provides the services. There is little income continuation value in the patient charts, the medical practice's name, and the like in the majority of situations.

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In light of this, we strongly disagree with the insurance salesmen's efforts to suggest a higher price value in order to get professionals to buy life insurance for a larger payout. This additional value, funded by life insurance, is often little more than a bootstrap argument having no relation to reality. We believe that each partner should buy whatever life insurance he needs or wants personally, without being tied to the partnership or to his associates.

Rights of the senior doctor

When a senior physician takes on a younger doctor (often with no private practice experience) it is necessary to set forth some protection for the senior physician. It is not unusual, for example, for the senior physician to have the right to treat the junior physician as if he had terminated the relationship if there is a separation at any time within the first five years of the association. This permits the senior doctor to retain the office and phone number, have first pick of employees, keep the practice name, and the like. Because the senior man has developed the practice, the resolution is generally agreeable and fair to both parties. After the initial five year period, both physicians have contributed substantially to the growth of the practice and the senior physician is no longer entitled to this benefit.

We generally do not recommend that non-competition clauses be inserted in employment or partnership agreements. The clauses are often of questionable legal validity and do not seem appropriate in the majority of medical practice situations. There are circumstances, however, in which it is reasonable to provide some protection for a senior physician. For example, in proper situations a senior physician's agreement with a new doctor might include a provision by which the young doctor agrees to resign from the staffs of the hospitals being served by the practice upon termination of the agreement. If such resignation is not forthcoming, the younger physician must pay a substantial dollar penalty to the senior doctor. This does not preclude the young physician from practicing where he desires, but does provide that he should pay the senior physician for this right. This provision is not common, but it is used and relevant in unique situations in which there may be a limited need for a particular type of specialist in an area.

We hope these thoughts prove helpful to doctors who are considering establishing a group practice and to those already practicing in that form. It should be remembered that physicians entering into a joint practice must take the time to explore and agree upon the details that will govern their relationship. Many physicians now practicing in groups should take the time to do this, particularly if it was not done at the beginning of the relationship. Even though these considerations begin on a friendly and often casual basis, it is most important that written documents be prepared to reflect the understandings of the partners. The written document is often needed when the parties involved are not on such friendly terms. The use of competent and expert legal assistance in this area can be most helpful. □

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new members

Continued from page 43

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Richard E. Lynn, M.D., Internal Medicine, 728 W. Main St., Mt. Pleasant 15666

obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Arthur W. Allen,** Hazelton; University of Pennsylvania School of Medicine, 1922; age 80; died August 9, 1977. He was a past president of the Hazelton branch of the Luzerne County Medical Association.

• **Ernest L. Armstrong,** Erie; University of Western Ontario School of Medicine, 1918; age 84; died August 10, 1977.

• **Michael P. Balmuth,** Pittsburgh; University of Cincinnati School of Medicine, 1969; age 33; died August 29, 1977.

• **Louis Brody,** Philadelphia; Jefferson Medical College, 1919; age 82; died August 1, 1977.

• **James C. Campbell,** Mt. Lebanon; Hahnemann Medical College, 1942; age 62; died August 11, 1977. He had practiced family medicine in Mt. Lebanon for thirty years.

• **Clarence C. Campman,** Pulaski; University of Pittsburgh School of Medicine, 1912; age 89; died September 2, 1977. He was a diplomate of the American Board of Internal Medicine and a member of the American College of Cardiologists. He had been an active member of the Mercer County Medical Society, which honored him in 1962 for fifty years of service. Dr. Campman served from 1945 to 1948 on the Pennsylvania Medical Service Board, which established the Blue Cross health insurance plan.

• **John R. Cope,** Greensburg; George Washington University School of Medicine, 1964; age 39; died August 25, 1977. He practiced medicine in Greensburg and was a staff doctor at Westmoreland Hospital. He had served as a volunteer physician in Vietnam and was the plant physician for Westinghouse Corporation, Waltz Mills.

• **Louis J. Decina,** Philadelphia; Hahnemann Medical College, 1938; age 65; died August 6, 1977. He had been chief of staff of Community Hospital in Philadelphia from 1943 until its closing and was most recently chief of St. Luke's and Children's Hospital's industrial clinics.

• **Samuel Ellis,** Bryn Mawr; University of Pennsylvania School of Medicine, 1907; age 93; died August 20, 1977. He had practiced medicine in the Philadelphia area for 70 years.

• **Basil J. Giletto,** Philadelphia; Jefferson Medical College, 1937; age 66; died August 12, 1977. He had been an obstetrician/gynecologist in the Philadelphia area for 40 years and was an associate professor in the same field at Jefferson Medical College.

• **Arthur M. Harmuth,** Pittsburgh; University of Pittsburgh School of Medicine, 1952; age 53; died August 26, 1977. He had been a pediatrician on the staffs of Children's and Magee-Women's hospitals.

• **Fred G. Helwig,** Allentown; George Washington University School of Medicine, 1936; age 66; died August 10, 1977. He founded the diabetes clinic at Allentown Hospital and the Lehigh Valley Diabetes Association. He taught clinical diabetes at Temple University and served on the commission on diabetes for the Pennsylvania Medical Society.

• **Robert J. Hitchens,** Watsontown; Temple University School of Medicine, 1947; age 54; died August 19, 1977.

• **John C. Kistler,** Allentown; Hahnemann Medical College, 1921; age 83; died August 5, 1977. He had been president of the board of trustees of Allentown State Hospital from 1948 to 1955 and had practiced general medicine in Allentown for 55 years.

• **Manfred O. Koellner,** Norristown; University of Graz School of Medicine, Styria, Austria, 1954; age 49; died August 20, 1977. He had been director of the Valley Forge Medical Center and a staff member of Montgomery and Sacred Heart hospitals, Norristown.

• **Daniel J. O'Connell,** Naples, Florida (formerly of Jeannette); Georgetown University School of Medicine, 1927; age 74; died August 5, 1977. He was a former president of the Jeannette District Memorial Hospital medical staff.

• **Leonard J. Quetsch,** Washington; Loyola University School of Medicine, 1951; age 53; died September 14, 1977. He had established the department of thoracic surgery at Washington Hospital and was a founder-member of the Pennsylvania Association for Thoracic Surgery. He was former president of the Washington County heart and tuberculosis and respiratory disease associations.

• **John W. Shadle,** Butler; University of Pennsylvania School of Medicine, 1927; age 76; died August 18, 1977. He had been a practicing physician in Butler for fifty years.

• **Camillus H. Spalletta,** Scranton; Jefferson Medical College, 1932; age 70; died August 24, 1977. He had practiced general medicine in Scranton for 44 years.

• **Charles H. Stone,** Coatesville; University of Pennsylvania School of Medicine, 1909; age 92; died August 11, 1977. He operated a medical and surgical practice in Coatesville for 58 years.

• **Irving O. Thomas,** Wilkes-Barre; Jefferson Medical College, 1927; age 75; died September 15, 1977. He had recently been honored by the Luzerne County Medical Society for having served as a physician for fifty years.

• **George F. Wheeling,** Windber; Jefferson Medical College, 1923; age 80; died August 11, 1977. He served from 1955 to 1975 as medical director of the Windber Hospital and Wheeling Clinic, taking the place of his father who had held that position from 1916 to 1955. He was a former president of the Cambria County Medical Society and was named physician of the year by that group in 1976.

Gary E. Bell, Jr., Johnstown; University of Pittsburgh School of Medicine, 1951; age 54; died August 24, 1977.

Edward W. Caughey, Duquesne; Temple University School of Medicine, 1941; age 62; died August 28, 1977.

John F. Coyne, Sharon; University of Pennsylvania School of Medicine, 1949; age 55; died September 4, 1977.

John C. Ewing, Pittsburgh; University of Pittsburgh School of Medicine, 1929; age 73; died August 4, 1977. He had been a general surgeon at Western Pennsylvania Hospital until his retirement in 1968, and was chief surgeon for the Pennsylvania Manufacturers Association.

Edward W. Heckert, Pittsburgh; Marquette University School of Medicine, 1948; age 56; died August 14, 1977. He was an assistant professor of medicine at the University of Pittsburgh School of Medicine, and chief of the heart clinic at the Veterans Administration Hospital, Oakland.

Thomas F. McTear, Philadelphia; Jefferson Medical College, 1940; age 64; died September 29, 1977. He was chief of medicine and president of staff of St. Mary's and St. Joseph's hospitals and had established the first intensive care unit at St. Mary's.

Joseph D. Waissman, Colver; University of Mexico School of Medicine, 1968; age 47; died August 12, 1977.

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- rarely interferes with mental acuity
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Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.;* severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

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Pennsylvania Medicine

Vol. 80, No. 12 **DECEMBER 1977**

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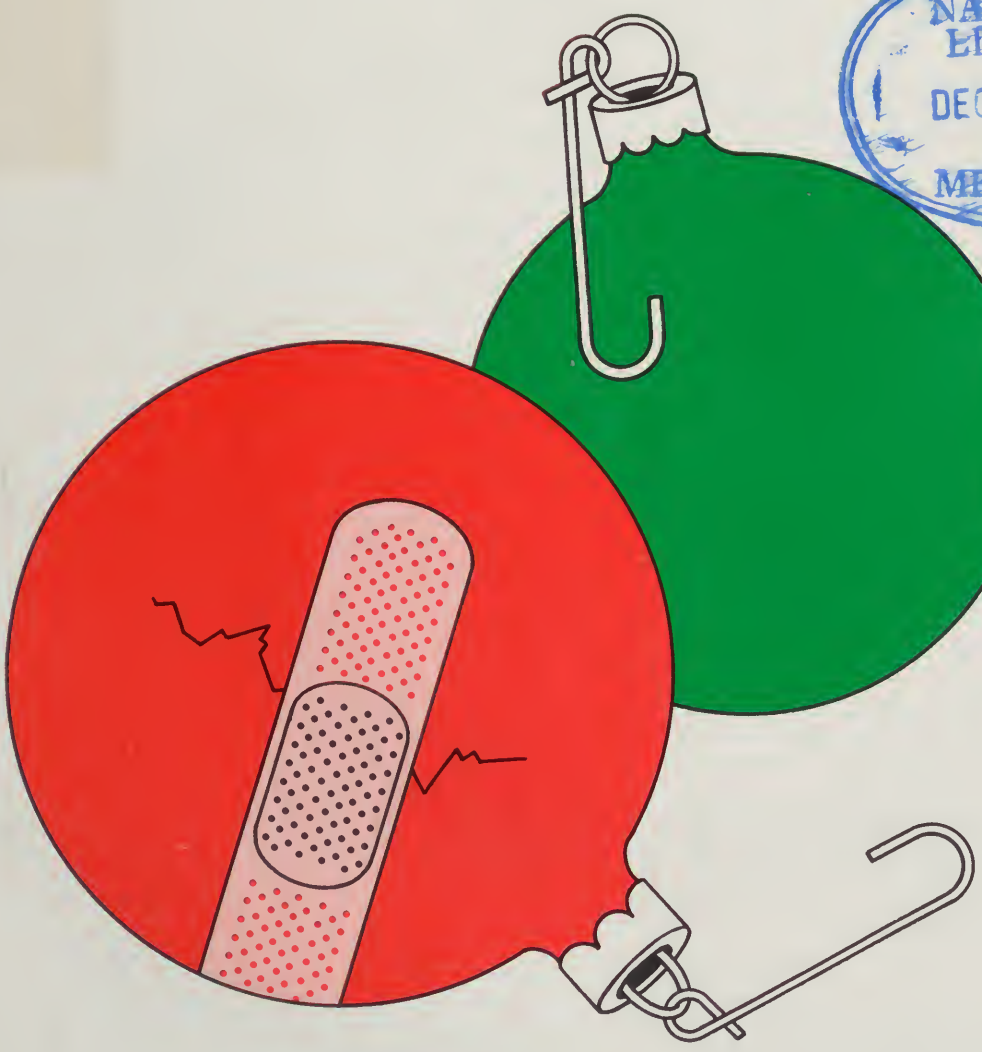

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Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

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Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

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Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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medigram

INSURANCE COMPANY ACTIVATED With income from assessments nearing the $7 million mark, the Society's Board of Trustees voted unanimously November 18 to activate the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) and implement the September 15 agreement with Argonaut Insurance Company. The agreement, which has a closing date of December 1, 1977, cancels all litigation between the State Society and Argonaut, and provides that PMSLIC will take over Argonaut's book of business and begin issuing policies effective January 1, 1978. Assessments collected through November 22 totalled $6.61 million. Over 9,500 members have paid the mandatory assessment for a total of $2.26 million, while an additional $4.35 million has come from some 3,700 members paying the selective assessments required of those seeking PMSLIC coverage. The PMSLIC Board of Directors has asked the Pennsylvania Insurance Department to issue the required Certificate of Authority by December 1.

TRANSITION PERIOD BEGINS Donald J. Fager Associates has been selected to manage the company during the transition period. The New York City firm manages the New York Medical Society Liability Insurance Company. Inquiries about assessments or the transition from Argonaut to the PMS Liability Insurance Company can be directed to PMSLIC, Suite 1728 Fidelity Building, 123 South Broad Street, Philadelphia, PA 19109; telephone (215) 545-6600. Malpractice insurance questions should be directed to Frank B. Hall and Company, 2700-Two INA Building, Philadelphia, PA 19103; telephone (215) 568-1700.

MANDATORY ASSESSMENT STILL BEING COLLECTED All Society members who pay dues are required to pay the mandatory assessment, which is still being collected. Active members pay $250; senior actives, $125; and residents, $25. Non-dues paying members (affiliate, associate, military, and disabled) are not required to pay the mandatory assessment. The selective assessment payment, in an amount based on the risk classification, is required of all Argonaut policyholders and others who seek PMSLIC coverage.

PMSLIC MAILS POLICY APPLICATIONS PMSLIC has mailed policy application kits to all Argonaut policyholders and all members who paid the selective assessment. Besides the application, the kits contain information about the company's officers and the forms of coverage available. Applications should be returned to PMSLIC, c/o Frank B. Hall, no later than December 10, 1977 in order to guarantee undisturbed insurance coverage.

SOCIETY CHANGES AUTO LEASING FIRM The Board of Trustees has named McCullagh Leasing, division of Commercial Credit Corporation, as the Society endorsed auto leasing firm effective December 1, 1977. It replaces Controlled Medical Leasing in the Society's program. Details will be announced in a general mailing after Christmas. The Society's Memberloan Program administered by Commercial Credit Corporation reports loans totalling more than $525,000 in the first five months of operation. The average loan is $14,000. For further information call toll-free (800) 638-0660 and ask for PMS Memberloan.

NEGOTIATIONS ON CLINICAL LAB RULES BEGIN The Society has begun negotiations on regulations for the Clinical Laboratories Act with the state Bureau of Laboratories. David W. Kistler, M.D., vice chairman of the Council on Education and Science, and Thomas L. Leaman, M.D., director of the Department of Family Medicine at the Milton S. Hershey Medical Center, met with bureau officials November 22. The Society seeks modification of the Act's regulations so that a majority of physicians' offices will be exempt from registration with the Department of Health.

INFLUENZA VACCINE RECOMMENDATIONS RELEASED The Pennsylvania Department of Health has released influenza immunization recommendations based on information released by the Public Health Service Advisory Committee on Immunization Practices. Details will appear in the January issue. Annual vaccination is recommended for adults and children of all ages who have such chronic conditions as: heart disease of any etiology, particularly with mitral stenosis or cardiac insufficiency; chronic bronchopulmonary diseases, such as chronic bronchitis, bronchiectasis, tuberculosis, emphysema, and cystic fibrosis; chronic renal disease; and diabetes mellitus and other chronic metabolic disorders. Those over 65 years of age also should receive annual vaccinations. Vaccine and dosage recommendations are as follows:

Influenza vaccine dosage by age, 1977-78

Age	Product Type	Dose Volume (ml)	Total CCA Units*	Number of Doses
18 years and older	Whole-virus or split-virus	0.5	400	1
6-17 years	Split-virus	0.5	400	1
3-5 years	Split-virus	0.25	200	2**
6-35 months	Split-virus	0.15	120	2**

*Representing equal amounts of A/Victoria/75 and B/Hong Kong/72
**4 weeks or more between doses; both doses essential for good protection

PHYSICIANS TO PAY LOWER WORKMEN'S COMP RATES The State Society Council on Medical Service was successful in convincing the Pennsylvania Workmen's Compensation Rating Bureau to establish a new classification for doctors. Rates are reduced from $1.15 to $.60 per $100 of payroll. This means an across the board decrease for all physicians. The Society sponsored workmen's compensation insurance program, administered by the Dodson Group, expects to bring costs even lower for those in the plan through its annual dividend.

CO-OP ISSUES CATALOGUE The Pennsylvania Medical Cooperative has issued its fall-winter catalogue along with the announcement by H. Robert Davis, M.D., Co-op president, that 1977 sales are 30 percent above 1976.

COMMISSION CRITICIZES HSA GUIDELINES The Society's formal comments on HEW's health planning guidelines, published September 23, 1977, were sent to the Department of Health, Education, and Welfare November 18. The Commission on Health Planning reviewed the guidelines and called them "inflexible, irrelevant numerical standards."

Pennsylvania Medicine

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Contraindications: Anuria; hypersensitivity to this or other sulfonamide-derived drugs.
Warnings: Use with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects may develop in patients with impaired renal function. Use with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma. May add to or potentiate action of other antihypertensive drugs; potentiation occurs with ganglionic or peripheral adrenergic blocking drugs. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possibility of exacerbation or activation of systemic lupus erythematosus has been reported. Lithium generally should not be given with diuretics because they reduce its renal clearance and add a high risk of lithium toxicity. Read circulars for lithium preparations before use of such concomitant therapy. *Use in Pregnancy:* Thiazides cross placental barrier and appear in cord blood; in pregnancy, weigh anticipated benefit against possible hazards to fetus, including fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions that have occurred in adults. *Nursing Mothers:* Thiazides appear in breast milk; if use of drug is deemed essential, patient should stop nursing.
Precautions: Perform periodic determination of serum electrolytes to detect possible electrolyte imbalance. Observe all patients for clinical signs of fluid or electrolyte imbalance, namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting. Hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, with concomitant corticosteroid or ACTH therapy, or with inadequate oral electrolyte intake. Hypokalemia can sensitize or exaggerate response of heart to toxic effects of digitalis (e.g., increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content. Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life threatening. In actual salt depletion, appropriate replacement is the therapy of choice.
Hyperuricemia may occur or frank gout may be precipitated in certain patients. Insulin requirements in diabetic patients may be increased, decreased, or unchanged; latent diabetes mellitus may become manifest. Thiazides may increase responsiveness to tubocurarine. Antihypertensive effects of the drug may be enhanced in post-sympathectomy patients. May decrease arterial responsiveness to norepinephrine; this diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use. If progressive renal im-

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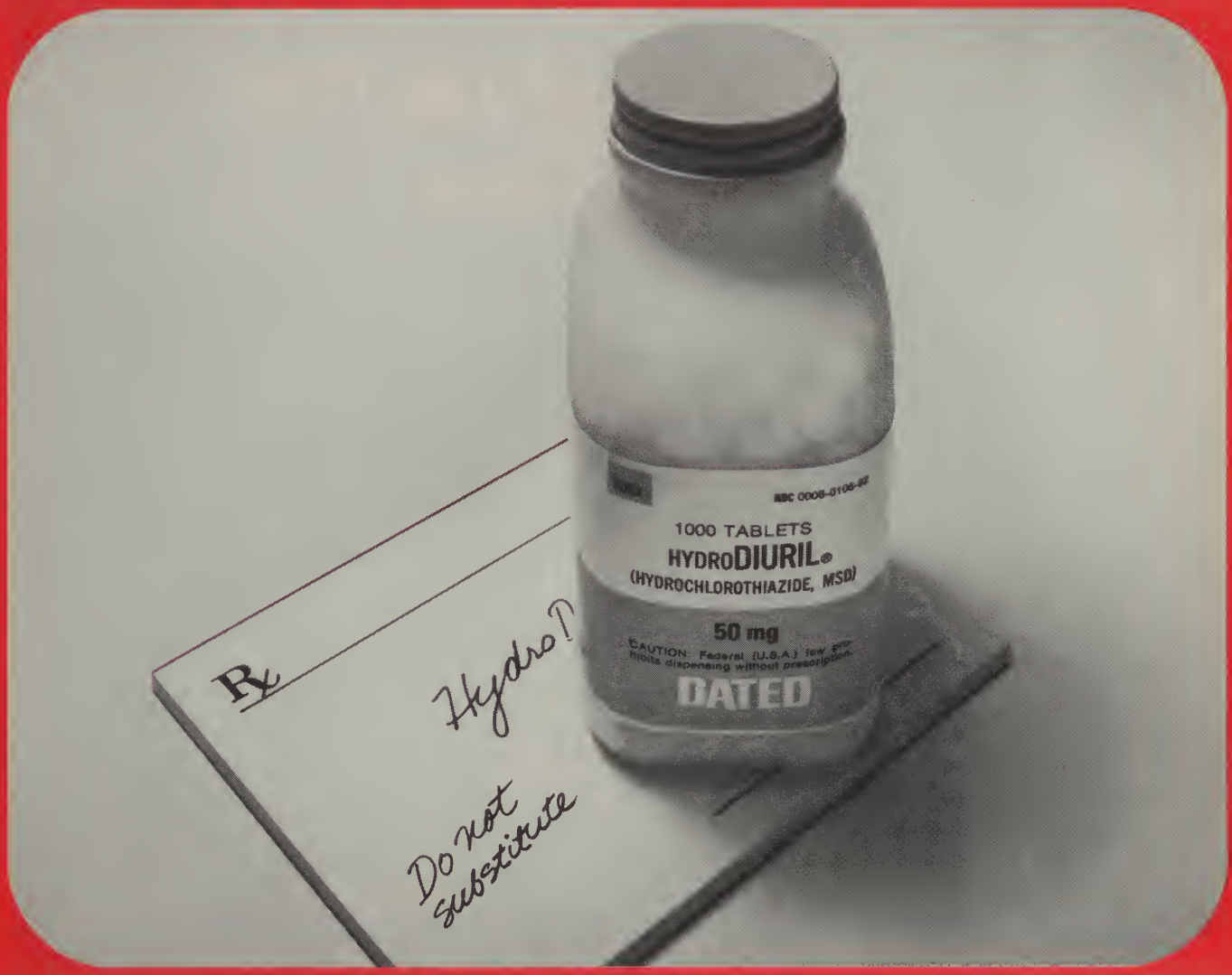

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pairment becomes evident, consider withholding or discontinuing diuretic therapy. Thiazides may decrease serum PBI levels without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged therapy; thiazides should be discontinued before testing for parathyroid function.

Adverse Reactions: *Gastrointestinal System*—Anorexia; gastric irritation; nausea; vomiting; cramping; diarrhea; constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

Central Nervous System—Dizziness; vertigo; paresthesias; headache; xanthopsia.

Hematologic—Leukopenia; agranulocytosis; thrombocytopenia; aplastic anemia.

Cardiovascular—Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity—Purpura; photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis) (cutaneous vasculitis); fever; respiratory distress including pneumonitis; anaphylactic reactions.

Other—Hyperglycemia; glycosuria; hyperuricemia; muscle spasm; weakness; restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

Note: When used with other antihypertensive drugs, careful observations for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents must be reduced by at least 50 percent as soon as this drug is added to the regimen. As blood pressure falls under the potentiating effect of this agent, further reduction in dosage, or even discontinuation, of other antihypertensive drugs may be necessary.

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House begins streamlining of Society structure

Among the issues studied when the House of Delegates set the Society's policy and charted a course of action for the coming year was the organizational structure.

Five committees—those on objectives; medicine, religion, and bioethics; discipline; relations between medicine and osteopathy; and relationships with allied professions—were dissolved. The House paved the way for establishing a new commission of the Council on Education and Science to pursue the goals of the Committee on Medicine, Religion and Bioethics.

The House provided for greater flexibility for the Society's administrative councils by changing the Bylaws section dealing with these activities. It then referred to the Board of Trustees for consideration a resolution calling for the establishment of an additional council in the area of economic activities to assume certain of the responsibilities of the Council on Medical Service.

Also referred to the Board for implementation were proposals to change the names of the Council on Governmental Relations, to the Council on Legislative Activity; and the Council on Medical Service, to the Council on Socioeconomic Affairs.

The Board will continue its study of the Society's structure in 1978 and, as a result of the adoption of Resolution 77-24, will reappraise sections of the Bylaws dealing with terms of office for trustees and realignment of councilor districts. The Board will report on these matters to the 1978 House of Delegates.

THE 1977 HOUSE OF DELEGATES

VICE PRESIDENT LOVETTE, PRESIDENT ELECT BLADY, AND PRESIDENT KELLY

DELEGATES REGISTER AT ANNUAL SESSION

New officers begin terms; Board reorganizes

Changes in the Society's chain of command occurred October 26 at the 1977 meeting of the House of Delegates as John V. Blady, M.D., Philadelphia surgeon, was sworn in as president for 1977-78. John B. Lovette, M.D., of Johnstown, moved up to president elect after serving a year as vice president. Matthew Marshall, Jr., M.D., Pittsburgh urologist, was elected vice president by acclamation.

Other election results are as follows: G. Winfield Yarnall, M.D., Harrisburg, reelected secretary; D. Ernest Witt, M.D., Bloomsburg, and Donald E. Harrop, M.D., Phoenixville, reelected speaker and vice speaker of the House of Delegates; Kenneth L. Cooper, M.D., Williamsport, reelected trustee of the Seventh District; and David W. Clare, M.D., of Pittsburgh, reelected trustee of the Tenth District. Gerald L. Andriole, M.D., of Hazleton, was elected to a five year term as trustee from the Twelfth District. He replaces Orlo G. McCoy, M.D., of Canton, who did not seek reelection. Samuel F. Cohen, M.D., of Norristown, was elected to the Society's Judicial Council.

Dr. Marshall's election as vice president means that he will move up to president elect at the next annual meeting of the House and succeed to the office of president in 1979. He served as president of the Pennsylvania Medical Care Foundation from 1972 to 1975 and prior to that as chairman of the Society's Medical Care Appraisal Project.

An advocate for peer review for the quality and appropriateness of medical care, Dr. Marshall has been a member of the Society's Council on Medical Service since 1965, and served as chairman in 1968-69. He has been secretary of the Hospital Utilization Project since 1962.

Dr. Marshall has been a member of the State Society's House of Delegates since 1960, was president of the Allegheny County Medical Society in 1967, and has been a member of the Pennsylvania Delegation to the AMA since 1969.

Dr. Marshall, elected vice president, will be installed as Society president in 1979.

Also elected were five delegates to the American Medical Association. They are: Henry H. Fetterman, M.D., Allentown; John B. Lovette, M.D., Johnstown; Matthew Marshall, Jr., M.D., Pittsburgh; Robert N. Moyers, M.D., Meadville; and R. Robert Tyson, M.D., Philadelphia.

Five alternate delegates elected are: Robert J. Carroll, M.D., Pittsburgh; Lawrence D. Ellis, M.D., Pittsburgh; George Ross Fisher, M.D., Philadelphia; Wayne W. Helmick, M.D., Rochester; David J. Keck, M.D., Fairview; and John L. Kelly, M.D., Media.

The Society Board of Trustees in a reorganization meeting immediately following the adjournment of the House of Delegates reelected George A. Rowland, M.D., of Millville, as chairman; and William C. Ryan, M.D., of Somerset, as vice chairman.

The Board reelected John F. Rineman, executive vice president, as treasurer; David A. Smith, M.D., of Harrisburg, as medical editor of PENNSYLVANIA MEDICINE; and Pepper, Hamilton and Scheetz, of Philadelphia and Harrisburg, as legal counsel.

Delegates also elected district censors. They are, by county: Adams: W. North Sterrett, M.D.; Allegheny: William D. Stewart, M.D.; Armstrong: Donald Minteer, M.D.; Beaver: John G. Hallisey, M.D.; Bedford: Robin G. Torres, M.D.;

Berks: Brian A. Wummer, M.D.; Blair: John Hurst, M.D.; Bradford: Arthur B. King, M.D.; Bucks: Stanley F. Peters, M.D.; Butler: Robert C. McCorry, M.D.; Cambria: Warren F. White, M.D.; Carbon: vacancy;

Centre: H. Thompson Dale, M.D.; Chester: Michael B. Dooley, M.D.; Clarion: Charles C. Huston, M.D.; Clearfield: Fred Pease, M.D.; Clinton: George J. Trieres, M.D.; Columbia: C. Perry Cleaver, M.D.; Cleaver, M.D.;

Crawford: David D. Kirkpatrick, M.D.; Cumberland: Hans S. Roe, M.D.; Dauphin: Robert P. Dutlinger, M.D.; Delaware: Ar-

thur S. Reynolds, M.D.; Elk-Cameron: Robert J. Dickinson, M.D.; Erie: Robert L. Loeb, M.D.;

Fayette: Veronica Binns, M.D.; Franklin: Albert W. Freeman, M.D.; Greene: vacancy; Huntingdon: vacancy; Indiana: Richard N. Freda, M.D.; Jefferson: Nicholas F. Lorenzo, M.D.;

Lackawanna: Norman S. Berger, M.D.; Lancaster: William C. Phippen, M.D.; Lawrence: Gerald H. Weiner, M.D.; Lebanon: John D. Walmer, M.D.; Lehigh: Robert J. Beitel, Jr., M.D.; Luzerne: vacancy;

Lycoming: Franklin G. Wade, M.D.; McKean: Bruno P. Sicher, M.D.; Mercer: Anderson W. Donan, M.D.; Mifflin-Juniata: Donald E. Basom, M.D.; Monroe: vacancy; Montgomery: vacancy;

Montour: William Curry, Jr., M.D.; Northampton: Walter J. Filipek, M.D.; Northumberland: Nicholas Spock, M.D.; Perry: James O. Rumbaugh, Jr., M.D.; Philadelphia: Charles M. Thompson, M.D.; Potter: Francisco B. Villa, M.D.;

Schuylkill: Gabriel M. Lizak, M.D.; Somerset: Alexander Solosko, M.D.; Susquehanna: vacancy; Tioga: William A. Coolidge, M.D.; Union: Joseph Weightman, M.D.; Venango: Kenneth H. Heasley, M.D.;

Warren: William S. Walters, M.D.; Washington: John C. McGinnis, M.D.; Wayne-Pike: vacancy; Westmoreland: Leslie S. Pierce, M.D.; Wyoming: John S. Rinehimer, Jr., M.D.; and York: Donald R. Gross, M.D.

Dr. Blady is installed Society president and Dr. Lovette receives the badge of president elect from Board Chairman Rowland.

Dr. Andriole, above, is a newly elected member of the Board of Trustees. Dr. Harrop and Dr. Witt, above right, remain speaker and vice speaker of the House of Delegates. Delegates cast ballots early on the final day of Annual Session, below right.

House limits PMS role in Blue Shield

Relationships between the State Society and Pennsylvania Blue Shield are due for a change as a result of action taken at the 1977 Annual Session of the House of Delegates.

Acting on a recommendation from the Board of Trustees, the House set the following policy: In the future, no one in an elected leadership position in PMS, i.e., trustees and councilors and officers, shall serve on the Blue Shield Board of Directors.

The House also approved a recommendation that the Society's Board of Trustees discontinue making appointments of members at large to the corporate membership of Blue Shield. It further asked Blue Shield to develop alternative methods of soliciting nominees for election to the Blue Shield corporate membership in addition to the direct solicitation from county medical societies.

The Board of Trustees made its recommendations in a report to the House based on legal counsel's explanation of recent court actions.

The report said in part:

"There is physician involvement in the Blue Shield corporation and its Board. No one could argue the value of physician input into the policymaking process of any health care insurance program; qualified physician input is needed and should be provided for. Legal counsel pointed out to the Board that the Federal Trade Commission (FTC) is concerned that organized medicine not control that input.

"There are two basic ways for a participating physician to become a member of the Blue Shield corporation. The first is to be elected by his peers. Each participating physician is entitled to make nominations for election to the Blue Shield corporation. Each year Blue Shield solicits nominations from the various county medical societies for the names of physicians that might be interested in running. The county medical societies then forward the names to the Blue Shield nominating committee and the ballots are drawn. Even though the medical societies are not intended to be an exclusive source, county medical societies provide the majority of the names for the corporate membership election ballot.

"The second way for a physician to gain a position in the corporation is to be appointed as one of the members at large to the corporate membership of Pennsylvania Blue Shield. PMS is presently entitled to appoint a total of fourteen. The member at large positions are provided for in the Blue Shield Bylaws and are based on a one member at large for each 1,000 participating providers, or a fraction thereof, in a particular category, e.g., physicians, dentists, etc.

"The Board of Blue Shield is charged with implementing the policies of the corporation. The Blue Shield Board is elected from the corporation.

"Recent decisions by the United States Supreme Court have resolved any doubts concerning the applicability of the antitrust laws to the learned professions. The courts have determined that the antitrust laws apply to the practice of medicine, and that they particularly apply when the conduct under scrutiny fixes or stabilizes prices. Several courts have held health care prepayment plans like Pennsylvania Blue Shield immune from antitrust enforcement because they are within the scope of the McCarran Ferguson Act which exempts from the antitrust laws the business of insurance to the extent that it is regulated by the state. The same courts have refused to extend that exemption to the medical societies that deal with insurers. In fact, the interaction of medical societies and Blue Shield Plans is the subject of a specific investigation undertaken by the Federal Trade Commission which is reportedly concerned with the Blue Shield plans' control over prevailing fees. In short, we can expect increasing scrutiny over all PMS activities, and particularly its relationship with Pennsylvania Blue Shield."

GEORGE A. ROWLAND, M.D., PMS Board chairman, has initiated a program with the Pennsylvania State University College of Medicine, Hershey, entitled "Introduction to Professional Organizations." Students who take the nine-week elective course meet regularly at Society headquarters to hear lectures by staff members on the functions of professional organizations. Shown with Dr. Rowland are medical students Jim Sweetland, State College, and Robin Albert, Roslyn, New York, and Ronald M. Bachman, the Society's director of economic affairs.

PMS Credit Union holds organizational meeting

Under the guidance of the Council on Professional Relations and Services, the organizational meeting of the Pennsylvania Medical Society Credit Union was held November 3. Board and committee officers were elected, bylaws approved, and articles of incorporation developed for submission to the state's Department of Banking. State sanction of the articles and launching of the union are expected by mid-December.

Membership in the credit union is open to all State Society members, Auxiliary members, employes of members, of the State Society, and of county medical societies, and employes of affiliated organizations, such as the Pennsylvania Medical Cooperative and the Pennsylvania Medical Care Foundation. Spouses and immediate families of those listed are also eligible for membership.

Because formation of the credit union requires close attendance by all board members, representatives of each membership group were chosen from the central Pennsylvania area. Future board and committee positions will be open to member representatives throughout the state.

Charter members elected to the credit union board are: William A. Shaver, M.D., Council on Professional Relations and Services, president; David H. Small, of the Society staff, first vice president; Mrs. Raymond C. Grandon, past president of the Auxiliary, second vice president; Mrs. Carol Dolack, R.N., CMA, past president of the Pennsylvania Society, American Association of Medical Assistants, secretary; L. Riegel Haas, of the State Society staff, treasurer; and Thaddeus Lekawa, M.D., and Donald G. Crawford, M.D., of the Council.

Credit Committee members are: Donald G. Crawford, M.D., chairman; Donna F. Wenger, of the State Society staff, secretary; and Mrs. Donald H. Haselhuhn, of the Auxiliary.

CREDIT UNION CHARTER MEMBERS MEET

Members of the Supervisory Committee are: G. Winfield Yarnall, M.D., State Society secretary, chairman; Mrs. Raymond C. Grandon, secretary; and David A. Smith, M.D., medical editor of PENNSYLVANIA MEDICINE.

Study shows consumer greed motivates suits

Ohio consumers perceive "greed" or the "desire to get something for nothing" as the primary motivation behind the rising number of malpractice claims, according to a survey sponsored by the Ohio State Medical Association and conducted by two Ohio State University professors of consumer behavior.

The survey, involving 1,500 randomly chosen Ohio citizens, was based on the premise that since the practice of medicine as such has not changed drastically, increasing malpractice litigation must be caused by environmental factors.

The Ohio State Medical Association has published the results of the study in two books: *Consumer Attitudes Toward Health Care and Medical Malpractice,* which is designed for the health care professional, and *Consumers Speak About Health Care,* which is written for patients.

For more information contact the Ohio State Medical Association, Department of Communications, 600 S. High St., Columbus, OH 43215.

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Society's 1977 loans aid 139 medical students

According to the annual report of the State Society's Educational and Scientific Trust, the Committee on Aid to Education granted in September a total of $181,550 in loans to 139 medical students. Of this amount, $164,550 was given to students attending Pennsylvania schools.

Medical education costs rose again for the 1977-78 school year. Tuition ranges from $4,000 at the three state-related schools to $6,100 at state-aided schools.

Despite enactment on October 12, 1976 of the Health Professions Assistance Act of 1976, which authorizes a new, insured medical student loan program, implementation did not occur in time for the 1977-78 school term.

Tax deductible donations to assist medical students may be sent now for 1977 income tax deduction purposes. Send your check to the Educational and Scientific Trust, 20 Erford Rd., Lemoyne, PA 17043

Some relief was given by the Federal Guaranteed Student Loan Program, of which the Pennsylvania Higher Education Assistance Agency is a part. PHEAA and the lending institutions were able to provide maximum loans of $5,000 to many students for the current year.

Federal legislation provided additional relief to funding problems. An amendment to the Public Health Service Act, which provides relief for medical students who borrowed funds prior to October 12, 1976, became law on August 1, 1977. These students are now eligible for loan forgiveness for practice in designated physician shortage areas.

Thus all 93 members of the Class of 1977 who borrowed a total of $272,790 from the Trust during their four years in medical school are again eligible to have 85 percent of their Trust and other debts repaid over a three-year period of practice in shortage areas.

The total assets of the Trust on December 31, 1976 reached $2,009,891, of which $1,623,575 is invested in student loans.

Dr. Kelly keynotes medical staff workshop

William J. Kelly, M.D., then State Society president, called for an increase in the effectiveness of peer review in opening remarks at the AMA hospital medical staff leadership workshop in Philadelphia on September 23.

"Unless we make peer review work, the public will determine that the practice of medicine is too critical to be left up to doctors.

"If we expect . . . to continue to enjoy professional freedom we must . . . require a basic change in our attitude toward medical staff organization and activities."

According to Dr. Kelly, such a change would require:

- the surrender of a certain amount of individual medical sovereignty to the medical staff;
- determination of leadership posts on the basis of capability rather than "seniority and ceremony";
- the availability of independent legal counsel that is experienced in health and administrative law;
- regular revision of hospital medical staff bylaws under the guidance of professionals not affiliated with the hospital; and
- improved communications between organized medicine and hospital medical staffs.

Several "experiments" in Pennsylvania have demonstrated the effectiveness of such communication. The Philadelphia and Allegheny county medical societies, for example, have strong ties with hospital medical staffs; the Allegheny County Medical Society provides two voting slots on its board of trustees for the hospital medical staff committee; in other parts of the state, county societies have made the medical staff president a voting member of the society board.

"All of these are beginning steps, but they must be extended. We must find ways for organized medicine to assist hospital medical staffs.

"Every hospital has its problems, but those institutions that enjoy a collaborative working relationship among the board of trustees, the chief executive officer, and the hospital medical staff are those which truly best serve the interests of the community."

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* Warning
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

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Insurance company approved by House of Delegates

The State Society's House of Delegates unanimously endorsed the establishment of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) at the 1977 Annual Session in Lancaster October 24-26.

Delegates unanimously approved the $250 mandatory assessment for active members ($125 for senior active members, $25 for residents). Also supported unanimously was the selective assessment of policyholders, who will pay from $385 for Class I insureds to $2,625 for Class V insureds.

The House acted on 45 resolutions presented by the component societies. Resolutions and their disposition are summarized below.

Summary of Resolutions

77-1 (Berks): Establishes a legal division staffed with personnel responsible only to the Society. REJECTED.

77-2 (Dauphin): Reinstates associate members as full members eligible to all the rights and privileges of membership and proportionate representation to PMS and the AMA. REFERRED TO BOARD

77-3 (Mercer): State specialty societies to appoint physicians to write standards of informed consent for their specialty. REFERRED TO INTERSPECIALTY COMMITTEE

77-4 (Philadelphia): Asks Blue Shield to study inequities in payments due physicians and establish payment schedules on an updated and equitable basis. REFERRED TO COUNCIL ON MEDICAL SERVICE; REPORT 1978

77-5 (Westmoreland): Asks the AMA to assist PSROs in locating corporate liability insurance. (Substitute Resolution: Requests AMA to assist PSROs in securing corporate liability insurance which is not limited or restricted by any requirement other than that of being a qualified PSRO). ADOPTED SUBSTITUTE

77-6 (College of Ob/Gyn): Asks Blue Shield to consult advisory committee of each specialty society before declaring operative procedures obsolete and unreimbursable. (Substitute Resolution: Encourages Blue Shield to consult with Council on Medical Service and its advisory committees prior to making such decisions). ADOPTED SUBSTITUTE

77-7 (College of Ob/Gyn): Asks Blue Shield to contact specialty societies for lists of individuals to serve as advisors and to limit terms of such advisors. (Substitute Resolution: Urges Blue Shield to select practicing physicians qualified in their specialty to serve as medical advisors). ADOPTED SUBSTITUTE

77-8 (Lehigh): Asks Blue Shield and other insurance carriers to find new mechanisms to establish concurrent and ongoing fee updates. REFERRED TO COUNCIL ON MEDICAL SERVICE; REPORT 1978

77-9 (Allegheny): Substitute Resolution cites TRIS as an example of the burdens caused by federal regulations on manufacturers. Asks the AMA to sponsor legislation requiring the federal government to share liability for loss incurred by individuals or companies complying in good faith with public health or safety regulations that are subsequently withdrawn or reversed. ADOPTED SUBSTITUTE

77-10 (Erie): State Board to invest local county medical societies with effective legal and disciplinary powers. (Substitute Resolution: PMS to continue discussions with the State Board to investigate means of joint action in developing effective mechanisms to deal promptly with disciplinary problems). ADOPTED SUBSTITUTE

77-11 (Delaware): Congratulates William Y. Rial, M.D., upon his election as Speaker of the AMA House of Delegates. ADOPTED

77-12 (Delaware): Commends the editor, Publication Committee, contributing editors, and staff of PENNSYLVANIA MEDICINE for their continued excellence. ADOPTED

77-13 (Delaware): County society members encouraged to belong to the AMA but not compelled to do so. ADOPTED

77-14 (Delaware): Reaffirm the policy that only PMS members receive Argonaut coverage. ADOPTED

77-15 (Delaware): Society to consider the feasibility of establishing in house legal counsel responsible only to PMS Board of Trustees. REJECTED

77-16 (Delaware): PMS Board requested to report on the status of countersuits filed in Pennsylvania. (Report from legal counsel submitted to House by Board of Trustees satisfied intent of this resolution). FILED

77-17 (Delaware): Insurance Commissioner asked what regulations have been implemented to reduce the cost of malpractice insurance claims and the procedures required for adjusting claims in Pennsylvania. ADOPTED

77-18 (Philadelphia): Opposes rules by Blue Shield and other insurance carriers which term selective procedures unnecessary or prohibited and further oppose agreements which deny a physician the right to bill a patient for care not covered under the agreement. (Substitute Resolution: Carriers should not establish rules and regulations which arbitrarily identify selected procedures as unnecessary without appropriate professional medical review). ADOPTED SUBSTITUTE

77-19 (Eugene B. Rex, M.D., Otolaryngology): Establishes a professional liability committee within each specialty to review cases and to make recommendations to the involved physician, the defendant's lawyer, the insurance carrier, and the arbitration panel. Cases of gross negligence to be reported to the President of the appropriate specialty academy. Establishes a medical-legal committee staffed by a trial lawyer to represent members interested in these matters. REFERRED TO BOARD

77-20 (Lehigh): Creates an additional council to assume certain responsibilities of the Council on Medical Service. (House changed Bylaws to give PMS Board flexibility to change names and accountabilities of administrative councils). REFERRED TO BOARD

77-21 (Westmoreland): Supports withdrawal from the market of anorexiants for use in treatment of obesity. (Substitute Resolution: Obesity is a medical problem centering on sound nutrition and adequate exercise, etc.). ADOPTED SUBSTITUTE

77-22 (Montgomery): Determine how much litigation non-PMS member Argonaut policyholders may attract; if appropriate provide a premium correction to regular policyholders; and revise county assignment of Argonaut malpractice incidents. REJECTED

which considers, acts on 45 resolutions

77-23 (Berks): PMS to write guidelines for the duties of physicians' assistants; county societies to review educational training of physicians' assistants and protocol under which they serve. (Amendment: PMS to write guidelines for the duties of physicians' assistants and clarify status; also to initiate regulation of physicians' assistants). ADOPTED AS AMENDED

77-24 (Allegheny): Board of Trustees to study terms of office of trustees and designation of Councilor Districts and report back to the House of Delegates. ADOPTED

77-25 (Montgomery): PMS to inform the AMA that proposed direct dues billing for AMA members be offered to states on an optional basis. ADOPTED SIMILAR SUBSTITUTE

77-26 (Montgomery): Society should assess physicians for dues for those years they held Argonaut Insurance but not Society membership. REJECTED

77-27 (Montgomery): Denies Argonaut Insurance to non-members. Calls for a census of non-PMS members owning Argonaut policies to determine the extent of litigation they attract and, if appropriate, a premium correction occur to regular policyholders. Asks revision of county assignment of Argonaut malpractice incidents. FILED AND REJECTED

77-28 (Montgomery): Asks return of interest on monies collected for state arbitration panels to the arbitration fund. FILED

77-29 (Montgomery): Asks that, for precise statistical recording, alleged or real malpractice incidents be attributed to the county where they occur. ADOPTED

77-30 (Montgomery): AMA delegation to introduce resolution to withhold support of AMA's Comprehensive Health Care Insurance Act of 1977. REJECTED

77-31 (Dauphin): Condemns the contract between the United Auto Workers and Blue Shield regarding vision and hearing care which bars payment to physicians who are non-participating physicians in Blue Shield because such policy restricts the patients' freedom of choice of physician. (Amendment: Deleted call for study of legal avenues to combat this action). ADOPTED AS AMENDED

77-32 (Delaware): PMS to prepare proper legislation or administrative amendments to insure that the interest income generated from medical malpractice arbitration fees are returned to the arbitration fund. ADOPTED

77-33 (Delaware): Society to consider restructuring the present 12 PMS Councilor Districts to coincide with the 12 PSRO areas. REJECTED

77-34 (Delaware): Requests the governor to urge the legislature to finalize the report of the 10.06 joint committee (to oversee Act 111) and distribute it to all interested parties. ADOPTED

77-35 (Delaware): Asks Leroy Gehris, M.D., to continue to report activities of societies in the Second Councilor District; reports of individual Councilors continue to appear in the *Official Reports Book*. ADOPTED

77-36 (Delaware): Urges that PMSLIC Board composition be on a territorial basis. (Substitute Resolution: PMSLIC to have representation from the various risk classes, the geographic distribution of PMSLIC insureds, and members of the Pennsylvania Medical Society). ADOPTED SUBSTITUTE

77-37 (Delaware): PMS to report the number of individual claims that have been peer reviewed, to report the number of claims by county, number of claims by class and the number of incidents by county for the period 1971-1976 in the Argonaut program. ADOPTED

77-38 (Montgomery): PMS create an agency to study C.A.T. REFERRED TO COMMISSION ON HEALTH PLANNING

77-39 (Northumberland): PMS to fight DPW proposal for additional paperwork on MA patient visits by advocating or participating in a paper strike until such regulation is rescinded. REJECTED

77-40 (Butler): Commends Pennsylvania Insurance Commissioner for his diligence which has resulted in lower medical costs to the citizens of Pennsylvania. (Substitute Resolution: Commends Pennsylvania Insurance Commissioner for his diligence in attending to the insurance needs of the citizens of the Commonwealth of Pennsylvania). ADOPTED SUBSTITUTE

77-41 (Academy of O & O): Oppose the Blue Shield UAW vision and hearing care program. See action on 77-31. REJECTED

77-42 (Philadelphia): Re-examine and re-evaluate community mental health centers because their costs per patient visit far exceed those of a private practicing psychiatrist even though personnel treating most patients are not physicians. ADOPTED

77-43 (Delaware): Society no longer to employ Frank B. Hall as insurance broker or administrator. WITHDRAWN

77-44 (Clinton): Asks that affirmative action plans to bring minority members into the profession prepare aspiring students to meet general requirements for admission to medical school and not lower standards to accommodate students. (Amendment: PMS to support programs that prepare minority premedical students prior to admission to meet the general requirements for admission). ADOPTED AS AMENDED

77-45 (Clinton): Seeks the help of the AMA and Pennsylvania's congressional delegation to oppose the proposed HEW regulations implementing the national Health Planning and Resources Development Act of 1974 (P.L. 93-641) because they are arbitrary, rigid, and lacking input from both providers and consumers at the local level. ADOPTED

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editorials

Noncompliance—more than educational deficiency

The medical education of physicians emphasizes the accurate assessment of symptoms in order that a correct diagnosis and appropriate therapy may be given. Unfortunately this is really only the beginning for many physicians.

Too often patients fail to follow a prescribed therapeutic regimen. Compliance, or lack of it, apparently is not related to sex, age, social standing, education, or intelligence, and thus it is difficult to predict which patients will be noncompliant. Traditionally the physician assumed (and logically so) that if a patient is concerned enough to visit the doctor, he will adhere to the recommended therapy. Studies have shown this to be untrue.

Many physicians believe that insufficient knowledge of the disease, its course and prognosis, and the reason for and method of treatment is solely responsible for the problem. Sackett et al. (*Lancet* 1:1205, 1975) reviewed this premise in a study of hypertension and found that education does not have a positive influence on therapeutic compliance.

The complexity of therapy also may lead to noncompliance. Generally the more medications in a regimen, the lower the rate of compliance. Patients become confused when a number of drugs must be taken in different time frames. Tendency to alter the schedule or omit drugs increases with variance from the patient's routine.

The cost and side effects of drugs may hinder compliance. When drugs are expensive, and especially when refills are required, the patient may discontinue prescribed therapy. Few medications are without side effects. Although some may seem minor to us as physicians, they are both unexpected and irritating to patients who are not forewarned.

What can be done to improve compliance? Recommend educational material. Even though knowledge has not proved to be a major factor, patients should have an accurate assessment of their condition. Try to keep the therapy simple; prescribe a few drugs that may be taken on a compatible schedule, write the instructions, and be sure your patient understands.

Prescribe generically when practical to lessen expense. Be alert for side effects, warn patients of them, and ask specific questions to determine if they are occurring.

Most importantly, be aware that the physician's attitude and the viability of the physician–patient relationship contribute to an attitude of compliance. When the physician supplies the motivation for therapy by showing concern for the patient's well-being, encouraging and asking questions, and emphasizing the importance of following the regimen, noncompliance will be reduced.

Hippocrates wrote, "The art has three factors, the disease, the patient, the physician. The physician is the servant of the art. The patient must cooperate with the physician in combating the disease." The thoughtful physician communicates the art and empathy that is so necessary in securing the patient's cooperation.

David A. Smith, M.D.
Medical Editor

Medicare report laxity

Reprinted from the Wilkes-Barre Times Leader Evening News Record

A number of regional physicians were on the list last March when the Department of Health, Education, and Welfare issued an inexcusably flawed report of doctors said to have done more than $100,000 in medicare business during 1975.

Now, six months later, HEW has gotten around to putting out a corrected list which sets the record straight — on the basis of reviews which should have been made before the first listing was published.

A few rather grudging apologies have been offered by HEW. Secretary Joseph A. Califano said in a statement accompanying the revised list: "I regret any inconvenience for physicians whose records were incorrectly reported on our original list." In fact, considerably more than "inconvenience" was involved.

The basic idea of letting the public know which physicians have made an excessively good thing of medicare fees is sound. Taxpayers and patients have a right to such information. It is a matter of simple fairness, however, to make sure the information is accurate before giving it out.

This the agency conspicuously failed to do prior to issuance of the March 14 report. As a result, it was just plain wrong about some of the doctors it listed. Reputations were unjustly tarnished, and some physicians suffered harsh consequences.

The erroneous listing, which included the names and addresses of a number of wronged physicians, was apparently the inept work of some nameless bureaucrat in HEW, or several of them. Would it not be proper for Califano to name the individual or individuals who made the error? And what, if anything, has been the penalty for the gross negligence?

The big lesson to be drawn from this episode is, obviously, that HEW — or any other agency — should be sure of its facts before holding people up to public calumny. What has occurred also points to serious shortcomings in HEW's procedures for keeping tabs on how much is paid out, and to whom. The amount of error in the March 14 list revealed an intolerable degree of laxity which will adversely affect the credibility of HEW in the future operations and announcements of the far-flung agency over which Mr. Califano presides.

in my opinion

What price the physician's assistant?

The September 19 issue of *Medical World News* carried an interview by Washington correspondent Mike Mealey entitled "Califano on 'Profligate Doctors' " that made me sit up quickly.

HEW's head, Joseph A. Califano, Jr., is a declared antagonist of the American practicing physician, whom he calls the prime mover in all that's extravagant about the cost of medical care. He insists that the physician is almost the sole villain in a sea of healing arts which would flow serenely from Washington to the hinterlands were his prodigal ways to be altered.

Califano didn't earn $500,000 in his last year of legal practice by acting dull. He must know that the cost of medical care is pumped up by a surging flow of Federal money into the system that inflates the cost of every medical service from the orderly's to the engineer's. And yet the chief of HEW piles this excess on the backs of the patient-seeing doctors, while his boss in the White House shores him up.

"The President is totally behind the statement I made to the AMA last June in San Francisco," said Califano. Califano said then that physician greed and fiscal ineptitude threaten to bankrupt America's health care system. He continued in the Mealey interview: "The days of the doctor with a little black bag are over, medicine is big business . . . the days of the doctors of profligacy are going to come to an end."

Blackguarding of practicing physicians en masse seems to be one of the secretary's solutions to the problem of skyrocketing medical costs.

In offering this essay I risk the displeasure of many of you who have embraced the physician's assistant program with great and laudable enthusiasm, both as formal teachers and as field mentors. Physicians' assistants have been welcome and useful over the short run during the physician shortage in underserved areas. The long range view, however, cries for our attention.

I have long been an opponent of the physician's assistant concept on anything but a temporary basis, calling it an invitation to neocultism, a poorly conceived notion that is doomed to mediocrity and failure, an intent that is gratuitously unfair to physicians' assistants and to the patients they serve.

What happens to the 40-year-old physician's assistant, 15 years in position, when his physician mentor retires or dies? Does he leave his calling to become a housepainter? An orderly? An insurance salesman? Of course not. He seeks another physician mentor and, while he may succeed, most likely he will not. In these later times the greatly increased numbers of young physicians will make his wares less desirable, and the plea for aid in physician-deprived areas will be answered by—physicians.

I foresee in the next decade a large body of middle aged, disillusioned physicians' assistants with children to educate, mortgages to satisfy, livings to be earned, turning to politicians with the question, "Where do we go from here?"

Not if Mr. Califano or someone who thinks like him is ascendant (and there will, alas, always be a Stafford Cripps or a Wilbur Cohen or an Aneurin Bevan to tell us how to make medicine better). The *Medical World News* interview has recorded Califano's message. "We have to get the paramedicals working, to crack the principle that we pay for services only when a doctor is present. . . . We have to break the hammerlock that doctors have on paramedicals."

And when that day comes, when the physician is no longer supervisory of all medical care, when the hammerlock is broken, will we look back with regret at our role in continuing the physician's assistant program? I think so.

Sam Faris, M.D.
Glenside

Dr. Faris is a Montgomery County delegate to the PMS House of Delegates, past president of the Montgomery County Medical Society, and editor of the county society's bulletin.

MDs in the news

Charles E. Cleland, M.D., and **Elizabeth Cleland, M.D.**, were honored recently as "Persons of the Year" by the Kane Chamber of Commerce, McKean County. Among those attending the testimonial dinner was **David J. Keck, M.D.**, Eighth District Trustee, who, as a representative of the Pennsylvania Medical Society, commended the Clelands for their service as past presidents of the McKean County Medical Society and as delegates to the State Society House of Delegates. The honored couple has been active in Kane community life since 1933 and brought Kane international publicity with their famed "Ragweed for Harry" allergy program. Dr. Charles is a member of the American Academy of Allergy and is a founding member and past president of the Pennsylvania Allergy Society, of which Dr. Elizabeth is also a member. Dr. Charles is also a charter fellow of the American Academy of Family Physicians and former chief of staff of the Kane Community Hospital.

Paul J. Poinsard, M.D., Simon Kramer, M.D., and **Joseph F. Rodgers, M.D.**, were recently elected officers of the Thomas Jefferson University Hospital medical staff for the 1977-78 year. Dr. Poinsard, the newly elected president, is a professor and director of postgraduate education in the department of psychiatry and human behavior at Jefferson Medical College and is on the staff of the Institute of Pennsylvania Hospital. Dr. Kramer, professor and chairman of the department of radiation therapy and nuclear medicine at Jefferson University Hospital, is the new vice president. Dr. Rodgers, who was elected to the post of secretary-treasurer, is a clinical associate professor of medicine at Jefferson Medical College.

Fred E. Murdock, M.D., DuBois, was honored recently by the Pennsylvania Medical Society for 50 years of service to the profession. Dr. Murdock was graduated from the University of Iowa College of Medicine in 1927 and served as a medical missionary in Puerto Rico from 1928 to 1935. His practice in DuBois was begun in 1936 and has been frequently interrupted by medical missionary assignments in many parts of the world.

Two physicians at the University of Pittsburgh School of Medicine recently became officers of the American College of Surgeons. **Mark M. Ravitch, M.D.**, was elected first vice president and **William F. Donaldson, M.D.**, was elected regent of the organization. Dr. Ravitch, an authority on the use of staples in general and thoracic surgery, joined the staff of the University Health Center in 1969. He was formerly professor of surgery at Johns Hopkins University and the University of Chicago. He is vice president of the southwestern Pennsylvania chapter of the ACS. Dr. Donaldson, clinical professor of orthopedic surgery at Pitt's School of Medicine and medical staff president at Presbyterian-University Hospital, joined the staff in 1951. He is a special consultant on orthopedic surgery and vice chairman of the board of trustees for the *Journal of Bone and Joint Surgery*.

Edward J. Resnick, M.D., Penn Valley, was recently elected president of the Philadelphia Orthopedic Society. Dr. Resnick is associate professor of orthopedic surgery at Temple University Medical Center and is on the staffs of St. Christopher's Hospital for Children and Shriners Hospital for Crippled Children. He is a fellow of the American Academy of Orthopedic Surgeons and the American College of Surgeons. He is secretary of the Philadelphia County Medical Society.

Richard P. Bindie, M.D., has been appointed director of the department of pathology of Pottsville Hospital and Warne Clinic. He was named associate pathologist of the hospital in 1971, a position in which he continued until his new appointment. Dr. Bindie is secretary of the Schuylkill County Medical Society and a member of the Pennsylvania Association of Clinical Pathologists.

THE PORTRAIT of the late Dr. Leroy W. Krumperman, professor and chairman of the department of anesthesiology at Temple University Hospital and Medical School, was recently presented to the School of Medicine. Viewing the portrait by area artist Albert Hampson are ***Thomas C. Deas, M.D.****, Wynnewood, professor of anesthesiology and chairman of the Krumperman Portrait Committee;* ***Hugo Smith, M.D.****, Chestnut Hill, associate dean of the School of Medicine; Dr. Marvin Wachman, president of Temple University; Mrs. Dorothy Halsey, Dr. Krumperman's sister; and sons Leroy, Jr., M.D., and Kurt.*

Albert P. Seltzer, M.D., Philadelphia, was recently honored by the dedication of the Dr. Albert P. Seltzer Ear, Nose, and Throat Clinic at St. Luke's and Children's Medical Center. Dr. Seltzer is emeritus professor of otorhinolaryngology at the University of Pennsylvania School of Medicine, emeritus chief of otorhinolaryngology at the Albert Einstein Medical Center, and chief of ear, nose, and throat and plastic surgery at St. Luke's and Children's Medical Center.

DR. SELTZER

DR. WHITE

Peter White, M.D., Philadelphia, was recently appointed director of Presbyterian Medical Center's 100-physician department of medicine. In addition to directing the professional and administrative activities of the department, Dr. White will work closely with the School of Medicine of the University of Pennsylvania in developing educational programs for medical students based at Presbyterian. Dr. White received his undergraduate degree from Yale University in 1951 and his medical degree from Penn four years later. He is a member of several professional associations, including the American Federation for Clinical Research and the American Society of Hematology, and he is a fellow of the American College of Physicians.

David Rosenthal, M.D., was recently named director of physical and rehabilitation medicine at Suburban General Hospital, East Norriton. Dr. Rosenthal is an assistant professor of rehabilitation medicine at Temple University School of Medicine.

Nino deProphetis, M.D., a surgeon for thirty years on the staffs of Crozer-Chester Medical Center, Upland, and Sacred Heart Hospital, Chester, was recently cited by the Christopher Columbus Memorial Association, Chester, for continuing service to the community. Dr. deProphetis was born in Arsita, Italy, and settled in Chester in the 1920s. His undergraduate and medical degrees were received from the University of Pennsylvania. He was the first chief of surgery at Sacred Heart Hospital and has served as a general surgeon at Riddle Hospital, Middletown, and Taylor Hospital, Ridley Park. Dr. deProphetis is a fellow of the American College of Surgeons and the American College of Physicians, and a diplomate of the American Board of Surgery.

The Philadelphia Society of Facial Plastic Surgeons recently elected a new slate of officers for 1977-78. They are: **Frank I. Marlowe, M.D., F.A.C.S.,** president; **Philip Rosenfeld, M.D., F.A.C.S.,** president elect; **Louis D. Lowry, M.D., F.A.C.S.,** vice president; **Fred J. Stucker, M.D., F.A.C.S.,** secretary; **Charles S. McConnel, M.D., F.A.C.S.,** treasurer; and **Emil P. Liebman, M.D., F.A.C.S.,** corresponding secretary.

A trip to the moon is the farthest thing from most people's minds. But for James Bagian, M.D., an intern at Geisinger Medical Center in Danville, such a trip just might take place. Dr. Bagian recently underwent physical tests at the National Aeronautics and Space Administration's Johnson Space Center in Houston to confirm his candidacy for a mission specialist position with the space shuttle program. The doctor's unusual qualifications may have spurred NASA's interest: in addition to his medical degree from Jefferson Medical College, Dr. Bagian received a bachelor of science degree in mechanical engineering from Drexel Institute of Technology and took part in a clinical rotation program with the Naval Air Test Center at Patuxent River, Maryland.

Brigadier General **John Boyd Coates, Jr., M.D.,** of Phoenixville, was recently installed as the 143rd president of the Chester County Medical Society. Other officers installed by the Society are: **Thomas S. Johnston, M.D.,** president elect; **E. Thomas Deutsch, M.D.,** vice president; **Norman A. Goldstein, M.D.,** secretary; and **Pascal J. Imperato, M.D.,** treasurer. **William A. Limberger, M.D.,** past president of the Pennsylvania and Chester County Medical Societies, was honored by the county society for his 50 years in medicine.

A Temple University Medical Center physician has been named the Woman Physician of the Year by the Polish American Medical Society "MEDICUS." **Irene Koprowska, M.D.,** Wynnewood, professor of pathology and director of the cytology laboratory at Temple, was chosen as the first recipient of the award in recognition of her lifetime contribution as a scientist, physician, and humanitarian. Dr. Koprowska, a graduate of the School of Medicine of Warsaw University, Poland, joined the staff of Temple University Medical Center in 1970 after serving as professor at Hahnemann Medical College.

William M. Cooper, M.D., has been appointed to the newly created post of assistant vice chancellor for continuing education in the School of the Health Professions at the University of Pittsburgh. Dr. Cooper became associated with the School of Medicine in 1948, and has since served as clinical professor of medicine, director of continuing education, and dean for continuing medical education. He has been director of continuing education at the University Health Center since 1974. Dr. Cooper was graduated from Hahnemann Medical College and received postgraduate medical training at Shadyside Hospital and the University of Pittsburgh School of Medicine. He is a member of the International Society of Hematology, the American Society of Hematology, and the American College of Physicians.

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Pennsylvaina Allergy Association	Brad Langdon
Pennsylvania Society of Colon & Rectal Surgery	Patti Adami
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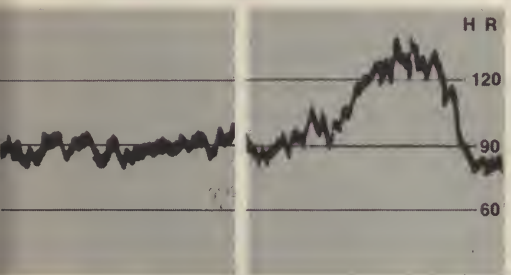
A film every doctor should see.

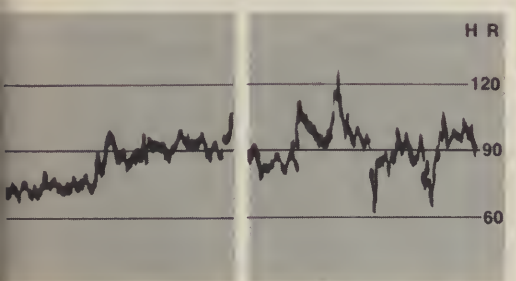
The energy cost of sex to the heart is relatively modest.
Over 80% of post-coronary patients can ultimately resume sexual activity without serious risk. Hellerstein and Freedman demonstrate that mean maximal heart rate during orgasm with spouse (as opposed to extra-marital sex) in 14 post-infarct patients is lower than that during usual occupational activity.

Representations below of actual EKG readings of an attorney, post MI, illustrate the point:



A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



C. Pre-orgasm sex activity (about 90 beats/min)

D. Peaks at orgasm (120 beats/min)

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Society backs AMA NHI plan, Dr. Blady testifies

State Society president John V. Blady, M.D., in October 12 testimony before the Region III HEW hearings on national health insurance in Philadelphia, called for equal access for all citizens to quality health care through a uniform and comprehensive health insurance plan.

In presenting the State Society's position, Dr. Blady outlined the benefits that should be included in such a plan:

- 365 days of hospital inpatient care;
- 100 days of inpatient care in a skilled nursing care facility;
- all emergency and outpatient services;
- all physician care (diagnostic, therapeutic, and preventive) regardless of where it is provided (in other health services);
- all home health services;
- all dental care for children;
- emergency dental care for everyone;
- ambulance service;
- institutional and outpatient psychiatric care;
- well-baby care;
- immunization;
- physical examinations;
- x-ray and laboratory services;
- anesthesiology services;
- continuity of coverage for those who change employment or become unemployed; and
- *protection against the cost of catastrophic illness without limit, the single most important need in the area of benefit coverage.*

Such an insurance program should rely on the private sector to the greatest extent possible, said Dr. Blady. "It is on this solid base of administrative and insurance expertise that a national health insurance plan should be implemented."

Financing and governmental control are also of concern to the Society, according to Dr. Blady. "Sound financing is a basic requirement for any national health insurance plan. The tendency of government health programs is to soar out of control. . . . To finance a plan . . . the federal government's role should be limited to paying premiums for the aged and persons unemployed or medically indigent.

"Protection against abuse should be built into the system so that the tendency to 'use it because it's free' is curbed. Coinsurance and deductibles are among the options available to restrict frivolous utilization.

"We must be realistic in projecting the cost of any national health insurance plan. . . . While efforts must be directed to implementing effective cost controls, the real problem has always been to achieve economies without compromising quality and erecting barriers to availability.

"Since it is difficult for the public to make judgments on the quality of care, physicians, as the patients' advocates, must have the responsibility to determine and maintain standards of quality health care in any health insurance plan . . . Controls . . . should be based on the principles of peer review of the PSRO law."

Dr. Blady endorsed HB-1818, the Comprehensive Health Care Insurance Act of 1977, but explained the restrictions of any national health plan.

". . . will this . . . or any other plan create a dramatic improvement in the health of Americans? The answer is no. Much of our health status is an individual responsibility.

". . . we must recognize that national health insurance is not a cure-all, but it can be a method by which everyone, regardless of income, will have access to quality medical care . . . and guaranteed protection against catastrophic medical costs."

JOHN V. BLADY, M.D., president of the Pennsylvania Medical Society, presented testimony on national health insurance at a hearing in Philadelphia October 12. The hearing was one of a series conducted by the Department of Health, Education, and Welfare throughout the nation. Later in October, the Society's House of Delegates reaffirmed the Society's position of support for the plan backed by the American Medical Association.

State societies hold fall meetings; officers elected

Three state societies held meetings in recent weeks. Scientific programs and business sessions were on the agendas.

Psychiatric Society

Members of the Pennsylvania Psychiatric Society attended the society's fall meeting on October 21 in Lancaster.

The one-day program, entitled "Mental Health Under the Carter Administration," included a presentation by Mildred Mitchell-Bateman, M.D., a member of the President's Commission on Mental Health.

Following Dr. Mitchell-Bateman's overview of the current workings of the Commission, a simulated public hearing of the Commission was held. Participants then divided into small group discussions on areas of interest ranging from delivery of services to special population needs.

The meeting concluded with a summation of the individual activities of the small groups and a perspective by Dr. Mitchell-Bateman.

Neurosurgical Society

The Pennsylvania Neurosurgical Society's fall meeting was held in conjunction with the scientific meeting of the Mid-Atlantic Neurosurgical Society on November 4 in Philadelphia. Specialists heard presentations by nationally respected leaders in neurosurgery and were given opportunity for group discussions on the procedures presented.

The membership of the Pennsylvania society also elected its officers for the coming year. They are: James Argires, M.D., president; R. G. Selker, M.D., president elect; M. R. Katz, M.D., secretary/treasurer; and councilors William Bouzarth, M.D., Arthur B. King, M.D., and Laibe A. Kessler, M.D. Officers assumed their responsibilities at the conclusion of the meeting.

College of Nuclear Medicine

The annual meeting of the Pennsylvania College of Nuclear Medicine was held on Saturday, October 22, 1977. Edward A. Eikman, M.D., chief of the Nuclear Medicine Service, Veterans Administration Hospital, Tampa, Florida, spoke on the quality assurance and practice certification program of the American College of Nuclear Physicians. Dr. Eikman's presentation was followed by a discussion of the ramifications of such a program.

The membership was advised of the results of the elections of officers for 1977-78. New officers are: Jose O. Morales, M.D., president (incumbent); Michael Dooley, M.D., vice president; David Brill, M.D., secretary; and Milton Friedlander, M.D., treasurer.

NBC plans medical 'supershow'

"Medicine in America" is the topic of a three-and-a-half hour television presentation scheduled for broadcast by NBC at 8 p.m. Wednesday, January 4.

The program will be telecast on the following stations: KYW-TV Philadelphia; WBRE-TV Wilkes-Barre; WGAL-TV Lancaster; WIIC-TV Pittsburgh; WICV-TV Erie; and WJAC-TV Johnstown.

The economics and quality of medical care will be the central concern of the special.

THREE LEVELS of Auxiliary leadership—county, state, and national—participated in the annual meeting of the Pennsylvania Medical Society Auxiliary in Lancaster October 24-26. Shown above, left to right, are: Mrs. William R. A. Boben, who was installed as president; Mrs. C. Edward Pohl, who welcomed officials on behalf of the Lancaster County Auxiliary; Mrs. Spencer J. Servoss, Auxiliary immediate past president; and Mrs. Chester L. Young, president of the AMA Auxiliary.

Joint practice commission publishes case book

Physicians and nurses who are now collaborating as colleagues to provide patient care have revealed their personal and professional lives in a book of short narratives published by the National Joint Practice Commission (NJPC), an interprofessional organization established by the American Medical Association and the American Nurses Association.

As evidenced by the 24 case studies presented in the volume, entitled *Together: A Casebook of Joint Practices in Primary Care*, the emergence of the nurse practitioner as a primary nursing care provider has added a new dimension to the traditional physician-nurse relationship.

The physicians and nurses depicted in the book have gone into joint practice in the belief that real and significant benefits would accrue to the patients and to their professional practices, and proof of these benefits is to be found in each case.

In *Together*, nurse practitioners are shown working in expanded roles with physician colleagues; both nurses and physicians are exploring the boundaries of team practice. Several positive results are seen throughout the book:

- Patient satisfaction increases and waiting time is shortened.
- Malpractice suits seem to decrease.
- The size of the practice can increase while quality of care is maintained.
- The practice achieves a balance because of joint decision making and well-defined roles.
- Nurses' and physicians' clinical judgments are sought by patients and shared in the joint practice effort.
- Overlapping functions occur but are positive, noninterfering factors.
- Health education services provided by the nurse practitioner permit the physician to spend more time in medical practice.

The future of an expanded role for nurse practitioners also is illustrated in the book. Nurses are shown treating nonacute illnesses, making rounds or visiting patients in hospitals and nursing homes, providing life saving care and treatment in crisis situations, teaching patients and their families about health care, and collaborating with physicians.

One case of particular interest to Pennsylvania doctors is "Something New In Williamsport," the story of how the typical rural problem of finding new physicians to take the place of those who retire was solved in Lycoming County by establishing a residency program in family practice at Williamsport Hospital.

Arthur Taylor, M.D., a local physician, was anxious to begin the training program, but found that in order to manage the increased demands on his time, he would have to change his concept of health care delivery.

He was aware that the Pennsylvania Nurse Practice Act permitted nurses with more than conventional training to perform certain tasks previously confined to physicians. So he recruited a nurse practitioner, partly to free himself, but also to serve as a role model for the young physicians who soon would be coming through the program.

Dr. Taylor's search for a nurse practitioner resulted in his association with Wanda Hendershot, a former staff nurse, practical nursing teacher, and clinical instructor.

In the office, patients are seen by either Doctor Taylor or Ms. Hendershot, often at random. "We consider ourselves a team," she says, "and any one of the team members may see the patient on any given visit. We don't feel we are fragmenting care, because we communicate regularly with one another."

Doctor Taylor agrees. "She knows my routine," he says. "After Wanda examines a patient, if she feels he needs a cardiogram, a chest x-ray, or blood tests for me to make a diagnosis, she will order them. When it come to therapy, we put our heads together."

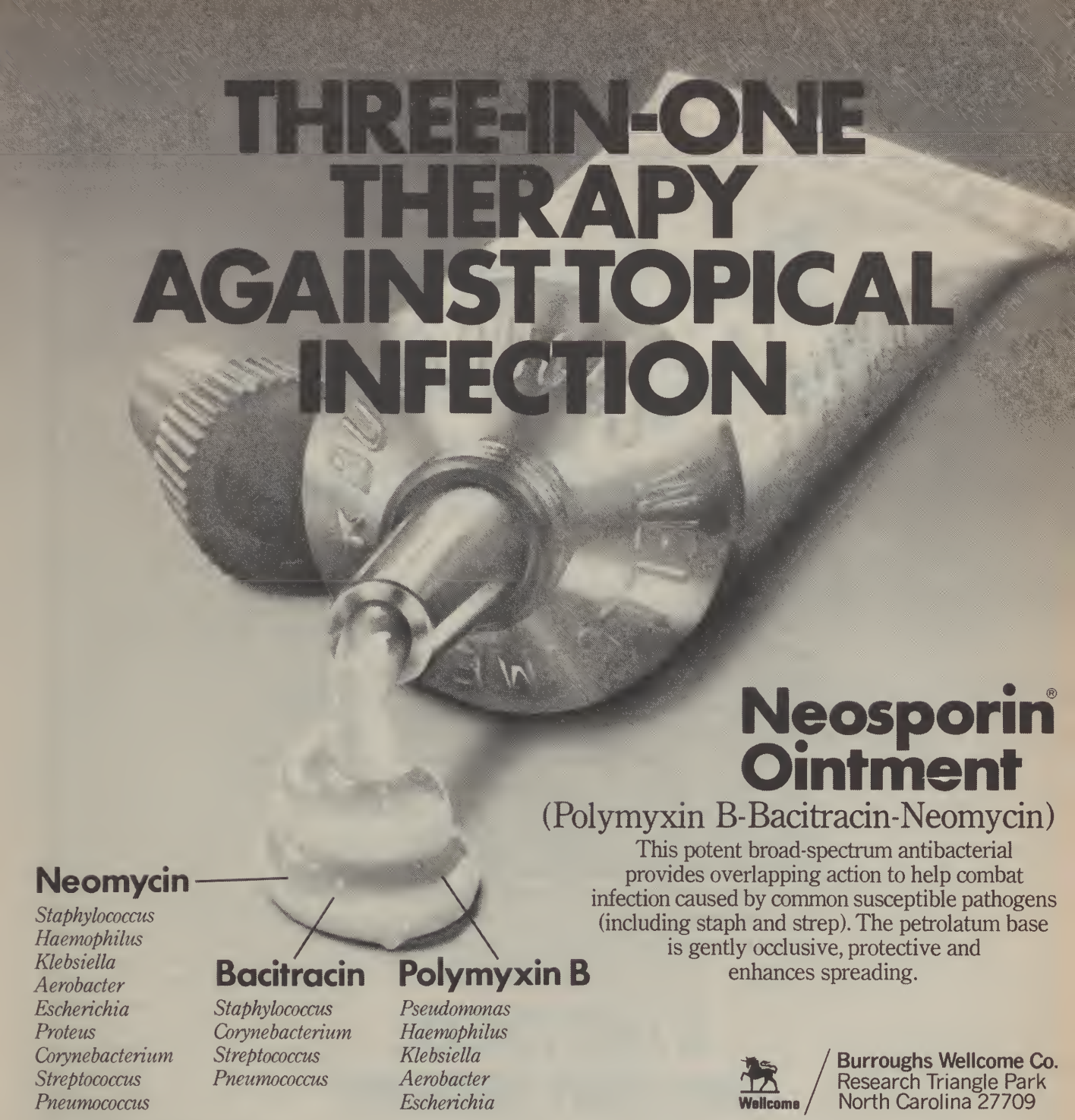
Doctor Taylor discovered one bonus of his collaboration with a nurse practitioner was being able to have her make visits away from the office. "I haven't been to a nursing home in nearly a year. Wanda visits my nursing home patients, then comes back and reports to me. We are able to make occasional house calls too."

The nurse practitioner concept has become increasingly acceptable to the young new doctors rotating through Williamsport Hospital. One of these is Leo M. Hartz, M.D., a junior resident who grew up in eastern Pennsylvania. "We came out of medical school with the idea that the doctor didn't necessarily have to spend time with all of the patients in his practice in order to give quality medical care. A physician's services can be extended by others . . . as long as they are well trained, they can be of great help. . . . there's a consensus among the residents that we would have a nurse practitioner—either formally trained or someone we trained ourselves—working with our patients."

Grants from The Robert Wood Johnson Foundation to prepare the manuscript and publish it enabled the NJPC to launch the first national investigation into where and how joint practices exist and function in primary care settings.

The 258-page book is available at $5.95 from NJPC/EFIC, 7383 Lincoln Ave., Chicago, IL 60646.

THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION



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WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

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Case report

Management of vascular injury

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Hershey

Vascular trauma presents a unique opportunity to the surgeon. He is most commonly presented with a young patient who, until the moment of injury, had a normal vascular system. The immediate diagnosis and aggressive management of vascular injuries increases the number of successful reparative operations. In one series, delay in treatment of 12 hours or more led to a successful reconstruction in 50 percent of cases; reconstruction succeeded in 90 percent of cases when performed within 6 hours of injury.

Prompt management of acute vascular injuries prevents disabling, limb threatening late sequelae, such as false aneurysms, arteriovenous fistula, and chronic ischemia. When caring for a patient with an acute vascular injury, the order of priority must be: resuscitation of the patient, attention to salvage of the injured limb and, finally, restoration of the injured limb to normal.

The following case report illustrates a number of the problems encountered in caring for patients with major arterial trauma.

Case report

S.B. (HMC #104688) is a 23 year old female, gravida 3, para 2, who was seven months pregnant when she was transferred to the Hershey Medical Center nine hours after having been shot through both knees with a 30/30 rifle.

The high velocity missile that injured the patient's legs caused massive tissue loss. She was hypovolemic with a blood pressure of 98/60, a pulse of 116, and fetal heart rate of 160. The left foot and leg were pale white in color and cool to the touch. The right foot was cool and pedal pulses were initially unobtainable, but returned with volume expansion. The wound in the left popliteal space was approximately 12 x 15 cm. The skin, subcutaneous tissue, and muscle were absent and the borders of the wound were devitalized. An 8 cm segment of the popliteal artery, vein, and nerve was absent.

The patient was taken directly to the operating room. The saphenous vein obtained from the opposite leg was used as an interposition graft to repair both the popliteal artery and the vein. Nerve ends were marked with silk suture. The wound was widely debrided and vascular grafts were covered with the one remaining head of the gastrocnemius muscle, which was transferred from the lateral to medial femoral condyle. Fasciotomy was performed to decompress all compartments of the right calf. No skin closure was attempted.

A posterior tibial pulse was reestablished. The wound of the other popliteal space was debrided and allowed to remain open. Secondary wound closure was accomplished four days later using split thickness skin grafts.

The patient was fitted with a left short leg brace for treatment of her foot drop. When discharged three weeks after her injury, she was ambulating without difficulty.

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Comment

Coverage of any vascular graft is imperative; in this instance the gastrocnemius muscle was used. Aggressive debridement and secondary closure are the two principles that aid in prevention of infection. Clinical and laboratory evidence indicates that venous reconstruction rather than ligation improves the success rate of arterial reconstruction. Fasciotomy is necessary in over half of patients with popliteal vascular injuries; it should be performed without hesitation if swelling is present.

The diagnosis of acute arterial injury may be all too obvious or very subtle. A large, soft tissue defect in the vicinity of a major artery associated with bright red bleeding permits rapid diagnosis of arterial injury. In other instances, the diagnosis may be made only by the angiographic finding of a

small defect in a vessel wall. Ischemia of the affected part distal to the site of injury is a common diagnostic finding. Cadaveric pallor and pain suggest acute limb threatening ischemia.

Pulses distal to the site of injury are usually absent but as many as 20 percent of patients may have pulses distal to an area of major arterial trauma. A large, tense hematoma may reflect underlying arterial injury. Pulsation of a hematoma, especially in combination with a palpable thrill or audible bruit, is evidence of arterial trauma.

In some patients a high index of suspicion will prompt the physician to obtain an angiogram and make the correct diagnosis even when the clinical signs of arterial injury are absent. Physicians should suspect arterial injury when evaluating a patient with a fracture of the first rib, a dislocation of the knee, or a supracondylar fracture of the humerus or femur.

Vascular injury may occur following penetrating or blunt trauma. In penetrating injuries from high velocity missiles, such as rifle bullets, the vessels may be injured by direct penetration or by the kinetic energy released as the missile passes through tissues adjacent to the vessel. Because of the extensive tissue injury surrounding the path of a high velocity missile, interposition grafting is much more common in vascular injuries resulting from military weapons of high velocity. In civilian practice over 80 percent of arterial injuries can be managed by end-to-end anastomosis.

Blunt vascular injury most frequently results in compression or contusion of the vessel. Compression is usually of minor consequence unless the pressure is severe and prolonged, in which case distal intravascular thrombosis may occur. Contusion typically results in disruption of the intima and a portion of the media of the vessel wall. The disrupted portion of vessel wall will usually prolapse into the vessel lumen and initiate local thrombosis in the vessel.

The initial management of the patient with a major vascular injury must be directed to resuscitation when shock is present. Over half of patients with arterial injuries will be in shock when first seen. Large bore intravenous catheters should be placed in noninjured extremities to allow infusion of balanced salt solution and whole blood. High dose intravenous antibiotics and tetanus toxoid should be given immediately. The specific method of management will obviously depend on the site of injury.

Ninety percent of acute arterial injuries occur in the extremities. Hemorrhage is best controlled by direct pressure. Tourniquets are dangerous and may precipitate the loss of a previously salvageable limb. Associated fractures should be reduced and splinted. Frequently this will restore normal circulation to what appeared to be an ischemic limb.

Vascular injuries in the neck are complicated by the possible compromise of the airway. External hemorrhage is managed by direct pressure and if any sign of airway obstruction is noted, endotracheal intubation is performed.

Major vascular injuries within the abdominal cavity may be initially controlled by the use of the antigravity suit. Immediate operation is essential if shock is present. Patients with injuries of the thoracic aorta will frequently exhibit a transient stability of the cardiovascular system. During this stable period, hemorrhage is generally confined to the mediastinum. Rapid diagnosis is essential if these patients are to reach the operating room prior to free rupture of the expanding hematoma into the hemithorax.

Avoidance of delay in diagnosis of acute arterial injuries allows the surgeon the best opportunity to perform a successful vascular reconstruction. If shock is present or the site of arterial injury obvious, one should not delay life and limb saving treatment to obtain angiographic confirmation. In those cases in which the diagnosis is in doubt because of lack of clinical signs, but a high index of suspicion exists, angiography should be performed. If this aggressive policy is followed, mortalities may be kept to a minimum and late complications of vascular injuries can be avoided. □

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Know your taxes

Planning means heirs share estate, not government

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"There appears to be a growing feeling among knowledgeable associates of Howard R. Hughes that the eccentric billionaire left no will to guide the disposal of his great estate. In Washington today, a federal tax expert said that more than three quarters of Mr. Hughes' estate would go for federal taxes if no will had been left. The current size of his holdings is estimated at $1.5 billion, and the tax bill would be well above $1 billion." (*New York Times*, April 7, 1976, page 1.)

Often a physician will notice such headline news, vow to review his estate with an advisor, and then fail to honor his pledge.

Why doesn't he secure estate planning advice? No one likes to anticipate his own death and, because no direct benefit results, it is often easy to shrug off estate planning with, "There will be plenty for them when I'm gone." This is often, but not always, true.

An astonishing number of doctors go to great lengths to save several hundred or thousand dollars in income tax, but do not make even a simple effort to save tens of thousands of dollars in estate tax.

Estate taxation is probably the most misunderstood form of taxation. Federal estate tax is levied on the transfer of the decedent's property and is paid by his estate. Inheritance (state) tax, which is often confused with estate tax, is paid by the recipients of the decedent's property and is typically much smaller.

The difference between *probate* estate and *taxable* estate is also commonly misunderstood. Probate estate includes only property which is transferred at death by a will. It does not include proceeds of life insurance policies owned by the decedent or property held in trusts over which he held power.

Taxable estate includes all property that is owned or any property to which he has right or interest. Thus owned life insurance policy proceeds and trusts with retained powers are taxable. In estate taxation, it is the taxable estate that is important.

Items that are taxed for estate purposes include:

- **cash (including savings and checking accounts and certificates of deposit);**
- **home and vacation residences (even if jointly owned);**
- **stocks and bonds;**
- **office (if owned);**
- **investment real estate;**
- **objects of art;**
- **coin and stamp collections;**
- **antiques;**
- **partnership or business interests;**
- **property in certain trusts;**
- **life insurance proceeds (if you or your estate is either beneficiary or owner);**
- **certain pensions and annuities;**
- **property held as a joint tenant; and**
- **gifts made within three years of death.**

Many of these items are understandably taxed as part of an estate, but let's consider those which are not quite so obvious.

I thought property jointly owned by my wife and me, joint bank accounts and our home, was half owned by each and only half would be included in each estate.

False. The person who earned or inherited the property or earned the money used to acquire the property is the owner for purposes of estate taxation. For example, if a physician buys a home, makes mortgage payments, and places all practice earnings in a joint bank account, both the home and the money are taxed in his estate. This is true despite the fact that the home and the bank accounts are jointly owned by the physician and his spouse.

An important exception to this rule resulted from the Tax Reform Act of 1976. If the physician gives the spouse one-half the jointly owned property for which he paid the entire amount and then files a gift tax return, he can effectively include half the property in his estate and half the property in his spouse's estate. This may be especially beneficial in the case of real estate. Half the home, for example, may be transferred to the spouse before it appreciates, probably without involving a gift tax resulting from the transfer.

One caveat for effective transfer of real estate for estate tax benefit is a complex legal arrangement costing a few hundred dollars in legal fees and transfer costs. A physician should not proceed with the transfer until an attorney or consultant knowledgeable in gift and estate taxation matters reviews the situation and advises accordingly.

I thought that when I put property in trust it no longer belonged to me. How can this property be taxed to me?

If a physician makes an irrevocable trust (a trust which cannot be altered by the person who created it) and he is

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not the trustee, then the assets of that trust are not included in his estate.

If the trust is revocable (giving the doctor the power to terminate, control or manage the trust and to change beneficiaries), assets are included in the physician's taxable estate upon his death.

Do you mean to say that if I make gifts within three years of my death, they will not only be taxed in my estate at their market value at the time of my death, but the gift taxes I paid will also be included?

Yes. The IRS assumes that any gift within three years of death is "in contemplation of death," i.e., the motive for making the gift is to avoid estate taxation. Thus the value of the gift at the time of death (not on the date of receipt) is taxed.

The physician may make a gift of $3,000 per year ($6,000 if married and giving jointly with spouse) to each recipient without limit and without including the gifts in his estate. A married doctor with four children, for example, could give to each child (or any other person) $6,000 annually for a total of $24,000 among the four children. The amount of these gifts is not included in his estate.

While the amount of gift tax paid is included in the estate for tax purposes, it is subtracted from the doctor's estate tax to determine the amount of tax actually payable. The purpose of this is to push the physician into a higher estate tax bracket.

What do you mean the life insurance proceeds are included in my estate if I'm the owner or my estate is the beneficiary? My wife is the beneficiary. The money will go straight to her!

While it is true that life insurance proceeds are paid directly to the named beneficiary, the proceeds are included in the estate for taxation purposes. A life insurance trust can be used to avoid estate taxation of life insurance proceeds. Such proceeds are not subject to income taxation.

What pensions and annuities are included in my estate? How can I avoid being taxed?

Qualified pension and profit sharing plans of professional corporations and Keogh plans and individual retirement accounts of unincorporated practices that are distributed in installments escape estate taxation.

When distributed in lump sums these accounts are included in the estate for estate taxation purposes, but qualify for a favorable ten year forward average income taxation of the lump sum to the recipient of the retirement benefits.

To achieve the best combination of estate and income taxation savings the physician should name a beneficiary other than his estate or executor for his retirement and profit sharing plans. The beneficiary should be permitted to choose lump sum or installment payments and should be encouraged to consult an attorney or advisor to determine the most advantageous method of receiving payments from a taxation standpoint.

What steps can I take to reduce the tax on my estate?

Small estates—In 1977 any estate of $120,000 or less will avoid estate taxation no matter who inherits the property. The amount escaping estate taxation increases each year until 1981 when it is in excess of $175,000.

In addition to the $175,000, the physician may give his spouse the greater of $250,000 or one-half the gross estate (taxable estate before deductions) and pay no estate tax. This does not solve all estate planning problems, however, for the spouse would owe $83,000 of estate tax upon her death, assuming that she didn't remarry and spent only the earnings of the estate.

Marital deduction and residuary trusts—A common method of reducing the estate tax on both estates is for the doctor to place half of his estate in a trust to which his spouse is beneficiary and from which she may receive income and principal at his death. This is called a marital deduction trust.

Instead of placing the property in a marital deduction trust, he may obtain identical tax results by giving the property directly to his spouse and the remaining portion to another trust. The remainder of the trust, known as a residuary "sprinkling" trust, passes to the children upon the spouse's death or remains in trust until the children attain a specified age. The trustee is empowered to distribute the income and principal among the spouse and children at his discretion.

Table I compares the total estate tax paid by each method.

The marital deduction and residuary trusts are often beneficial for young or middle aged physicians with taxable estates over $175,000 whose wives have no substantial property or cash.

Reduced joint tax—A recent legal decision of particular interest to the older or retired physician involves a clause designed to permit an estate to pass to a spouse in the amount which would cause joint estate taxes to be as small as possible. To explore the applicability of such a clause to the individual situation, the physician should refer his attorney to *Smith*, 66 TC No. 42 (1976).

Orphan's exclusion—If a physician's children lose both parents and

TABLE I
Comparison of Estate Taxes with Direct Bequeathal and with Trusts*

Estate tax	Taxable estate	Federal estate tax		
		Physician	Spouse	Total
Bequeathed	$200,000	None	$ 8,000	$ 8,000
directly	250,000	None	24,000	24,000
to spouse	300,000	None	41,000	41,000
	350,000	None	58,000	58,000
	400,000	None	75,000	75,000
	450,000	$ 5,000	90,000	95,000
	500,000	17,000	103,000	120,000
½ to	$200,000	None	None	None
marital deduction	250,000	None	None	None
trust or directly	300,000	None	None	None
to spouse and	350,000	None	None	None
½ to residuary trust	400,000	$ 8,000	$ 5,000	$13,000
	450,000	16,000	11,000	27,000
	500,000	24,000	16,000	40,000

* Assumes death in 1981 or later.

he provides for it in his will, the doctor may exclude $5,000 for each year that each child is under 21 if the children or a trust for their benefit receives the property. If the children are 10 and 12 when orphaned, for example, the 10 year old could receive $55,000 (11 years until 21 × $5,000 exclusion) and the 12 year old could receive $45,000 (9 years × $5,000) tax free.

Charitable deduction—Gifts to charitable organizations are exempt from estate taxation.

Noncharitable gifts—A physician may give $3,000 annually per person (or $6,000 if joint gifts) without gift tax or estate tax ramifications. If gifts are made in excess of $3,000 per person each year ($6,000 for joint gifts), he reduces the amount of property that can be bequeathed without paying estate tax. If the physician gives over $120,000 in 1977, increasing to $175,000 in 1981, he currently will be taxed on these gifts.

Why should the physician consider making gifts before his death? There are several good reasons: (1) any future appreciation of the gift is removed from the physician's estate; (2) if the gift is made to someone in a lower income tax bracket, appreciation of the property is taxed at the lower rate; and (3) if the gifts are taxed, the gift tax paid is not included in the doctor's estate if he dies more than three years after the gift is made.

From a taxation viewpoint good gifts are items which have little or no income but good possibility for price appreciation. Such gifts include low income growth stocks and objects of art.

Bad gifts are stocks selling at less than purchase price, installment obligations owned by the doctor, and property on which investment credit has been taken and is still subject to recapture. The doctor should discuss all possibilities with his advisor before making a gift.

Gifts to minors—Many physicians choose to give cash, securities, or other property to their minor children or grandchildren in order to remove the property from taxable estate and have the earnings of the property taxed to the minors. The most common methods to accomplish this are Uniform Gifts to Minors and trusts.

The Uniform Gifts to Minors Act is typically used to make a gift of cash in savings accounts or securities to children or grandchildren. No legal work is involved and the physician need only instruct the bank teller or stockbroker to make the gift and the act will be completed. Several important points should be remembered: (1) the physician cannot renege on the gift; (2) the minor must receive the income and principal by the time he reaches 21 for the income to be taxed to the minor; and (3) the spouse rather than the doctor should be the custodian of the gift to avoid estate taxation should the physician die before the minor has absolute control of the gift.

To keep the income out of his income tax bracket and the gift out of his taxable estate, the physician may create a gift to a trust for the benefit of a minor which the minor must receive or have the right to demand. Trust income may be held in the trust until the minor turns 21. Income is still taxed to the minor in the year earned.

A joint bank account with a minor does not constitute a gift because the income and principal belong to the physician in the eyes of the IRS. There is no gift until the minor withdraws the money.

Life insurance trust—We have mentioned that a life insurance trust may be used to eliminate the proceeds of life insurance policies from the physician's taxable estate. If the physician is the owner or beneficiary or his estate is beneficiary of the life insurance policies, the proceeds are included in his estate for tax purposes. Because life insurance proceeds are often a significant portion of a doctor's estate, he may wish to create an irrevocable trust to own his life insurance policies.

The primary advantages of such a trust are:

- Life insurance proceeds are not included in taxable estate, nor are they part of the spouse's estate if the trust is owner and beneficiary.
- Attorney's fees are often based on a percentage of property passing through a will. Property in an *existing* trust (e.g., life insurance proceeds) does not pass through a will.
- Property passing through a will is public information. Details of trust property are not subject to such scrutiny.
- Only the insurance premium is a gift. If the cash value in a whole life

TABLE II
Properties and Documents of Importance to Beneficiary

Safe deposit boxes and keys
Bank accounts (bank, account number)
Stocks and bonds (number of shares or bonds, certificate numbers)
Will location
Life insurance (company, policy number, face amount, loans, agent)
Other insurance (company, policy number, coverage, agent)
Car title
Choice of funeral home and cemetery
Credit cards (company, card number, location)
Real estate (location of deed, mortgage payment book)
Loans (lender, unpaid balance, monthly payment)
Partnership or corporation buy-sell agreement
Record of purchase date and price of all investments, antiques, coins, stamps, home, and other items of value
Names, addresses, and phone numbers of friends and relatives to notify.

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insurance policy is sizable, the physician may choose to borrow the cash value and give the policy to the trust.

• The assets passing through a will may be placed in the life insurance trust, which acts as a "pour over" trust created for the same purpose.

The chief disadvantage of creating an irrevocable life insurance trust is that it cannot be amended, altered, or revoked. Even when divorced the physician cannot remove his former spouse from beneficiary status. He may stop paying premiums, but to change beneficiaries he must buy a new (and probably costlier) life insurance policy and create a new trust.

Flower bonds—For the elderly or terminally ill who have taxable estates, "flower bonds" are an excellent device to save estate tax. The US Treasury issues certain bonds which can be redeemed at maturity rather than market value to satisfy federal estate tax.

As an example, it is now possible to buy Treasury bonds with a 1990 maturity value of $10,000 and a 3½ percent coupon interest rate for $7,700. If the bond owner dies, his estate can use the bonds, which cost $7,700, to pay $10,000 of estate tax.

The estate must pay capital gains tax on the difference between the redemption value and the cost. In addition, all flower bonds yield significantly less interest than investments of comparable risk and thus should not be considered by healthy young and middle aged practitioners.

Other considerations—Partnerships and incorporated groups should be certain that a buy-sell agreement is made when all members are healthy and on good terms. From an estate planning viewpoint, it is important that the agreement is effective at all times.

Because estate planning efforts are made most often for the benefit of the spouse, she should be aware of the location of important documents. Table II lists items with which the beneficiary should be familiar.

The physician who carefully coordinates his estate planning efforts with his attorney and advisors will assure that his intentions are carried out and that his heirs—not Uncle Sam—will benefit from his estate. □

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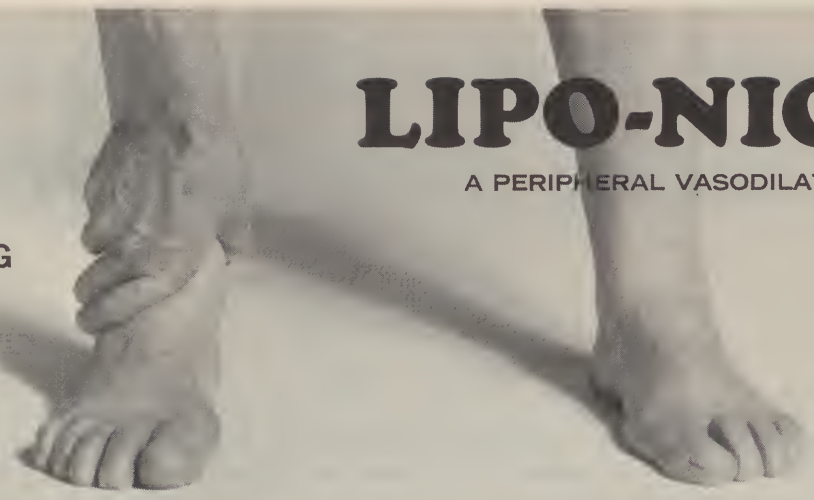

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Treating sexual dysfunctions in male patients

JOYCE D. KALES, M.D.
ENOS D. MARTIN, M.D.
GREGORY FRANCHINI, M.D.
Hershey

This article is the second in a series coordinated by members of the departments of psychiatry of Pennsylvania's medical schools. The series is intended to help physicians in general practice to assess and manage the emotional needs of their patients. The first three articles constitute a mini-series on human sexuality. This month Dr. Kales and associates discuss the sexual history and the diagnosis and treatment of male sexual dysfunctions. The next article will examine female sexual dysfunctions.

The practicing physician should be alert to sexual dysfunctions presented as functional complaints or, more directly, as complaints of impotence, premature or retarded ejaculation, sexual arousal dysfunction, orgasmic dysfunction, or vaginismus.

By taking a sexual history in a skilled and comfortable manner so that the sexual concerns of his patients are not disregarded or dismissed, the physician is often able to determine the organic or emotional cause of the disorder and suggest therapeutic treatment of the dysfunction.

The sexual history

During visits for general physical and premarital examinations, menstrual complaints, pregnancy, the post-partum period, or contraceptive advice, it is logical to obtain sexual information that can be used prophylactically and therapeutically for sexual dysfunction.

Complaints of depression, anxiety, or chronic insomnia, the presence of multiple somatic complaints of undetermined cause, alcoholism, and the post-coronary period are all situations that require a thorough sexual history.

When the physician's inquiry is skillful and nonjudgmental and when he appears comfortable and desensitized to the topic, the patient usually will not be reticent in discussing sexual matters. The physician may choose to practice taking a sexual history with colleagues of both sexes to assess areas of hesitation and to gain greater experience.

Dr. Kales is director of the division of community and social psychiatry and of the sex education program and sexual dysfunctions clinic of the department of psychiatry of The Milton S. Hershey Medical Center. Drs. Martin and Franchini are associates in the department of psychiatry at Hershey.

During the sexual interview, it is most productive to proceed from less sensitive questions to those of greater sensitivity. Open ended questions about the general marital relationship, for example, will naturally lead to more specific questions about the attitudes, nature, frequency, satisfaction, and problems associated with the patient's sexual history. If general areas of dissatisfaction with a partner are indicated, one may ask specifically "How have these difficulties affected the sexual relationship and general closeness between you?"

For the male partner, it is important to know if there are difficulties with erection or ejaculation or a lack of interest in sex. The following questions are helpful:

1. When and under what cir-

cumstances did the symptom first occur?

2. What is the patient's reaction to the symptom?

3. What is the partner's reaction to the symptom?

4. In what situations does the symptom recur?

For the female, in addition to the above questions, it is important to determine whether she feels appealing to her partner; whether she initiates, freely engages in, or merely tolerates lovemaking; and whether she is orgasmic frequently, infrequently, or never. In addition, the integration of contraceptive practices into the sexual relationship should be determined.

Several specific guidelines should be remembered during the sexual interview:

- be attentive to direct and indirect questions that indicate sexual concerns;
- do not impose your own values on the patient;
- acknowledge the patient's anxiety when it interferes with the interview;
- avoid undue familiarity; and
- maintain confidentiality.

General causes of dysfunction

Two distinct neurophysiological components make up human sexual response. The first is genital vasocongestion which produces penile erection in the male and vaginal lubrication and swelling in the female. The second is a series of involuntary clonic contractions of the genital musculature which constitute orgasm.

Any factor which adversely affects the blood vessels or the nerves involved in either of these sexual response phases can result in a sexual dysfunction.

Diabetes mellitus is the most common organic cause of impotence in males, with adult onset diabetics frequently becoming impotent within five to ten years. Impotence may, in fact, appear before any other clinical evidence of diabetes. The pathogenic mechanism in this case is presumed to be based on neurologic and vascular alterations.

Other medical conditions and certain drugs are often associated with sexual difficulties. Sexual response may be impaired by any condition which causes pain or irritation during intercourse or interferes with intromission, such as severe arthritis, lower back problems, extreme obesity, or local infection.

Vascular problems, e.g., trauma to genital blood vessels, Leriche syndrome, leukemia, sickle cell anemia, and Peyronies disease, have been implicated in male dysfunctions. Damage to the neurologic system may affect erection and ejaculation but does not necessarily affect libido. Multiple sclerosis, diabetes, and neurologic degenerative diseases may result in dysfunction because of their effects on the lower neurologic system.

A decrease in libido and diminished erectile ability may be caused by any physical disorder, surgical procedure, or medication that depresses the effective androgen level. Hypopituitary disorders or feminizing testicular tumors, for example, may lead to a decrease in available androgens. Surgical removal of the pituitary, adrenals, or gonads leads to decreased androgen supply; the introduction of estrogen compounds may antagonize the action of androgens, leading to chemical castration.

Certain liver disorders, such as hepatitis, cirrhosis and mononucleosis, impair the liver's ability to properly conjugate estrogens, thus resulting in an increased level of estrogen with its anti-androgen effects.

Alcohol and most other central nervous system depressant drugs diminish rather than enhance sexual ability. Alcohol and barbiturates are similar in that they may provoke desire, particularly in inhibited persons, but they ultimately impair response. The use of narcotics may also depress sex drive and result in erectile difficulty.

Anticholinergic (probanthine and atropine), antiadrenergic (Rauwolfia alkaloids and methyldopa), and ganglionic blocking agents may impede erection and ejaculation by depressing the parasympathetic and sympathetic nervous systems. Reserpine and methyldopa, two antihypertensive agents, may also produce a decrease in libido as a consequence of the depression sometimes induced by these drugs. A possible side effect of thioridazine, a phenothiazine drug, is to alter ejaculation, resulting in a "dry orgasm." Nicotine, because of its effect of peripheral vasoconstriction, can also contribute to impotence.

Sexual dysfunctions may also stem from psychological conditions, faulty attitudes derived from the family or culture, or ignorance of normal bodily functions and physiology. It is estimated that 75 to 90 percent of sexual dysfunctions are caused by psychosocial factors. Healthy sexual response is easily disrupted by negative feelings or by psychological conflicts.

Sexual dysfunction may be due to neurotic conflicts originating in early childhood but the roots of sexual dysfunction are not always so deep seated. In many instances, the cause of sexual dysfunction is more immediate, such as performance anxiety, tension due to poor communication, and misconceptions about sexual behavior.

Performance anxiety is a state of fear which may develop following an episode or two of sexual dysfunction. The anticipatory thoughts of "Is it going to happen again?" "Will I be able to do well?" cause the individual to become overly anxious about sexual performance, which in turn may result in a more chronic sexual dysfunction.

In situations in which sexual dysfunction is primarily or solely due to more immediate causes, sex education, supportive counseling, and the prescription of brief behavioral tasks are extremely effective, often within a short period of time.

When sexual dysfunctions are due to long standing neurotic conflicts, with or without superimposed immediate precipitating factors, more intensive psychodynamically oriented therapy augmented by the assignment of behavioral tasks is indicated.

Common male dysfunctions

Table I lists the causes of common male sexual dysfunctions and suggested diagnosis and treatment.

Impotence—Impotence is often transient and situational: it may occur with fatigue; with psychological conditions such as fear of performance, guilt, anger, or depression; or with medical or drug related conditions.

Diagnosis—It is estimated that 10 percent of all cases of impotence have

(Continued on page 42)

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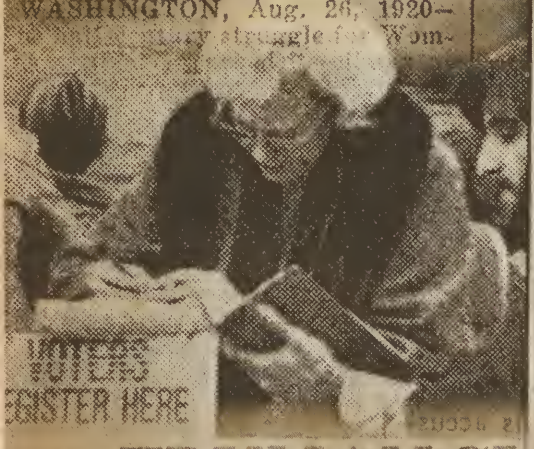

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Roosevelt Approves Message Intended to Benefit 30,000 Persons When States Adopt Cooperating Laws—He Ca the Measure 'Cornerstone' of His Economic Program

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"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

OL SIGNE the Draf Ends Nov

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

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Male sexual dysfunction

(Continued from page 39)

a pathophysiological cause. Reports indicate, however, that an organic component may be present in as many as half of males with psychogenically based impotence.

The distinction between organic and functional impotence is sometimes difficult to determine. A nocturnal cycle of penile erections has been found to occur in correlation with rapid eye movement (REM) sleep, which is a time of intense autonomic activity and dreaming. The presence of morning or "REM" erections several times a week is a strong indication that a complaint of impotence is psychogenically based.

If erections are obtained with masturbation or with partners other than a wife, it is likely that impotence is psychologic and occurs situationally.

Glucose tolerance tests, testosterone levels, and hepatic function tests should be obtained. A careful survey of drugs, particularly antihypertensives (methyldopa, Rauwolfia compounds), sedatives, hypnotics, alcohol (including beer), and nicotine should also be taken. The possibility of an underlying depression should be assessed by an evaluation of the patient's mood, appetite, and sleep patterns, and the presence of suicidal impulses.

Treatment—When impaired potency is due to a medical condition or drug, treatment of the condition or alteration of the drug to one which does not interfere with the erectile mechanism is indicated.

An active and direct approach to alcoholism and the excessive use of sedatives and hypnotics is appropriate, for patients frequently fail to recognize the connection between abuse of these substances and their sexual dysfunction.

Depression should be appropriately treated with antidepressant medication. As the depression is alleviated, sexual interest and potency frequently return.

The neurologically impaired patient may require penile prosthetic devices which operate on a hydraulic principle and may be surgically implanted to assist sexual functioning. Alternative expressions of affection and sexual activity can be substituted for coitus.

For impotence which is functional or psychogenic, support should be given for efforts to gradually restore the sexual relationship and to decrease performance anxiety. The sensate focus exercises or "mutual pleasuring" described by Masters and Johnson should be prescribed for several weeks before coitus is attempted. The exercises should be practiced for 15 to 30 minutes several nights each week. Sufficient time should be set aside during which the couple will not be interrupted or hurried.

This prescription involves having the couple refrain from intercourse and orgasm for several days or weeks, during which time they periodically take turns gently caressing each other's bodies, in the first sessions avoiding and in the later sessions including the genitals.

The partners communicate in a positive manner the sensations they enjoy and the ways in which they prefer to be caressed. For example, "I like a more heavy massage" is more readily accepted than "Don't do that—it tickles!"

The prohibition of intercourse eliminates performance anxiety as does the therapeutic prescription that the couple "give and receive pleasure" rather than put on a performance.

The man may have an erection during exercises which involve pleasur-

TABLE I
Male Sexual Dysfunctions

Condition	*Causes*	*Diagnosis*	*Treatment*
Impotence	Organic:		
	Diabetes mellitus	Glucose tolerance test	Treat underlying medical condition
	Vascular, endocrine, neurologic	Testosterone levels, hepatic function	
	Drug and alcohol	Drug and alcohol survey	Withdraw alcohol, sedatives
			Consider prosthetic device
	Psychogenic:		
	Depression	Assess depression	Treat depression
	Anxiety	Presence of morning erections	Eliminate performance anxiety
		Erections with masturbation or other partner	Sensate focus exercises
			Vaginal containment
Premature ejaculation	Psychologic:		
	Lack of control of ejaculatory mechanism	Ejaculation occurs before full arousal of partner	Supportive partner to eliminate performance anxiety
	Lack of awareness of ejaculatory inevitability		Start-stop technique
Retarded ejaculation	Organic:		
	Neurologic disorder	Erection intact but unable to ejaculate intravaginally	Treat underlying neurologic condition
	Drugs		Appropriate change of drugs
	Psychologic:		
	Overcontrol		Eliminate performance anxiety
	Fear of impregnation		Desensitize to ejaculation in presence of partner

ing of the genital area. The physician should emphasize during subsequent visits that the patient's ability to have this erection means his anatomy and physiology are in good working order and will function in a relaxed atmosphere. The physician should also point out that if an erection is lost it can be regained when the woman resumes manual or oral stimulation.

After the man is able to achieve an erection without orgasm, the task proceeds to orgasm produced by manual or oral stimulation outside the vagina. The procedure is as before except that the man may ejaculate if he desires. At this time the woman is encouraged to accept manual stimulation to orgasm also, so that her pleasure is no longer dependent on an erect penis over which there is no voluntary control.

The next stage is vaginal containment without orgasm. The couple engages in the same sort of erotic activity that produced orgasm the previous week. When erectile capacity has been demonstrated, the female partner in the superior position inserts the penis. If erection is lost, the early steps are repeated until confidence is regained and the erection returns. The woman thrusts several times and then withdraws, repeating the procedure several times. If ejaculation is desired at this stage, it should be extravaginal.

In the final task, the man may ejaculate intravaginally. At this stage he is advised in the presence of his partner to be temporarily selfish; to abandon himself to his own feelings. He now will have gained sufficient confidence to leave the exercises. If the man has future transient erectile difficulty he can return to the techniques learned in sex counseling.

The relief of impotence may create anxiety or depression in the man or woman if the dysfunction served an underlying defensive purpose. The woman may fear rejection or feel envy or hostility toward the man for his restored potency. The physician should initiate a discussion of the couple's thoughts and feelings about the prescribed tasks and an exploration of any resistance to carrying out the tasks. For persisting disharmony and overt conflict, referral should be made for marital therapy.

Premature ejaculation—When a lack of adequate control of the ejaculatory mechanism occurs, the man's climax is reached so rapidly that lovemaking is unsatisfactory for both partners.

The cause may be emotional conditioning (e.g., too rapid, secretive lovemaking) or lack of perception of the sensation of impending ejaculation, or "ejaculatory inevitability." Performance anxiety again contributes to the underlying problem.

Treatment—Treatment for premature ejaculation is relatively simple and usually quite successful. The couple is instructed in the "start-stop" technique, which requires that the female manually stimulate the male to erection and stop when the ejaculatory urge is first felt. When the erection subsides she repeats the procedure, again stopping as soon as the ejaculatory urge is felt.

Because the female partner is so supportive, the male is relieved of the pressure to perform. The procedure is repeated four or five times, and then extravaginal ejaculation is allowed. After four or five similar sessions on a series of days, coitus is attempted with the woman in the female-superior position. Using the start-stop technique, she interrupts movements when the man feels the urge for ejaculation. This is repeated three or four times and then male thrusting and ejaculation is allowed. In this way ejaculatory control is gradually learned.

The "squeeze technique" is an alternative method recommended by Masters and Johnson for treatment of premature ejaculation. Rather than stopping the manual or vaginal stimulation when ejaculation is impending, the woman grasps the erect penis between her forefingers and thumb just below the glans and squeezes firmly until the male loses most the the erection. She then resumes stimulation. The procedures are repeated as with the start-stop technique.

Retarded ejaculation—The continuity of the bi-phasic or two stage nature of sexual response breaks down when ejaculation is retarded. The first stage, erection, is obtained with no difficulty but the second stage, ejaculation, is not reached even when coitus is prolonged for one or more hours.

Diagnosis—Retarded ejaculation is less common than impotence and is rarely due to organic illness. The exceptions are diseases of the neurologic system, in which reflex erection is preserved but ejaculation is lost, and the use of certain drugs which affect the adrenergic mechanism controlling the emission phase of ejaculation, as in the case of "dry ejaculation" resulting from use of thioridazine (Mellaril). Some antihypertensive drugs may also impair ejaculation.

Retarded ejaculation is usually characterized by a deep-seated emotional problem of "letting go" or by over control of the ejaculatory reflex. Occasionally retarded ejaculation is a result of concern of impregnating the partner and as such is present only during coitus and not during other forms of sexual play or masturbation. A rare form of this condition is seen in patients who have never experienced orgasm by any means but who have normal erections.

Treatment—The treatment of retarded ejaculation requires gradual desensitization of the male to ejaculation in the presence of the female partner, first by masturbation with the use of erotic fantasies or literature and then by experiencing erotic fantasies while the female manually or orally stimulates him.

When ejaculation is achieved successfully by these two methods, the patient is stimulated to impending orgasm by the woman and directed to enter the vagina just as he is about to ejaculate. If he is unable to ejaculate or loses his erection, manual stimulation is resumed until the point of orgasm, when vaginal insertion is again attempted. Eventually the patient is able to enter the vagina and achieve intravaginal orgasm with progressively less stimulation.

In summary, in evaluating male sexual dysfunctions, the physician must be aware of the organic causes of the disorder as well as the emotional determinants of sexual performance anxiety, conflict, and lack of sexual information. Treatment of the disorder may then require medical therapy or assignment of sexual tasks to relieve the dysfunction, or referral for marital therapy if the disorder persists. □

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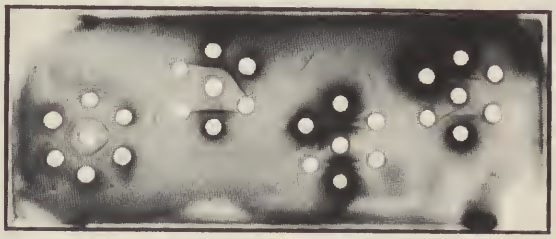

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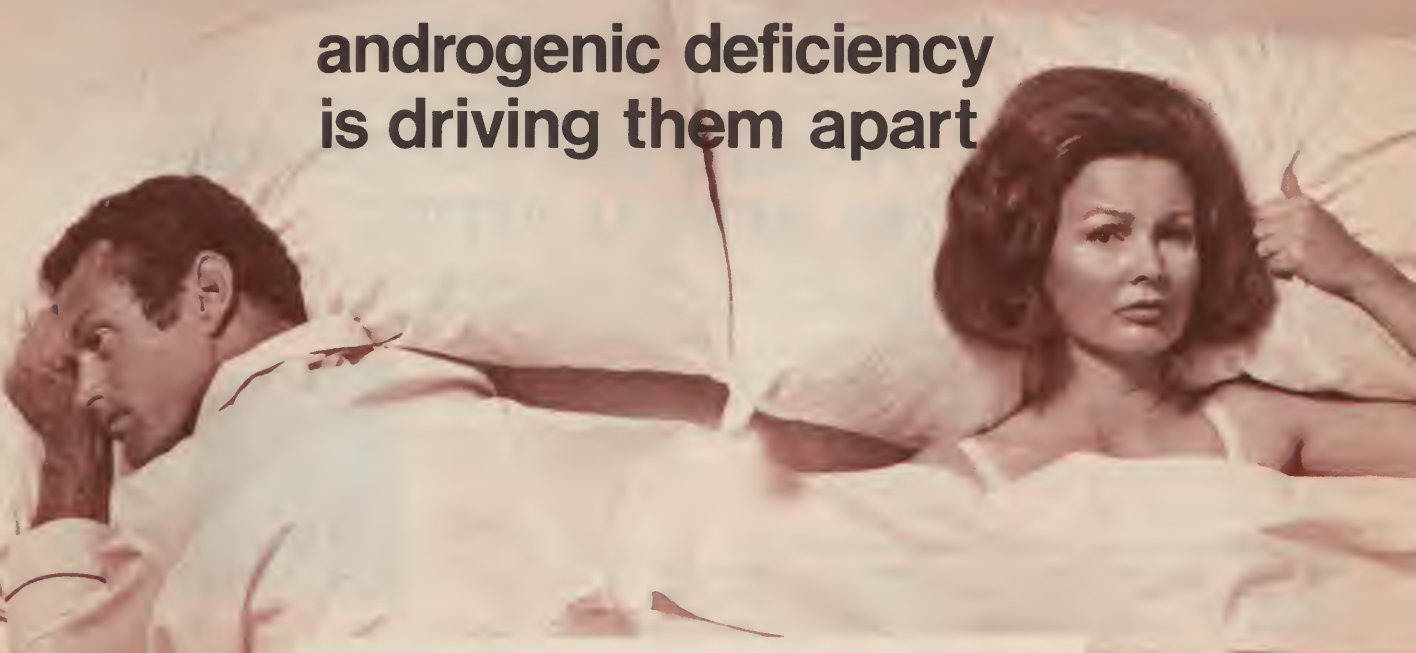

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* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25 (methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptochidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **REFERENCE: Robert B. Greenblatt, M.D.,** and **D. H. Perez, M.D.:** "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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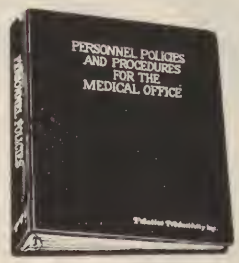

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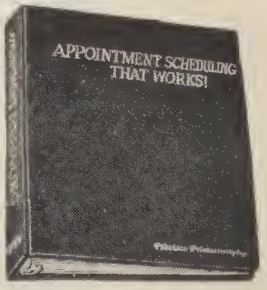

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PRESIDENT-ELECT—Frank P. Castrina, Jr., M.D.—313 South Hanover Street, Carlisle, Pennsylvania 17013 (717) 249-1929.
SECRETARY/TREASURER—Herbert C. Perlman, M.D.—1104 Fleetwood Drive, Carlisle, Pennsylvania 17013 (717) 243-5925.

DAUPHIN COUNTY

PRESIDENT—Bernard M. Margolis, M.D.—4601 Devonshire Road, Harrisburg, Pennsylvania 17109 (717) 652-2224.
PRESIDENT-ELECT—Thomas F. Fletcher, Jr., M.D.—Harrisburg Hospital, Harrisburg, Pennsylvania 17101 (717) 782-3200.
SECRETARY/TREASURER—David A. Smith, M.D.—Polyclinic Med. Ctr., Harrisburg, Pennsylvania 17105 (717) 782-4130.
EXECUTIVE SECRETARY—Mr. William B. Harlan—Suite 105 Telegraph Building, Harrisburg, Pennsylvania 17101 (717) 234-1678.

DELAWARE COUNTY

PRESIDENT—Hunter S. Neal, M.D.—Suite 312, Lankenau Medical Building, Philadelphia, Pennsylvania 19151 (215) MI2-0955.
PRESIDENT-ELECT—W. William Nagle, M.D.—Providence and Evans Roads, Media, Pennsylvania 19063 (215) LO6-2080.
SECRETARY—Wallace O. Lecher, Jr., M.D.—Box 70, R.D. #3, Glen Mills, Pennsylvania 19342 (215) GL9-0474.
TREASURER—Samuel D. Allen, M.D.—2235 Garrett Road, Drexel Hill, Pennsylvania 19026 (215) CL9-3000.
EXECUTIVE SECRETARY—Mr. John Kotik—28 North Lansdowne Avenue, Lansdowne, Pennsylvania 19050 (215) CL9-3833.
PUBLICATION—The Bulletin of the Delaware County Medical Society.
EDITOR—Rocco I. DeProphetis, M.D.—225 East 24th Street, Chester, Pennsylvania 19013 (215) TR2-2366.

ELK-CAMERON COUNTY

PRESIDENT—John Delich, M.D.—Andrew Kaul Memorial Hospital, St. Mary's, Pennsylvania 15857 (814) 781-7500.
VICE PRESIDENT—William W. Thompson, M.D.—107 Center Street, Ridgway, Pennsylvania 15853 (814) 772-3841.
SECRETARY/TREASURER—Chau-Hsiung Wu, M.D.—516 Market Street, Johnsonburg, Pennsylvania 15845 (814) 965-2516.

ERIE COUNTY

PRESIDENT—Douglas B. Nagle, Jr., M.D.—104 East Second Street, Fifth Floor, Erie, Pennsylvania 16507 (814) 459-5000.
PRESIDENT-ELECT—Paul W. Layden, M.D.—1611 Peach Street, Erie, Pennsylvania 16508 (814) 454-2401.
SECRETARY—Joseph H. Carter, M.D.—816 Hilltop Road, Erie, Pennsylvania 16509 (814) 455-6711.
TREASURER—John H. Petre, M.D.—Four East Second Street, Erie, Pennsylvania 16507 (814) 455-6711.
EXECUTIVE SECRETARY—Robert B. Stuart, M.D.—1565 West 38th Street, Erie, Pennsylvania 16508 (814) 864-1765.
PUBLICATION—The Stethoscope.
EDITOR—William F. Brereton, M.D.—104 East Second Street, Fifth Floor, Erie, Pennsylvania 16507 (814) 459-5000.

FAYETTE COUNTY

PRESIDENT—Cataldo F. Corrado, Jr., M.D.—86 Connor Street, Uniontown, Pennsylvania 15401 (412) 439-3048.
PRESIDENT-ELECT—Roldan G. Medina, M.D.—304-D Morgantown Street, Uniontown, Pennsylvania 15401 (412) 439-2050.
SECRETARY/TREASURER—Gertrude Blumenschein, M.D.—105 Medical Arts Building, Uniontown, Pennsylvania 15401 (412) 437-1539.
EXECUTIVE SECRETARY—Mr. Walter A. Lion, Jr.—30 Delaware Avenue, Uniontown, Pennsylvania 15401 (412) 437-7565.
PUBLICATION—Fayette County Mirror.
EDITOR—Phillip E. Reilly, M.D.—125 Belmont Circle, Uniontown, Pennsylvania 15401 (412) 437-9328.

FRANKLIN COUNTY

PRESIDENT—George W. Baker, Jr., M.D.—130 East Main Street, Fayetteville, Pennsylvania 17222 (717) 352-3463.
PRESIDENT-ELECT—James K. VanKirk, M.D.—634 Lincoln Way East, Chambersburg, Pennsylvania 17201 (717) 264-6185.
SECRETARY—Thomas P. Davis, M.D.—704 Philadelphia Avenue, Chambersburg, Pennsylvania 17201 (717) 264-4997.
TREASURER—William A. Freeman, M.D.—P.O. Box 130, Shippensburg, Pennsylvania 17257 (717) 532-4148.

GREENE COUNTY

PRESIDENT—Arthur J. Patterson, M.D.—223 East High Street, Waynesburg, Pennsylvania 15370 (412) 627-5474.
PRESIDENT-ELECT—Stanley L. Falor, M.D.—151 South Porter Street, Waynesburg, Pennsylvania 15370 (412) 627-3101.
SECRETARY/TREASURER—Arthur J. Patterson, M.D.—223 East High Street, Waynesburg, Pennsylvania 15370 (412) 627-5474.

HUNTINGDON COUNTY

PRESIDENT—Charles R. Reiners, M.D.—Bryan Street, Huntingdon, Pennsylvania 16652 (814) 643-4876.
SECRETARY—Thomas R. Meloy, M.D.—803 Washington Street, Huntingdon, Pennsylvania 16652 (814) 643-3460.

INDIANA COUNTY

PRESIDENT—Michael J. Cavoto, M.D.—590 Indian Springs Road, Indiana, Pennsylvania 15701 (412) 465-2636.
PRESIDENT-ELECT—Anan K. Laorr, M.D.—1177 South Sixth Street, Indiana, Pennsylvania 15701 (412) 349-1414.
SECRETARY—David C. Hughes, M.D.—1047 Lilac Street, Indiana, Pennsylvania 15701 (412) 465-1946.
TREASURER—Chester T. Kauffman, M.D.—49 North Seventh Street, Indiana, Pennsylvania 15701 (412) 463-9258.

JEFFERSON COUNTY

PRESIDENT—Rodger B. Haglund, M.D.—DuBois Hospital, DuBois, Pennsylvania 15801 (814) 371-7093.
PRESIDENT-ELECT—Richard Thames, D.O.—105 West Mahoning Street, Punxsutawney, Pennsylvania 15767 (814) 938-9550.
SECRETARY/TREASURER—Clifford B. Lull, Jr., M.D.—100 Carmalt Ave., Punxsutawney, Pennsylvania 15767 (814) 371-8358.
EXECUTIVE SECRETARY—Mrs. Wilma Carlson—617 Maple Street, Brockway, Pennsylvania 15824 (814) 371-1801.

LACKAWANNA COUNTY

PRESIDENT—Stanley W. Boland, M.D.—Noble Road, Clarks Summit, Pennsylvania 18411 (717) 587-5186.
PRESIDENT-ELECT—Charles J. Bannon, M.D.—Medical Arts Building, Scranton, Pennsylvania 18505 (717) 344-1231.
SECRETARY/TREASURER—William A. Black, Jr., M.D.—Scranton Life Building, Scranton, Pennsylvania 18503 (717) 961-2469.
EXECUTIVE DIRECTOR—Warren C. Smith—104 Medical Arts Bldg., Scranton, Pennsylvania 18503 (717) 344-3616

LANCASTER COUNTY

PRESIDENT—John L. Farmer, M.D.—571 West Lemon Street, Lancaster, Pennsylvania 17603 (717) 397-6257.
PRESIDENT-ELECT—Joseph L. Eckenrode, M.D.—834 Marietta Avenue, Lancaster, Pennsylvania 17603 (717) 394-4169.
SECRETARY/TREASURER—Roland A. Loeb, M.D.—Box 1724, Lancaster, Pennsylvania 17604 (717) 394-7234.
EXECUTIVE SECRETARY—Mrs. Janice C. Dunlevy—139 East Walnut Street, Lancaster, Pennsylvania 17602 (717) 393-9588.
PUBLICATION—Lancaster Medicine.
EDITOR—Victor E. Agusta, M.D.—620 North Duke Street, Lancaster, Pennsylvania 17607 (717) 393-1771.

LAWRENCE COUNTY

PRESIDENT—Ludwig R. Koukal, M.D.—11 Fruitland Drive, New Castle, Pennsylvania 16101 (412) 658-9001.
PRESIDENT-ELECT—Eugene G. Isidro, M.D.—Jameson Memorial Hospital, New Castle, Pennsylvania 16101 (412) 658-9001.
SECRETARY—Frank J. Altomare, Jr., M.D.—2563 Blossom Lane, New Castle, Pennsylvania 16105 (412) 658-3511.
TREASURER—Thomas R. Uber, M.D.—329 Temple Building, New Castle, Pennsylvania 16101 (412) 658-4791.

LEBANON COUNTY

PRESIDENT—John R. Groh, M.D.—R.D. #5, Box 230, Lebanon Pennsylvania 17042 (717) 273-8521.
PRESIDENT-ELECT—Robert G. Heisey, M.D.—Third and Willow Streets, Lebanon, Pennsylvania 17042 (717) 273-8835.
SECRETARY—William A. Shaver, M.D.—618 Cornwall Road, Lebanon, Pennsylvania 17042 (717) 273-3758.
TREASURER—John A. Bamberger, M.D.—621 Chestnut Street, Lebanon, Pennsylvania 17042 (717) 272-8932.

LEHIGH COUNTY

PRESIDENT—Indru T. Khubchandani, M.D.—17th and Liberty Streets, Allentown, Pennsylvania 18104 (215) 433-7571.
PRESIDENT-ELECT—David A. Tilly, M.D.—1746 Allen Street, Allentown, Pennsylvania 18104 (215) 433-3143.
SECRETARY—Walter J. Dex, M.D.—17th and Chew Streets, Allentown, Pennsylvania 18104 (215) 967-3184.
TREASURER—David O. Williams, M.D.—2200 Hamilton Street, Allentown, Pennsylvania 18104 (215) 433-5777.
EXECUTIVE SECRETARY—Mr. Robert R. Parsons—335 North Eighth Street, Allentown, Pennsylvania 18102 (215) 437-2288.
PUBLICATION—The Dr.
EDITOR—Mr. Robert P. Parsons—335 North Eighth Street, Allentown, Pennsylvania 18102 (215) 437-2288.

LUZERNE COUNTY

PRESIDENT—Joseph W. Ehrhart, M.D.—1174 Wyoming Avenue, Forty-Fort, Pennsylvania 18704 (717) 287-6550.
PRESIDENT-ELECT—James G. Galante, M.D.—444 River Street, Forty-Fort, Pennsylvania 18704 (717) 288-3640.
SECRETARY—George E. Hudock, Jr., M.D.—130 South Franklin Street, Wilkes-Barre, Pennsylvania 18701 (717) 824-4621.
TREASURER—Stanley C. Ushinski, M.D.—275 Pierce Street, Kingston, Pennsylvania 18704 (717) 288-8401.
EXECUTIVE SECRETARY—Mrs. Leona O. Franey—130 South Franklin Street, Wilkes-Barre, Pennsylvania 18701 (717) 823-0917.
PUBLICATION—The Bulletin.
EDITOR—Edward R. Janjigian, M.D.—22 Pierce Street, Kingston, Pennsylvania 18704 (717) 287-8331.

LYCOMING COUNTY

PRESIDENT—Galal M. Ahmed, M.D.—Divine Providence Hospital, Williamsport, Pennsylvania 17701 (717) 326-8167.
PRESIDENT-ELECT—Charles F. Cipolla, M.D.—201 East Third Street, Williamsport, Pennsylvania 17701 (717) 322-7210.
SECRETARY—Harry L. Manning, M.D.—699 Rural Avenue, Williamsport, Pennsylvania 17701 (717) 323-8423.
TREASURER—Donald E. Shearer, M.D.—217 Broad Street, Montoursville, Pennsylvania 17754 (717) 368-2296.
EXECUTIVE SECRETARY—Mr. Paul P. John—777 Rural Avenue, Williamsport, Pennsylvania 17701 (717) 323-3786.
PUBLICATION—Lycoming Medicine.
EDITOR—Richard B. Tobias, M.D.—1615 Riverside Drive, Williamsport, Pennsylvania 17701 (717) 323-2009.

MCKEAN COUNTY

PRESIDENT—Thomas Logio, M.D.—Two Thompson Pike, Kane, Pennsylvania 16735 (814) 837-8888.
PRESIDENT-ELECT—S. Gordon Huff, M.D.—Suite 406, Hooker-Fulton Building, 125 Main Street, Bradford, Pennsylvania 16701 (814) 368-7154.
SECRETARY—Thomas J. Burkart, M.D.—Bradford Hospital, Bradford, Pennsylvania 16701 (814) 368-4143.
TREASURER—Robert P. Krall, M.D.—47 Elm Street, Eldred, Pennsylvania 16731 (814) 255-4640.

MERCER COUNTY

PRESIDENT—Theodore L. Yarboro, M.D.—755 Division Street, Sharon, Pennsylvania 16146 (412) 346-4124.
PRESIDENT-ELECT—Matthew G. Brown, M.D.—32 Jefferson Avenue, Sharon, Pennsylvania 16146 (412) 342-0660.
SECRETARY/TREASURER—Robert W. Allen, M.D.—32 Jefferson Avenue, Medical Arts Building, Sharon, Pennsylvania 16146 (412) 981-6732.

MIFFLIN-JUNIATA COUNTY

PRESIDENT—Daniel K. Creighton, Jr., M.D.—101 North Main Street, Lewistown, Pennsylvania 17044 (717) 248-7841.
VICE PRESIDENT—Earl R. Walter, M.D.—South Main Street, Box 428, Milroy, Pennsylvania 17063 (717) 667-2312.
SECRETARY—Donald E. Basom, M.D.—Emergency Room, Lewistown Hospital, Lewistown, Pennsylvania 17044 (717) 463-1781.
TREASURER—Stephen J. Marthouse, M.D.—134 Highland Avenue, Lewistown, Pennsylvania 17044 (717) 248-3844.

MONROE COUNTY

PRESIDENT—Francis A. Gruszka, M.D.—General Hospital of Monroe County, East Stroudsburg, Pennsylvania 18301 (717) 421-4000.
SECRETARY/TREASURER—John G. Kauderer, Jr., M.D.—239 East Brown Street, East Stroudsburg, Pennsylvania 18301 (717) 421-3872.

MONTGOMERY COUNTY

PRESIDENT—John C. Maerz, M.D.—301 Smith Road, R.D. #1, Schwenksville, Pennsylvania 19473 (215) VE6-4500.
PRESIDENT-ELECT—Harold J. Byron, M.D.—Wyncote House, Wyncote, Pennsylvania 19095 (215) 277-5600.
SECRETARY—Alan L. Dorian, M.D.—1308 DeKalb Street, Norristown, Pennsylvania 19401 (215) 279-8686.
TREASURER—Joseph L. Hunsberger, M.D.—1501 DeKalb Street, Norristown, Pennsylvania 19401 (215) 272-2050.

EXECUTIVE SECRETARY—Mr. Arthur Whitehair—1529 DeKalb Street, Norristown, Pennsylvania, 19401 (215) 277-3690.
PUBLICATION—The Medical Bulletin.
EDITOR—Samuel S. Faris, II, M.D.—239 North Easton Road, Glenside, Pennsylvania 19038 (215) TU4-7328.

MONTOUR COUNTY

PRESIDENT—John J. Dennehy, M.D.—Geisinger Medical Center, Danville, Pennsylvania 17821 (717) 275-6048.
PRESIDENT-ELECT—Ellsworth Browneller, M.D.—Geisinger Medical Center, Danville, Pennsylvania 17821 (717) 275-6453.
SECRETARY/TREASURER—Frederick G. Brown, M.D.—Geisinger Medical Center, Danville, Pennsylvania 17821 (717) 275-6393.

NORTHAMPTON COUNTY

PRESIDENT—George B. Laubach, M.D.—1846 Freemansburg Avenue, Easton, Pennsylvania 18042 (215) 253-4444.
PRESIDENT-ELECT—Harry G. Light, M.D.—65 East Elizabeth Avenue, Easton, Pennsylvania 18042 (215) 866-0977.
SECRETARY—John H. Hobart, M.D.—2001 Fairview Avenue, Easton, Pennsylvania 18042 (215) 258-9131.
TREASURER—Walter K. Peters, M.D.—Bethlehem Steel Medical Center, Bethlehem, Pennsylvania 18018 (215) 867-9017.
EXECUTIVE SECRETARY—Mr. William H. Kilpatrick—788 Redfern Lane, Bethlehem, Pennsylvania 18017 (215) 865-2900.
PUBLICATION—The Bulletin of the Northampton County Medical Society.
EDITOR—Mr. William H. Kilpatrick—788 Redfern Lane, Bethlehem, Pennsylvania 18017 (215) 865-2900.

NORTHUMBERLAND COUNTY

PRESIDENT—Joseph M. Sienkiewicz, M.D.—50 North Maple Street, Mt. Carmel, Pennsylvania 17851 (717) 339-4010.
PRESIDENT-ELECT—Dorothy G. Wilson, M.D.—330 North 12th Street, Sunbury, Pennsylvania 17801 (717) 286-1903.
SECRETARY—Winfield S. Gibbs, M.D.—1122 Market Street, Sunbury, Pennsylvania 17801 (717) 286-7586.
TREASURER—Ahmed Mazandarani, M.D.—Sunbury Community Hospital, Sunbury, Pennsylvania 17801 (717) 286-5811.
PUBLICATION—Northumberland County Medical Society Notes.
EDITOR—Winfield S. Gibbs, M.D.—1122 Market Street, Sunbury, Pennsylvania 17801 (717) 286-7586.

PERRY COUNTY

PRESIDENT—Paul Karlik, Jr., M.D.—207 High Street, Duncannon, Pennsylvania 17020 (717) 834-3525.
PRESIDENT-ELECT—William H. Magill, M.D.—Two South Fourth Street, Newport, Pennsylvania 17074 (717) 567-3151.
SECRETARY/TREASURER—O. K. Stephenson, M.D.—East Main Street, New Bloomfield, Pennsylvania 17068 (717) 582-2626.

PHILADELPHIA COUNTY

PRESIDENT—Charles R. Shuman, M.D.—3401 North Broad Street, Philadelphia, Pennsylvania 19140 (215) 221-3563.
PRESIDENT-ELECT—John Helwig, Jr., M.D.—Germantown Hospital & Dispensary East Penn & East Wistar Streets, Philadelphia, Pennsylvania 19144 (215) GE8-4944.
SECRETARY—Edward J. Resnick, M.D.—3401 North Broad Street, Philadelphia, Pennsylvania 19140 (215) BA9-0100.
TREASURER—Peter A. Theodos, M.D.—1930 Chestnut Street, Philadelphia, Pennsylvania 19103 (215) LO7-6210.
EXECUTIVE DIRECTOR—Mr. Richard M. Nelson—2100 Spring Garden Street, Philadelphia, Pennsylvania 19130 (215) LO3-5343.
ASSISTANT EXECUTIVE DIR—Mrs. Peggy Larcombe—2100 Spring Garden Street, Philadelphia, Pennsylvania 19130 (215) LO3-5343.
ASSOC. EXECUTIVE DIR—Mrs. Larry A. Lyons—2100 Spring Garden Street, Philadelphia, Pennsylvania 19130 (215) LO3-5343.
PUBLICATION—Philadelphia Medicine.
EDITOR—William Weiss, Jr., M.D.—3912 Netherfield Road, Philadelphia, Pennsylvania 19129 (215) 563-5343.

POTTER COUNTY

PRESIDENT—George C. Poore, M.D.—Mapleview Health Center, Coudersport, Pennsylvania 16915 (814) 274-8626.
SECRETARY/TREASURER—George C. Mosch, M.D.—Box 74, Coudersport, Pennsylvania, 16914 (814) 274-8450.

SCHUYLKILL COUNTY

PRESIDENT—Arthur N. DiNicola, M.D.—28 Sunbury Street, Minersville, Pennsylvania 17954 (717) 544-5555.
SECRETARY—Richard P. Bindie, M.D.—150 Avenue "D," Schuylkill Haven, Pennsylvania 17972 (717) 385-2494.
TREASURER—Gabriel M. Lizak, M.D.—415 West Market Street, Pottsville, Pennsylvania 17901 (717) 622-7803.
PUBLICATION—The Bulletin.
EDITOR—Leonard J. Tananis, M.D.—610 Market Street, Pottsville, Pennsylvania 17901 (717) 622-5081.

SOMERSET COUNTY

PRESIDENT—Leonard S. Tensuan, Jr., M.D.—Mary Street, Somerset, Pennsylvania 15501 (814) 445-8344.
PRESIDENT-ELECT—Ross St. Clair Rumbaugh, M.D.—131 Meyers Avenue, Meyersdale, Pennsylvania 15552 (814) 634-0616.
SECRETARY/TREASURER—Edwin M. Price, M.D.—612 Logan Place, Confluence, Pennsylvania 15424 (814) 395-3115.

SUSQUEHANNA COUNTY

PRESIDENT—Paul B. Kerr, M.D.—One Grow Avenue, Montrose, Pennsylvania 18801 (717) 278-3801.
SECRETARY/TREASURER—John C. Cavender, M.D.—Hop Bottom, Pennsylvania 18824 (717) 289-4444.

TIOGA COUNTY

PRESIDENT—William P. Reich, M.D.—Pathology Department, Soldiers and Sailors Memorial Hospital, Wellsboro, Pennsylvania 16901 (717) 724-1631.
PRESIDENT-ELECT—Frank A. Thomas, M.D.—24 Walnut Street, Wellsboro, Pennsylvania 16901 (717) 724-3744.
SECRETARY/TREASURER—David F. Gillum, M.D.—114 East Avenue, Wellsboro, Pennsylvania 16901 (717) 724-4704.

UNION COUNTY

PRESIDENT—Thomas O. Savidge, M.D.—R.D. #1, Lewisburg, Pennsylvania, 17837 (717) 523-1185.
PRESIDENT-ELECT—George W. Rinck, II, M.D.—126 East Main Street, Middleburg, Pennsylvania 17842 (717) 837-2601.
SECRETARY—Irving Williams, III, M.D.—College Park, Lewisburg, Pennsylvania 17837 (717) 523-1142.
TREASURER—John W. Arbogast, Jr., M.D.—Three Hospital Drive, Lewisburg, Pennsylvania 17837 (717) 524-0230.
EXECUTIVE SECRETARY—Mr. Paul P. John—777 Rural Avenue, Williamsport, Pennsylvania 17701 (717) 323-3786.

VENANGO COUNTY

PRESIDENT—Phillip S. LaVerde, M.D.—174 East Bissell Avenue, Oil City, Pennsylvania 16301 (814) 676-8586.
VICE PRESIDENT—James J. Houser, M.D.—150 Prospect Avenue, Franklin, Pennsylvania 16323 (814) 437-5776.
SECRETARY/TREASURER—Robert M. Pilewski, M.D.—122 West First Street, Oil City, Pennsylvania 16301 (814) 676-8571.

WARREN COUNTY

PRESIDENT—Ronald W. Simonsen, M.D.—341 Bird Avenue, Warren, Pennsylvania 16365 (814) 726-0211.
PRESIDENT-ELECT—Albert J. Turbessi, M.D.—316 Conewango Avenue, Warren, Pennsylvania 16365 (814) 723-1212.
SECRETARY—Ross E. Bryan, Jr., M.D.—514 Third Avenue, Warren, Pennsylvania 16365 (814) 723-7200.
TREASURER—Julius W. Berta, M.D.—1030 East Fifth Avenue Ext., Warren, Pennsylvania 16365 (814) 723-3300.
PUBLICATION—The Bulletin.
EDITOR—Raymond E. Lowe, M.D.—514 Third Avenue W., Warren, Pennsylvania 16365 (814) 723-2550.

WASHINGTON COUNTY

PRESIDENT—S. Charles Badiali, M.D.—829 Jefferson Avenue, Washington, Pennsylvania 15301 (412) 222-5778.
PRESIDENT-ELECT—John F. Weldon, M.D.—51 Craven Drive, Charleroi, Pennsylvania 15022 (412) 258-4800.
SECRETARY/TREASURER—Jon S. Adler, M.D.—530 Robinhood Lane, McMurray, Pennsylvania 15317 (412) 222-5778.
EXECUTIVE SECRETARY—Mrs. Edyth T. Upson—404 Washington Trust Building, Washington, Pennsylvania 15301 (412) 222-1400.
PUBLICATION—The Medical Bulletin.
EDITOR—Ernest L. Abernathy, M.D.—1086 North Main Street, Washington, Pennsylvania 15301 (412) 225-4423.

WAYNE-PIKE COUNTY

PRESIDENT—Marilyn T. Pardine, M.D.—404 Keystone Avenue, Hawley, Pennsylvania 18428 (717) 253-4535.
SECRETARY/TREASURER—Harry D. Propst, M.D.—505 High Street, Honesdale, Pennsylvania 18431 (717) 253-2620.

WESTMORELAND COUNTY

PRESIDENT—Richard M. Doncaster, M.D.—904 Kunkle Avenue, Greensburg, Pennsylvania 15601 (412) 523-8901.
PRESIDENT-ELECT—Eugene W. Herron, M.D.—5832 Lincoln Avenue, Export, Pennsylvania 15632 (412) 327-1180.
SECRETARY—Donald C. Brown, M.D.—Irwin Professional Center, 100 Pennsylvania Avenue, Irwin, Pennsylvania 15642 (412) 864-5759.
TREASURER—Joseph F. Bucci, M.D.—305 Everson Avenue, Scottdale, Pennsylvania 15683 (412) 887-7051.
EXECUTIVE SECRETARY—Mrs. Carolyn Gilchrest—105 Professional Building, Greensburg, Pennsylvania 15601 (412) 837-5050.
OFFICE MANAGER—Mrs. Margaret Walor—105 Professional Building, Greensburg, Pennsylvania 15601 (412) 837-5050.
PUBLICATION—The Bulletin.
EDITOR—Ray G. Sarver, M.D.—1100 Ligonier Street, Latrobe, Pennsylvania 15650 (412) 539-3535.

WYOMING COUNTY

PRESIDENT—Ernest R. Gerfin, M.D.—Tyler Memorial Hospital, Tunkhannock, Pennsylvania 18657 (717) 836-2161.
VICE PRESIDENT—John F. McIntyre, M.D.—R.D. #1, Tunkhannock, Pennsylvania 18657 (717) 836-2121.
SECRETARY/TREASURER—Clarance M. Mast, M.D.—106 East Main Street, Laceyville, Pennsylvania 18623 (717) 869-1244.

YORK COUNTY

PRESIDENT—J. Joseph Danyo, M.D.—908 South George Street, York, Pennsylvania 17403 (717) 845-2666.
PRESIDENT-ELECT—Kenneth Ehrhart, M.D.—Hanover Hospital, Hanover, Pennsylvania 17331 (717) 637-3711.
SECRETARY—John P. Whiteley, M.D.—York Hospital, York, Pennsylvania 17405 (717) 771-2424.
TREASURER—Robert M. Davis, M.D.—Five Rathton Road, York, Pennsylvania 17403 (717) 854-9115.
EXECUTIVE SECRETARY—Mrs. Kathryn M. Fourhman—P.O. Box 1014, York, Pennsylvania 17405 (717) 845-1095.
PUBLICATION—The Bulletin.
EDITOR—Michael J. Prendergast, M.D.—930 Upland Road, York, Pennsylvania 17403 (717) 843-8378.

The Roster is coded with specialty information in the Component County Society section. The abbreviation which appears to the right of the physician's name is the specialty code. These codes and the specialties which they represent along with the approximate number in each specialty are as follows:

AN	Anesthesiology	534
CRS	Colon-Rectal Surgery	37
D	Dermatology	184
FP	Family Practice	3267
GS	General Surgery	1256
IM	Internal Medicine	2350
NS	Neurological Surgery	109
N	Neurology	117
OBG	Obstetrics-Gynecology	969
OPH	Ophthalmology	547
ORS	Orthopedic Surgery	451
OTO	Otolaryngology	338
PTH	Pathology	388
PD	Pediatrics	626
PM	Physical Medicine-Rehabilitation	79
PS	Plastic Surgery	86
PRM	Preventive Medicine	112
P	Psychiatry	783
R	Radiology	786
TS	Thoracic Surgery	116
U	Urology	327
OS	Other Specialty (not recognized)	74
US	Unspecified-Retired	242
	Total Membership Count	13778

THIS SPECIALTY INFORMATION WAS SUPPLIED FROM AMA RECORDS OR BY THE PHYSICIAN PERSONALLY AND DOES NOT NECESSARILY IMPLY BOARD CERTIFICATION IN THE SPECIALTY.

COMPONENT COUNTY SOCIETY

Adams County

ALCARO MD, JOS F OTO
WARNER HOSPITAL GETTYSBURG PA 17325
ALLISON MO, JAMES H FP
508 S WASHINGTDN ST GETTYSBURG PA 17325
BARANSKI MD, EDWARO J GS
WARNER COUNTY HOSP GETTYSBURG PA 17325
BECKMAN MD, WILLIAM R FP
RO 2 BOX 119 FAIRFIELD PA 17320
BEVILACQUA MO, OANIEL F OPH
131 CARLISLE ST GETTYSBURG PA 17325
BIKLE MO, H OWIGHT AN
915 FAIRVIEW AVE GETTYSBURG PA 17325
BOYER MO, JOHN L R
453 S WASHINGTDN ST GETTYSBURG PA 17325
CLOSSDN MO, HARDLO D DS
7 W BROADWAY GETTYSBURG PA 17325
OOO MO, GERALO K GS
560 HILLCREST PL GETTYSBURG PA 17325
OUNKELBERGER MO, JDHN A OTO
427 HARRISBURG ST GETTYSBURG PA 17325
GRASMICK MO, ALBERT L FP
110 BERLIN AVE NEW OXFORO PA 17350
HALE MO, RAYMOND M FP
BDX 215 ARENOTSVILLE PA 17303
HAMMETT MO, JAMES H FP
RD 1 FAIRFIELO PA 17320
HAND MO, HARDLD R FP
508 S WASHINGTON ST GETTYSBURG PA 17325
HARBACH MO, HARRISDN F FP
525 W MIOOLE ST GETTYSBURG PA 17325
JDHNSDN MO, C HAROLO IM
31 S WASHINGTON ST GETTYSBURG PA 17325
JONES MD, BYRDN C FP
BENOERSVILLE PA 17306
KAGUYUTAN MO, ALFREOO G DBG
450 S WASHINGTON ST GETTYSBURG PA 17325
KAGUYUTAN MO, OFELIA O PO
450 S WASHINGTON ST GETTYSBURG PA 17325
KRABLIN MO, RONALD IM
WARNER HOSPITAL GETTYSBURG PA 17325
LEFEVER MO, RDBT S FP
60 YDRK ST GETTYSBURG PA 17325
MAITLANO MD, LEAH A FP
50 MAPLE AVE LITTLESTDWN PA 17340
MCAROLE MO, GILBERT C GS
453 S WASHINGTON ST GETTYSBURG PA 17325
MCARDLE MO, M JACQUELYN IM
RD 6 GETTYSBURG PA 17325
MONSOUR MD, ROY E FP
BOX 108 RO 4 GETTYSBURG PA 17325
MOUNTAIN JR MO, WALTER S OTO
69 W MIOOLE ST GETTYSBURG PA 17325
PETRO MO, JANE A GS
453 S WASHINGTON ST GETTYSBURG PA 17325
PIFER MO, PAUL W DBG
ANNIE WARNER HDSP GETTYSBURG PA 17325
PISULA JR MO, VINCENT P GS
2 CHARLES CTR HANOVER PA 17331
POTTER MO, LEONARO L FP
12 W KING ST LITTLESTOWN PA 17340
RAOSMA MO, DDUWE L FP
571 W MIOOLE ST GETTYSBURG PA 17325
RESTAK MO, LEWIS J OBG
228 FREOERICK ST HANOVER PA 17331
ROOS MO, LEON FP
EAST BERLIN PA 17316
SHEELY MD, RAYMOND F IM
267 BALTIMORE ST GETTYSBURG PA 17325
SDLDMON MO, SDLOMON O OBG
CHERRYTREE LANE SHREWSBURY PA 17361
STERRETT MO, W NORTH FP
ARENOTSVILLE PA 17303
STONER MO, OAVID C FP
R O B GETTYSBURG PA 17325
STRITE JR MO, JAMES A ORS
453 S WASHINGTON ST GETTYSBURG PA 17325
WATSON MO, MELVIN E PO
220 POTOMAC AVE HANOVER PA 17331
WILLIAMS MO, CHAS R FP
508 S WASHINGTON ST GETTYSBURG PA 17325
WOOO MO, MARY E FP
20 E HIGH ST GETTYSBURG PA 17325

Allegheny County

AARDNS MD, JEROME H IM
MAGEE HOSP PITTSBURGH PA 15213
ABERN MO, STEVEN B PD
800 CARRIAGE RO PITTSBURGH PA 15220
ABOULEISH MO, EZZAT I US
MAGEE-WOMENS HOSP PITTSBURGH PA 15213
ABRAMS MO, FRANK IM
497B SENTINEL DRIVE BETHESOA MO 20016
ABURANO MO, AKIO PTH
MERCY HOSP PITTSBURGH PA 15219
AOATEPE MD, MUSTAFA H R
2490 HITCHING POST OR ALLISON PARK PA 15101
ADKINS MO, JOHN C GS
125 OESOTO ST PITTSBURGH PA 15213
AOLER MO, LAWRENCE N IM
3347 FORBES AVE PITTSBURGH PA 15213
AGARWAL MO, AMRIT IM
122 ODWLING OR PITTSBURGH PA 15215
AGRAWAL MO, RADESHYAM M IM
287 WAGON WHEEL TR WEXFORD PA 15090
AHMEO MD, QUZI M OPH
3700 FIFTH AVE PITTSBURGH PA 15213
AHMED MO, USMAN IM
SHADYSIOE HOSP PITTSBURGH PA 15232
ALBIN MO, MAURICE S AN
230 LDTHRDP ST PITTSBURGH PA 15213
ALBO MO, VINCENT C DS
3515 5TH AVE PITTSBURGH PA 15213
ALCANTARA MO, VICENTE A R
CHARLERDI-MDNESSEN HDSP CHARLERDI PA 15022
ALOISERT MO, CAESAR O DBG
4140 BROWNSVILLE RO #10 PITTSBURGH PA 15227
ALEXANOER MO, GILBERT H R
ST FRANCIS GEN HDSP PITTSBURGH PA 15201
ALI MO, MOHAMMAO I IM
104 NINTEEN N COURT PITTSBURGH PA 15237
ALLEN MO, THOS E OBG
204 CRAFT AVE PITTSBURGH PA 15213
ALLISON MO, WESLEY C FP
7100 CHURCH AVE PITTSBURGH PA 15202
ALPERN MO, ALGERNON N IM
3520 FIFTH AVE PITTSBURGH PA 15213
ALTENHOFF MO, WM A GS
9102 BABCOCK BLVO PITTSBURGH PA 15237
ALTMAN MO, CHAS C U
1501 LOCUST ST PITTSBURGH PA 15219
ALTMAN MO, LOUIS P
2120 GREENTREE RO PITTSBURGH PA 15220
ALTMAN MO, WANDA T FP
5873 OARLINGTON RO PITTSBURGH PA 15217
ALTOP MO, HALUK AN
PRESBY UNIV HOSP RM 241 PITTSBURGH PA 15213
ALVIN MO, GUIRINO W GS
122 S OAKHILL RO PITTSBURGH PA 15238
AMBROSE MO, JULIUS W R
320 E NORTH AVE PITTSBURGH PA 15212
AMIN MO, NAVINCHANORA M IM
491B SECDND AVE PITTSBURGH PA 15207
AMMER MO, JOHN L OBG
4B15 LIBERTY AVE PITTSBURGH PA 15224
AMRHEIN MO, REGIS A OPH
3939 BRDWNSVILLE RO PITTSBURGH PA 15227
AMSHEL MO, ALBERT L CRS
3500 5TH AVE PITTSBURGH PA 15213
ANOERSON MD, C L IM
4B15 LIBERTY AVE PITTSBURGH PA 15224
ANOERSDN MO, CAROLYN H PO
114 WOODSHIRE DR PITTSBURGH PA 15215
ANOERSON MD, HERBERT H PTH
9100 BABCOCK BLVO PITTSBURGH PA 15237
ANOERSON MO, JDSEPH B U
PD BOX 850 LEXINGTON VA 24450
ANOERSON MO, RICHARO E FP
SUBURBAN GEN HOSP PITTSBURGH PA 15202
ANOERSON MO, VICTOR S GS
WEST PENN HDSP PITTSBURGH PA 15224
ANDERSON MO, WM L FP
128 BERTHA PITTSBURGH PA 15211
ANTALIK MO, PAUL E OTO
515 MORELANO OR PITTSBURGH PA 15243
ANTHDNY JR MO, JOHN J PTH
PITTSBURGH HOSP LAB PITTSBURGH PA 15206
ANTIS MO, MAX A DBG
3500 5TH AVE PITTSBURGH PA 15213
ANTKOWIAK MO, JDS G TS
100 OXFORO OR APT 414 MDNROEVILLE PA 15146
ANTDS MD, THOS J IM
1501 LOCUST ST PITTSBURGH PA 15219
APTON MD, JEFFREY H FP
BOX 1177 MCKEESPORT PA 15132
ARAYA MO, CLETD U AN
BRAODDCK GEN HDSP BRADOOCK PA 15104
ARCH JR MD, FRANCIS J OBG
119 FEOERAL ST PITTSBURGH PA 15212
ARCHER MO, OAVIO F OBG
MAGEE-WOMENS HOSP PITTSBURGH PA 15213
ARO MO, RDBT S FP
707 ROSSLYN AVE SPRINGDALE PA 15144
ARENA MD, SEBASTIAN OTO
1501 LDCUST ST PITTSBURGH PA 15219
ARMEN MO, ROBERT N IM
U S STEEL RESEARCH CTR MONRDEVILLE PA 15146
ARMEY MO, MARY C OBG
141 GLENFIELD OR PITTSBURGH PA 15235
ARMFIELO III MD, SAMUEL L R
522 FOLTZ OR VERONA PA 15147
ARNHEIM MD, FALK K U
3471 FIFTH AVENUE PITTSBURGH PA 15213
ARONSON MO, MORTON L FP
725 ALLEGHENY RIVER VERONA PA 15147
ARRIOLA MD, ROOOLFO N GS
BRADOOCK HOSP EMER RM BRADOOCK PA 15104
ARTHUR JR MD, JDS N U
STE 620 TWO ALLEGHENY C PITTSBURGH PA 15212
ASKIN MO, RALPH J FP
3936 OALEWDOD ST PITTSBURGH PA 15227
ASPIOTE MD, JOHN G FP
342 FT COUCH RD PITTSBURGH PA 15241
ASSANIE MO, MOHAMMED OBG
MERCY HOSPITAL PITTSBURGH PA 15219
ASSAR MD, SUOA P PD
157 OAKVILLE DR PITTSBURGH PA 15220
ATWELL MO, ROBT B GS
IROQUOIS BLOG SUITE 405 PITTSBURGH PA 15213
AUSLANOER MD, JAMES L GS
100 MARSHALL OR MCKEESPORT PA 15132
AUSTIN MO, EOWARO M OBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
AYERS MO, CYNTHIA G IM
MERCY HOSPITAL PITTSBURGH PA 15219
BABCOCK MO, CHARLOTTE G P
2215 BEECHWDDO BLVD PITTSBURGH PA 15217
BABINSKI MO, MACIEJ F AN
EYE AND EAR HOSP PITTSBURGH PA 15213
BABU MD, VALLABHANENI S R
1515 LOCUST ST 6G PITTSBURGH PA 15219
BACANI MO, OSWALDO GS
2019-B OEVENWDOO DR MCKEESPORT PA 15137
BACHMANN MO, LAWRENCE C PO
4101 BROWNSVILLE RO PITTSBURGH PA 15227
BAHL MO, MOHINOER M FP
14 OAKWOOO TERRACE OAKMDNT PA 15139
BAHL MD, VIJAY K IM
101 WASHINGTON AVE 321 OAKMDNT PA 15139
BAHNDDRF MO, FREO R FP
401 NORTH AVE PITTSBURGH PA 15209
BAHNSON MO, HENRY T GS
U-PITTSBURGH SCH OF MED PITTSBURGH PA 15213
BAILEY MO, WM R IM
1501 LOCUST ST PITTSBURGH PA 15219
BAIR MD, WM L P
401 SHDOY AVE PITTSBURGH PA 15206
BAIRO MD, JAMES W IM
MCKEESPORT HOSP MCKEESPORT PA 15131
BAKER MD, EVERETT M OBG
121 UNIVERSITY PL PITTSBURGH PA 15213
BAKER MO, JAMES L P
121 UNIVERSITY PL PITTSBURGH PA 15213
BAKER MO, ROBT J P
522 N NEVILLE ST PITTSBURGH PA 15213
BAKER MO, ROBT L NS
521 FAIRVIEW RD PITTSBURGH PA 15238
BAKER MO, STEPHEN O FP
450 RYNOWOOO RO PITTSBURGH PA 15237
BAKER MO, WALTER J OPH
5174 CAMPBELLS RUN RD PITTSBURGH PA 15205
BALCERZAK MO, STANLEY P FP
217 E MAIN ST CARNEGIE PA 15106
BALK MO, PHILLIP IM
3500 FIFTH AVE PITTSBURGH PA 15213
BALLANTYNE MD, JAMES V ORS
2040 AROMORE BLVO PITTSBURGH PA 15221
BALMUTH MO, MICHAEL P GS
1275 MURRAY HILL AVE PITTSBURGH PA 15217
BAMONTE MO, EDWARD L FP
5400 CENTRE AVE PITTSBURGH PA 15232
BANSAL MO, SURENORA K R
MERCY HOSP PITTSBURGH PA 15219
BARODNNER MO, JOHN N FP
3B76 RTE B ALLISON PARK PA 15101
BARKER MO, WARREN J US
3B11 OHARA ST PITTSBURGH PA 15213
BARMAOA MO, BICHER TS
4401 PENN AVE STE 1900 PITTSBURGH PA 15224
BARNES MO, LETCHER B PRM
GULF OIL CORP PO BX 116 PITTSBURGH PA 15230
BARNES MO, WM J OPH
515 MEOICAL ARTS BLDG PITTSBURGH PA 15213
BARNETT MO, WM C FP
1311 WINOERMERE OR PITTSBURGH PA 15218
BARNHOUSE MO, OAVIO H U
211 N WHITFIELO ST PITTSBURGH PA 15206
BARON MO, JOHN PO
713 HASTINGS ST PITTSBURGH PA 15206
BARON MO, MAXINE E O
NORTHGATE MEO CTR BX 45 WARRENOALE PA 15068
BARONE MO, SAML F FP
813 E WARRINGTON AVE PITTSBURGH PA 15210
BARR JR MO, JAMES H IM
423 JENKINS BLOG PITTSBURGH PA 15222
BARRETT MO, WM A U
121 HIBISCUS DRIVE PITTSBURGH PA 15235
BARRON MO, KENNETH G TS
500 LEWIS RUN RO PITTSBURGH PA 15236
BARTO MO, JACK W PO
MAGEE-WOMENS HOSP PEOS PITTSBURGH PA 15213
BARTOLETTI MO, STEFANO C R
ST FRANCIS HDSP PITTSBURGH PA 15201
BARTOS MO, SYLVIA ANN PD
4667 CURRY RO PITTSBURGH PA 15236
BARZO MO, VERA M P
1204 OLO MEAOOW RO PITTSBURGH PA 15241
BASILE MO, JOSEPH GS
NASSAU HDSPITAL MINEOLA N Y 11501

BASS MD, LEE W PD
3600 FDRBES AVE PITTSBURGH PA 15213
BASSILIDS MD, FDUAD A IM
994 BRDADHEAD RO CDRADPDLIS PA 1510B
BAST MD, WILLIAM R U
641 STDNERIOGE OR ALLISDN PRK PA 15101
BASTACKY MD, MDRRIS R
CENTERVILLE CLINIC FREDERICKTDWN PA 15333
BATEMAN MO, ELVIN J DBG
31B E MAIN ST LIGDNIER PA 1565B
BATHEN MD, JDS J FP
BDX 67 WILDWDDD PA 15091
BAUER MD, FRANK L IM
BDX 164 HDDKSTDWN PA 15050
BAUER MD, WM F GS
316 HERITAGE DR PITTSBURGH PA 15235
BAUERSFELD MD, S RICHARD IM
5230 CENTRE AVE PITTSBURGH PA 15232
BAZMI MD, HASSAN GS
244 S QUEENSBURY CDURT PITTSBURGH PA 15237
BEACHLER MD, JDHN S ORS
MONCRIEF ARMY HOSP DRS FORT JACKSON S C 29207
BEALL MD, CHESTER F OBG
550 GRANT ST PITTSBURGH PA 15219
BEATTY MD, RALPH P DS
841 CALIF AVE APT 203 PITTSBURGH PA 15202
BEGG MD, FRANK R IM
314 WILDBERRY RD PITTSBURGH PA 1523B
BEGUM MD, OILWARA FP
265 FREEPDRT RO APT 203 PITTSBURGH PA 1523B
BEH MD, WALTER P U
B525 WINCHESTER DR PITTSBURGH PA 15237
BEHUN MD, JDS M R
WASHINGTON HDSP WASHINGTDN PA 15301
BELENKY MD, DAVID A PD
MAGEE WDMENS HDSP PITTSBURGH PA 15213
BELL MD, MICHAEL C DTD
227 BEAVER ST SEWICKLEY PA 15143
BENACK MD, CARL A FP
121 2D AVE ELIZABETH PA 15037
BENDER MD, RICHARD J DS
1603 ANDERSDN RD PITTSBURGH PA 15209
BENNETT MD, MAY H US
BDX 115 STAR RT SPRING CHURCH PA 15686
BENSY MD, JDSEPH J R
260 SHADY AVE 10 PITTSBURGH PA 15206
BENSY MD, DLIVER R FP
4776 LIBERTY AVE PITTSBURGH PA 15224
BENT III MD, GEDRGE IM
532 S AIKEN STE 515 PITTSBURGH PA 15232
BENTZ DO, WILLIAM J FP
1020 CENTER AVE PITTSBURGH PA 15226
BENZ JR MD, GEDRGE H GS
3700 5TH AVE STE 504 PITTSBURGH PA 15213
BERG MD, CHAS F GS
733 WASHINGTDN RD PITTSBURGH PA 1522B
BERG MD, GED U
92B VALLEYVIEW RD PITTSBURGH PA 15243
BERG MD, SAUL R DBG
110 WDODLAND FARMS RD PITTSBURGH PA 1523B
BERGER MD, BENJ P
3708 FIFTH AVE PITTSBURGH PA 15213
BERGMEYER MD, JDHN M GS
4135 BIGELDW BLVD PITTSBURGH PA 15213
BERK MD, MYLES M DPH
9102 BABCDCK BLVD PITTSBURGH PA 15237
BERKEBILE MD, PAUL E FP
106 SHANNDN DR PITTSBURGH PA 1523B
BERKEY MD, RICHARD L P
607 WASHINGTON RD PITTSBURGH PA 1522B
BERKMAN MD, RONALD D DPH
3471 FIFTH AVE PITTSBURGH PA 15213
BERKOWITZ MD, FRED GS
3471 FIFTH AVENUE PITTSBURGH PA 15213
BERKDWITZ MD, MDRTDN I P
401 SHADY AVE PITTSBURGH PA 15206
BERLIN MD, ALLISDN J GS
2775 LEEWARD LN NAPLES FL 33940
BERLIN MD, CHAS S US
1226 BELLERDCK ST PITTSBURGH PA 15217
BERNSTEIN MD, EDWARD D DBG
4815 LIBERTY AVE PITTSBURGH PA 15224
BERRY MD, GED J P
418 CENTENNIAL AVE SEWICKLEY PA 15143
BERSCHLING MD, CHESTER M P
232 N CRAIG ST PITTSBURGH PA 15213
BESDZZI MD, MICHAEL J R
167 N SDUTH DR PITTSBURGH PA 15237
BHAGWANANI MD, DRUPADI G R
WEST PENN HDSP PITTSBURGH PA 15224
BHUTTA MD, DMAR I P
6 SHERIDAN CT PITTSBURGH PA 15206
BIANCD MD, ANTDNI US
2130 FAIRWAY AVE S ST PETERSBURG FLA 33712
BILBAD MD, ANGEL PRM
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
BILLIAN MD, VIRGINIA L P
1445 DX BDTTDM RD TALLAHASSEE FL 32303
BILLINGS MD, RDBT J DPH
8024 JENKINS ARCADE PITTSBURGH PA 15222
BINAKDNSKY MD, HARRY S IM
3028 BRDWNSVILLE RD PITTSBURGH PA 15227
BINSTOCK MD, HAROLD FP
1412 N EUCLID AVE PITTSBURGH PA 15206
BIRRELL MD, DONALD G DBG
204 CRAFT AVE PITTSBURGH PA 15213
BISCEGLIA MD, JDS L OBG
300 PENN CTR BLVD RM 10 PITTSBURGH PA 15235
BISSEL MD, FRED A IM
4780 LIBERTY AVE PITTSBURGH PA 15224
BLACK JR MD, HARRY A FP
409 E MAIN ST CARNEGIE PA 15106
BLACK MD, F OWEN OTD
230 LOTHROP ST PITTSBURGH PA 15213
BLACK MD, JUDITH E US
352 HUNT RD PITTSBURGH PA 1523B
BLACK MD, MILTDN H AN
WEST PENN HOSP PITTSBURGH PA 15224
BLAKE MD, KARL E GS
3500 5TH AVE PITTSBURGH PA 15213
BLAKLEY MD, JOHN B DRS
SUITE 230 1 ALLEGHENY S PITTSBURGH PA 15212
BLANK MD, PHILIP IM
223 SDUTHGATE BLVD MELBDURNE FL 32901
BLASTDS MD, PAUL P
211 N WHITFIELD ST PITTSBURGH PA 15206
BLAU MD, NATHAN IM
817 TALLY DR PITTSBURGH PA 15237
BLDBNER MD, CHAS G IM
333 GRDSS ST PITTSBURGH PA 15224
BLDCKSTEIN MD, RDBT S DBG
4B00 FRIENDSHIP AVE PITTSBURGH PA 15224
BLDOM MD, JOS B IM
2760 FERNWALD ST PITTSBURGH PA 15217
BLOUGH MD, LELAND S DRS
9066 PERRY HWY PITTSBURGH PA 15237
BLUESTEIN MD, DAVID D PD
733 WASH RD STE 201 PITTSBURGH PA 1522B
BLUME MD, RDBT P N
MERCY HOSP PITTSBURGH PA 15219
BOAS MD, HARRY H IM
302B BROWNSVILLE RD PITTSBURGH PA 15227
BODE JR MD, FREDERICK W OTD
35 HDLLAND RD PITTSBURGH PA 15235
BDOE SR MD, FREDERICK W US
2700 N E 48TH CT POMPANO BEACH FLA 33064
BDDEK MD, ALVIN M FP
221B HDMESTD DUQUESNE R WEST MIFFLIN PA 15122
BDEHNKE MD, MANFRED R
3459 5TH AVE PITTSBURGH PA 15213
BDHARAS MD, SAUL IM
108 PDPLAR DR PITTSBURGH PA 1523B
BOICE MD, G NEWTON ORS
604 EVANS AVE MC KEESPORT PA 15132
BOKSENBAUM MD, MERVIN D
9102 BABCDCK BLVD PITTSBURGH PA 15237
BDLANDVICH MD, LESTER J P
121 UNIVERSITY PLACE PITTSBURGH PA 15213
BDLTDN MD, MDWARD A IM
121 UNIVERSITY PL ST 2A PITTSBURGH PA 15213
BONDI MD, FRANK R GS
522 WALNUT ST MC KEESPDRT PA 15132
BDNDI MD, RICHARD P GS
1177 MURRAY HILL AVE PITTSBURGH PA 15217
BDNESSI MD, JAMES V IM
1505 LINCDLN WAY MC KEESPDRT PA 15131
BDNET MD, LUIS IM
435 SEVENTH AVE PITTSBURGH PA 15219
BDNIFACE MD, DOLDRES J DPH
3915 SAW MILL RUN BLVD PITTSBURGH PA 15227
BODKERT MD, CHAS C PD
471 MILLER AVE CLAIRTDN PA 15025
BODNE MD, LESLIE J PRM
BRISTOL VLG MED CTR WAVERLY DH 45690
BDDTH MD, GED IM
3995 BIGELDW BLVD #902 PITTSBURGH PA 15213
BDRETSKY MD, HARRY AN
156 BEACDNVIEW RD PITTSBURGH PA 15237
BDRNSTEIN MD, NEAL G PD
B9 TDTTEN ST FT L WDDD MD 65473
BDRTZ MD, FRANK B FP
152 RDYAL DAK OR APT 50 MCKEESPDRT PA 15131
BORUS MD, HARRY E IM
B S DUDLEY ST VENTNOR NJ 0B406
BDRZUTZKY MD, CARLDS R
476 FIELDING DR PITTSBURGH PA 15235
BDSSE MD, MILTDN D IM
51B BRDADWAY PITCAIRN PA 15140
BDTKIN MD, LESTER H FP
424 W GRANT AVE DUQUESNE PA 15110
BDTKIN MD, RDBT F DRS
SUITE 230 1 ALLEGHENY S PITTSBURGH PA 15212
BOUCEK MD, CHAS M FP
ST 250 DNE ALLEGHENY SQ PITTSBURGH PA 15212
BDUCEK MD, RICHARD J OBG
119 FEDERAL ST PITTSBURGH PA 15212
BDURDAKOS MD, NICDLAS G IM
211 N WHITFIELD ST PITTSBURGH PA 15206
BDUVIER MD, MARIANNE DPH
10 HIGHLAND PINES CT PITTSBURGH PA 15237
BDVARD MD, PAUL G R
P D BDX 509 TARENTUM PA 15084
BDWEN III MD, ADELBERT R
BDX 61B3 FAMC DENVER CD B0240
BDWERS MD, WM H US
1043 DLD GATE RD PITTSBURGH PA 15235
BDWMAN MD, RDBT G P
1512 FDRESTVIEW DR PITTSBURGH PA 15234
BDYLAN MD, RAYMOND J AN
214 LYNN HAVEN DR PITTSBURGH PA 1522B
BDZIC MD, WM F R
B CLUB DR EAST PITTSBURGH PA 15236
BRACKEN MD, MARK M PTH
P D BDX 563 STINSDN BEACH CA 94970
BRADEN JR MD, FRANK R FP
1616 STATE AVE CDRADPDLIS PA 15108
BRADLEY JR MD, WM P FP
1446 STATE AVE CDRADPDLIS PA 1510B
BRADLEY MD, BETTY H PD
1169 LAKEMONT DR PITTSBURGH PA 15216
BRADSHAW JR MD, WM A PD
105 EMERSDN AVE PITTSBURGH PA 15215
BRAMDWITZ MD, ALAN D IM
FORREST HILLS MED ASSOC PITTSBURGH PA 15221
BRANCATD JR MD, PETER FP
342 S HIGHLAND AVE PITTSBURGH PA 15206
BRANDON MD, JOHN M PTH
2273 CLAIRMDNT DR UPPER ST CLAIR PA 15241
BRANDSTETTER MD, LOUIS H U
140 CRESTVUE MANOR DR PITTSBURGH PA 1522B
BRANDT MD, JOHN W IM
514 EMPIRE BLDG PITTSBURGH PA 15222
BRANT MD, NDSS D FP
60 BRADFDRD AVE PITTSBURGH PA 15205
BRASUK MD, JDHN L DRS
550 GRANT ST PITTSBURGH PA 15219
BRASUK MD, VIRGINIA M DPH
633 WASHINGTDN RD PITTSBURGH PA 1522B
BRAUN MD, DANL C PRM
GATEWAY TDWERS APT 1BN PITTSBURGH PA 15222
BRAVEMAN MD, BERNARD L DPH
515 SINCLAIR ST MC KEESPDRT PA 15132
BREITFELD MD, VDLKER PTH
2165 PDDR RICHARDS LN PITTSBURGH PA 15237
BRENNAN MD, WM F IM
100 BRYN MAWR CT A419W PITTSBURGH PA 15221
BRENT MD, LAWRENCE B IM
RD 3 WAGNER RD ALLISDN PK PA 15101
BRESS MD, ALAN N IM
220 MEYRAN AVE PITTSBURGH PA 15213
BRESS MD, JAMES C IM
1201 FOX CHAPEL RO PITTSBURGH PA 1523B
BRETHAUER JR MD, EDWARD A IM
4601 5TH AVE 32B PITTSBURGH PA 15213
BRIANT JR MD, WM W PD
20 CEDAR BLVD PITTSBURGH PA 1522B
BRICE MD, JUDITH A P
451 MAPLE AVE PITTSBURGH PA 1521B
BRILLMAN MD, JDN N
320 E NDRTH AVE PITTSBURGH PA 15212
BRINK MD, EARL J P
MCKEESPORT HOSP MCKEESPDRT PA 15132
BROADHEAD MD, RICHARD IM
114 CAPRI RDAD ST MARYS PA 15857
BRODMERKEL JR MD, GEO J IM
TWD ALLEGHENY CTR #622 PITTSBURGH PA 15212
BRDN MD, KLAUS M R
PRESBYTERIAN-UNIV HDSP PITTSBURGH PA 15213
BRDDKS MD, DANL H GS
U OF PGH SCH DF MED PITTSBURGH PA 15213
BROSTOFF MD, PHILIP IM
3471 5TH AVE PITTSBURGH PA 15213
BROUGHER MD, DAVID E DBG
R D 4 BELLE VERNDN PA 15012
BROUGHER MD, LEAR E FP
7341 SCHDYER AVE PITTSBURGH PA 1521B
BRDUSSARD MD, ELSIE R P
201 LYTTDN AVE PITTSBURGH PA 15213
BRDWN JR MD, JAMES T OBG
204 CRAFT AVE PITTSBURGH PA 15213
BRDWN MD, ANDREW J GS
1801 WEST ST HOMESTEAD PA 15120
BRUWN MD, CHAS R FP
1004 THIRD ST ELIZABETH PA 15037
BRDWN MD, RDBT B R
134 BDXFIELD RD UPPER ST CLAIR PA 15241
BRDWN MD, STUART I DPH
EYE AND EAR HOSP PITTSBURGH PA 15213
BRUNGD MD, JAMES J FP
2341 PERRYSVILLE AVE PITTSBURGH PA 15214
BRUNGD MD, JDHN A PD
2341 PERRYSVILLE AVE PITTSBURGH PA 15214
BRUNGD MD, JDHN O US
MERCY HOSP DEPT MED PITTSBURGH PA 15219
BRUNN JR MD, HENRY M AN
97 WARWICK DR PITTSBURGH PA 15241
BRUND MD, JORGE C DPH
4734 BAYARD ST PITTSBURGH PA 15213
BRUNO MD, STEPHEN C R
B282 BRITTANY PL PITTSBURGH PA 15237
BUCAR MD, JDHN R FP
P D BDX 61 PITCAIRN PA 15140
BUCHANAN MD, EDWIN B GS
1501 LDCUST ST PITTSBURGH PA 15219
BUCHANAN MD, GIBSDN P PD
101 EMERSDN AVE PITTSBURGH PA 15215
BUCHANAN MD, JAMES L TS
1501 LDCUST ST PITTSBURGH PA 15219
BUCHANAN MD, WM K AN
B233 THDMPSDN RUN RD PITTSBURGH PA 15237
BUCHDAHL MD, ALICE J P
1 ESSEX SQ L 10 PITTSBURGH PA 15206
BUCHMAN MD, RDBT R IM
2878 FERNWALD RD PITTSBURGH PA 15217
BUCK MD, ANN L R
1433 FAWCETT AVE MCKEESPDRT PA 15131
BUCK MD, RUDDLPH L IM
1433 FAWCETT AVE MC KEESPDRT PA 15131
BUDD MD, THEDDDRE R FP
2715 BRDWNSVILLE RD PITTSBURGH PA 15227
BUDDVALCEV MD, RADDSLAV IM
1101 MT RDYAL BLVD PITTSBURGH PA 15223
BUERGER JR MD, GEDRGE F DPH
3520 5TH AVE STE 401 PITTSBURGH PA 15213
BULGER MD, ALVIN E US
441 33RD ST N A617 ST PETERSBURG FLA 33713
BUNDY MD, R MERLE US
US STEEL 600 GRANT ST PITTSBURGH PA 15230
BURES MD, JOSEPH C PTH
2328 MEADDW DR PITTSBURGH PA 15235
BURGARD MD, LEDNARD A FP
7430 WASHINGTON ST PITTSBURGH PA 1521B
BURGER MD, REGIS F GS
107 MDRRISDN DR PITTSBURGH PA 15216
BURKEY MD, FRED J FP
20 CEDAR BLVD SUITE 101 PITTSBURGH PA 1522B
BURKHOLDER MD, JOHN A GS
121 STEPHENS LN VERDNA PA 15147
BURT MD, RDBT C FP
320 E NDRTH AVE PITTSBURGH PA 15212
BUSHKOFF MD, STANLEY H ORS
3471 5TH PITTSBURGH PA 15213
BUSIS MD, SIDNEY N DTD
3600 FORBES AVE STE 301 PITTSBURGH PA 15213
BUVINGER MD, RALPH S US
4264 NORTHERN PIKE MONROEVILLE PA 15146
BUZZELLI MD, PHILIP B DPH
1477 MONTGOMERY RD ALLISDN PARK PA 15101

BYERS MD, JOHN A GS
9102 BABCOCK BLVD PITTSBURGH PA 15237
CABATUANDO MD, DANTE A R
478 LONG RD PITTSBURGH PA 15235
CACAYORIN MD, EDWIN D R
WESTERN PA HOSP PITTSBURGH PA 15224
CADWALLADER MD, WM H IM
7422 RICHLAND MNR DR PITTSBURGH PA 15208
CAFARO MD, VICTOR P OBG
5 GRANDVIEW AVE PITTSBURGH PA 15211
CAK MD, ROBT J GS
USAF REGIONAL HOSP SGAS MINOT ND 58701
CALIGUIRI MD, JOS V OBG
121 HERBST RD CORAOPOLIS PA 15108
CALVANESE MD, NICHOLAS A GS
1805 WEST ST HOMESTEAD PA 15120
CALVELD MD, MANUEL G IM
MERCY HOSP PITTSBURGH PA 15219
CAMBEST JR MD, MICHAEL A AN
2939 ESPEY AVE PITTSBURGH PA 15216
CAMBOTTI MD, JACOB E FP
409 SHAW AVE MCKEESPORT PA 15132
CAMERON MD, DONALD Y IM
812 WHITE OAK CIRCLE PITTSBURGH PA 15228
CAMERON MD, JOHN P IM
4625 FIFTH AVE APT 605 PITTSBURGH PA 15213
CAMINOS MD, DLIVERIO W IM
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
CAMMARATA MD, ROY J IM
2445 PIN OAK PL PITTSBURGH PA 15220
CAMPBELL MD, DUNCAN G P
521 EAST OR SEWICKLEY PA 15143
CAMPBELL MD, JAMES C FP
BOX 478 RD 2 MCDONALD PA 15057
CANDELARIA MD, JOSEFINA M OBG
ST MARGARET HOSP PITTSBURGH PA 15201
CANTELLOPS MD, JOSE M GS
211 N WHITFIELD ST PITTSBURGH PA 15206
CANTER MD, HARRY E IM
217 JENKINS BLDG PITTSBURGH PA 15222
CANTER MD, HYMAN E OBG
BOX 493 PAWLEYS IS S C 29585
CAPAROSA MD, RALPH J OTO
3600 FORBES AVE PITTSBURGH PA 15213
CAPIZZI MD, LEONARO S AN
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
CAPLAN MD, PAUL S IM
3500 FIFTH AVE PITTSBURGH PA 15213
CAPPARELL MD, HOMER V P
3811 OHARA ST PITTSBURGH PA 15213
CAPRINI MD, EMILIA M FP
423 HIGHLAND BLDG PITTSBURGH PA 15206
CARAIMAN MD, MYRON FP
1350 SHERIDAN AVE PITTSBURGH PA 15206
CARDOZO MD, MIGUELANGEL U
1400 CENTER AVE STE 450 PITTSBURGH PA 15219
CAREY MD, EVA S R
746 SOUTH AVE PITTSBURGH PA 15221
CAREY MD, JOHN T N
HAYS ARMY HOSP BOX 904 FORT ORD CA 93941
CARLIN MD, GERALD J ORG
MED BLDG PRIDE-LOCUST PITTSBURGH PA 15219
CARPENTER MD, SAML L AN
1212 MINNESOTA AVE NATRONA HEIGHTS PA 15065
CARR MD, JAMES V GS
900 BROADWAY MCKEES ROCKS PA 15136
CARRELL MD, ROBERT L FP
4205 SHERROO ST PITTSBURGH PA 15201
CARROLL MD, JOS H OBG
4401 PENN AVE STE 1600 PITTSBURGH PA 15224
CARROLL MD, ROBERT G R
25 VANCOUVER ST PITTSBURGH PA 15205
CARROLL MD, ROBT J IM
4725 MCKNIGHT RD PITTSBURGH PA 15237
CARSON JR MD, WINFIELD B FP
3361 BETHEL CHURCH RO PITTSBURGH PA 15241
CARTER MD, JAN O IM
204 N BELLEFIELD AVE PITTSBURGH PA 15213
CASERTA MD, ROBT J R
8057 OXBRIDGE DR PITTSBURGH PA 15237
CASHMAN MD, HAROLO H PRM
1238 LAKEMONT DR PITTSBURGH PA 15243
CASILLO MD, AUGUST V GS
VA HOSP LEECH FARM RD PITTSBURGH PA 15206
CASSELLA MD, ROBT R GS
2 CHURCHILL RD PITTSBURGH PA 15235
CASTILLENTI MD, GUY A FP
630 MILLER AVE CLAIRTON PA 15025
CASTILLO MD, MANUEL M GS
612 S AIKEN AVE PITTSBURGH PA 15232
CASTRO MD, ARTURO F R
MCKEESPORT HOSP MCKEESPORT PA 15132
CASTRO MO, AUGUSTO D PTH
412 HOLLANO AVE BRADDOCK PA 15104
CERTO MD, SALVATORE A GS
4117 PENN AVE PITTSBURGH PA 15224
CERUL MD, MAURICE S P
3515 FIFTH AVE STE 610 PITTSBURGH PA 15213
CESSNA MD, GERALD H OBG
203 RSVLT RLO 6TH & PEN PITTSBURGH PA 15222
CESTELLO MD, ROBT J IM
676 RIDGEFIELD AVE PITTSBURGH PA 15216
CHALLINOR MD, ROBT B U
532 S AIKEN AVE PITTSBURGH PA 15232
CHALLINOR MD, S BUYD FP
300 MOUNT LEBANON BLVD PITTSBURGH PA 15234
CHAMORRO MD, HECTOR A R
5230 CENTRE AVE PITTSBURGH PA 15232
CHAMOVITZ MD, IRVIN PO
3515 5TH AVE PITTSBURGH PA 15213
CHAMOVITZ MD, JEROME IM
17 BEAVER RD SEWICKLEY PA 15143
CHAMOVITZ MD, ROBT IM
410 S CRAIG ST PITTSBURGH PA 15213
CHAMPAGNE MD, EMILY M P
209 RICHLAND LN PITTSBURGH PA 15208
CHANORASEKARAN MD, M S R
100 DXFDRO DR MONROEVILLE PA 15146
CHANG MD, FRED F R
1400 CENTRE AVE PITTSBURGH PA 15219
CHANNAPATI MD, THIPPESWAMY IM
VA HOSPITAL BUTLER PA 16001
CHAPMAN MD, WM L IM
3515 5TH AVE PITTSBURGH PA 15213
CHARLSON MD, MURRAY T P
401 SHAOY AVE STE 0105 PITTSBURGH PA 15206
CHARNY MO, E JOSEPH P
3700 FIFTH AVE PITTSBURGH PA 15213
CHASLER MD, CHAS N R
MAGEE-WDMENS HDSP PITTSBURGH PA 15213
CHAVERN MD, HUGH E P
BOX 94 BOSTON PA 15135
CHEEK MD, EDWIN W OBG
1730 GRAHAM BLVD PITTSBURGH PA 15235
CHEEVER MD, FRANCIS S US
30 POND RD WELLESLEY MA 02181
CHEPKO MD, MARGARET I FP
5887 SALTSBURG RO VERONA PA 15147
CHEPDNIS MD, GEORGE B FP
4198 SUBURBAN GEN HUSP PITTSBURGH PA 15202
CHERUP MD, E DAVIO FP
4988 LIBRARY RD BETHEL PARK PA 15102
CHETLIN MO, SHERWOOD M IM
985 SCAIFE HALL U OF PG PITTSBURGH PA 15261
CHETLIN MD, STUART H GS
115 BEECHWOOD LANE PITTSBURGH PA 15206
CHHABRA MD, MOHAN L IM
4401 PENN AVE STE 1100 PITTSBURGH PA 15224
CHICO MD, LAURO V OS
409 RIOGEVIEW DR DRAVOSBURG PA 15034
CHILDS MD, ELIZABETH R IM
118 CRAFT AVE PITTSBURGH PA 15213
CHOLAPRANEE MD, REWAT IM
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
CHORAZY MD, ANNA J PD
131 WASHINGTON RD PITTSBURGH PA 15221
CHOTINER MD, BENNETT OPH
223 S MAGNOLIA DR GLENSHAW PA 15116
CHOUGH MD, CHEEN-BEEN IM
1505 LINCOLN WAY MCKEESPORT PA 15132
CHOUGH MD, DAEBEEN IM
104 LOIRE VALLEY OR PITTSBURGH PA 15209
CHRISTIAN MD, HORACE D GS
P D BOX 63 WEXFORD PA 15090
CHRISTIE MD, KARL B FP
3 W PROSPECT AVE PITTSBURGH PA 15205
CHRISTY MD, WALLACE C IM
3601 FIFTH AVE PITTSBURGH PA 15213
CHUENSUMRAN MD, RAJANI S AN
NORTHILL PASSAVANT HOSP PITTSBURGH PA 15237
CHUGHTAI MD, ARSHAD I IM
4815 LIBERTY AVE PITTSBURGH PA 15224
CHUNG MD, CHIN D IM
C-24 5601 PENN AVE PITTSBURGH PA 15206
CIAMBOTTI MD, ALBERT F D
409 SHAW AVE MCKEESPORT PA 15132
CIANFRANI MD, PETER M FP
P O BOX 233 PENNSBURG PA 18073
CIBRIK MD, FRANK J FP
624 MONONGAHELA AVE GLASSPORT PA 15045
CICCARELLI MD, HAROLD E AN
1238 GREYSTONE OR PITTSBURGH PA 15241
CICCHINO MD, FRANK E U
2006 CARSON ST PITTSBURGH PA 15203
CIGANIC MD, RATIMIR R R
8462 COVENTRY OR ALLISON PARK PA 15101
CIGNETTI MO, FRANKLIN E DPH
EYE & EAR HOSP PITTSBURGH PA 15213
CINCALA OO, ROBERT P IM
2 ALLEGHENY CTR STE 622 PITTSBURGH PA 15212
CITRONE MD, PETER J GS
510 DORSEYVILLE RD PITTSBURGH PA 15238
CIVITARESE MO, LOUIS R GS
1074 GREENTREE RD PITTSBURGH PA 15220
CLARE MO, DAVID W GS
532 S AIKEN AVE PITTSBURGH PA 15232
CLARK MD, MARY W ORS
125 DESOTO ST PITTSBURGH PA 15213
CLARK MO, WILLIAM H FP
3106 MIDDLETOWN RO PITTSBURGH PA 15204
CLARKE MD, CHAS E IM
540 ACADEMY AVE SEWICKLEY PA 15143
CLARKE MD, ROBT H AN
1500 COCHRAN RD 506 PITTSBURGH PA 15243
CLARKSON MD, WILLIAM R IM
RT 1 BOX 117F ST AUGUSTINE FL 32084
CLATEMAN MO, ARTHUR W FP
3511 INVERRARY DR #K206 LAUDERHILL FL 33319
CLEMENTS MD, HARRY H FP
713 BROADWAY MC KEES ROCKS PA 15136
CLEVENGER MD, ROBT W OTO
550 GRANT ST PITTSBURGH PA 15219
CLEVER MD, JOHN E OBG
4815 LIBERTY AVE PITTSBURGH PA 15224
CLOHECY MD, ROBERT J FP
HARMARVILLE REHAB CTR PITTSBURGH PA 15238
COHEN MD, BERNARO I PS
636 TWO ALLEGHENY CTR PITTSBURGH PA 15212
COHEN MD, HAROLD M OBG
3400 FORBES AVE PITTSBURGH PA 15213
COHEN MD, LEONARO M FP
BROWNSVILLE-KNOEDLER PITTSBURGH PA 15236
COHEN MD, MANFRED L TS
4815 LIBERTY AVE PITTSBURGH PA 15224
COHEN MO, MARTIN PTH
MERCY HOSPITAL PITTSBURGH PA 15219
COHEN MD, NORMAN F IM
6300 DARLINGTON RD PITTSBURGH PA 15217
COHEN MD, PETER Z US
3471 FIFTH AVE PITTSBURGH PA 15232
COHEN MD, RICHARO L P
201 DESOTO ST PITTSBURGH PA 15213
COLE MO, CHAS E FP
8135 PERRY HWY PITTSBURGH PA 15237
COLEMAN MD, DONALO J P
302 WILDBERRY RD PITTSBURGH PA 15238
COLLINS JR MO, RICHARD F DRS
810 AMITY ST HOMESTEAD PA 15120
COLLINS MO, LAWRENCE A U
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
COLWELL MD, MILES D IM
1205 MINNESOTA AVE NATRONA HGTS PA 15065
CONCILUS MO, FRANK IM
ST CLAIR HOSP PITTSBURGH PA 15243
CONE MD, ALEXANDER S FP
525 LOCUST PL PITTSBURGH PA 15143
CONGEDO MD, CAROL Z GS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
CONKLIN MD, JAMES E PS
3600 FORBES ST PITTSBURGH PA 15213
CONLEY MD, JAMES P OTO
4122 JENKINS ARCAOE PITTSBURGH PA 15222
CONLON MD, FRANCIS W FP
JOHN J KANE HOSP PITTSBURGH PA 15243
CONN MD, WM V IM
5025 5TH AVE APT 2-A PITTSBURGH PA 15232
CONNOLLY MD, DAVID P GS
4401 PENN AVE STE 1060 PITTSBURGH PA 15224
CONRAD MD, PAUL L P
3601 FIFTH AVE PITTSBURGH PA 15213
CONSTANTIND JR MO, ABRAHAM A GS
COLUMBIA HOSPITAL PITTSBURGH PA 15221
CONTI MD, EUGENE A OBG
8 HORN POINT COURT ANNAPOLIS MD 21403
CONTRACTOR MD, FARHAD M R
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
CONWAY 3RD MD, JOHN W P
WOODVILLE ST HUSP CARNEGIE PA 15106
CODK MD, DAVID R AN
125 DESOTO ST PITTSBURGH PA 15213
COOPER JR MD, PAUL N AN
620 WORTHINGTON ST MCKEESPORT PA 15132
COOPER MD, JEANNE A PTH
MERCY HOSP PITTSBURGH PA 15219
COOPER MD, WM M IM
3515 5TH AVE PITTSBURGH PA 15213
COORAY MD, CHARLES N R
MONTEFIORE HOSP OPT RAD PITTSBURGH PA 15213
COPELAND MD, CHAS E GS
101 SHARON DR PITTSBURGH PA 15221
COPELAND MD, JAY S U
8 JAYCEE DR PITTSBURGH PA 15243
CORBA MD, JOS S FP
2912 GLENMORE AVE PITTSBURGH PA 15216
CORCORAN MD, ALBERT W OBG
4401 PENN AVE STE 1200 PITTSBURGH PA 15224
CORDERD MD, EDGAR C GS
603 BURNING TREE CT MCKEESPORT PA 15135
CORNES MD, CLEON L P
3811 O,HARA ST PITTSBURGH PA 15213
CORNESKY MD, AGNES T FP
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
CORPUZ JR MD, MARCELO B IM
1400 CENTRE AVE PITTSBURGH PA 15219
CORRADD JR MD, ALBERT V P
4716 ELLSWORTH AVE PITTSBURGH PA 15213
CORRAL MD, CELESTINO F U
1400 CENTER AVE STE 450 PITTSBURGH PA 15219
CORSELLO MD, GUY R N
314 DIXON AVE PITTSBURGH PA 15216
CORSELLO MD, WHITNEY C GS
1300 TERMON AVE PITTSBURGH PA 15212
COSTA MD, FRANK FP
647 ALLEGHENY AVE OAKMONT PA 15139
COSTAMAGNA MD, HECTOR H GS
SHAOYSIOE HOSP PITTSBURGH PA 15232
COTTER MD, RALPH E FP
1938 HAMPSTEAD DR PITTSBURGH PA 15235
COULSON MD, DAVID B ORS
6969 CANTERBURY DR ALLISON PARK PA 15101
COURI MO, EOGARD R
ST FRANCIS HOSPITAL PITTSBURGH PA 15201
COWAN MO, THOMAS W ORS
500 PENN AVE PITTSBURGH PA 15222
COYLE MD, ROBT M IM
1000 BOWER HILL RD PITTSBURGH PA 15243
COYLE MD, SOPHIE J PRM
1910 MUROSTONE RD PITTSBURGH PA 15234
COZZA JR MD, MICHAEL R U
52 HOLLAND RO PITTSBURGH PA 15235
CRAMER MO, GEO E FP
105 EMERSON AVE PITTSBURGH PA 15215
CRAWFORD MD, JOSEPH A R
260 JONQUIL PLACE MT LEBANON PA 15228
CRETEKOS MD, CONSTANTINE J P
MT LEBANON HS 7 HORSMAN PITTSBURGH PA 15228
CRICHLOW MD, PHILMORE H IM
MERCY HOSP PITTSBURGH PA 15219
CRIEP JR MD, LEO H FP
1212 MALVERN ST PITTSBURGH PA 15217
CRIEP MD, LEO H IM
708 BIGELOW SQ PITTSBURGH PA 15219
CRITTENDEN MO, JAMES O IM
1109 OHIO RIVER BLVD SEWICKLEY PA 15143
CROWLEY MO, PATRICIA A OBG
32 ROXBURY RD PITTSBURGH PA 15221
CROZIER MD, PHYLLIS A R
356 HUNT RD PITTSBURGH PA 15238
CRUM MO, GEO E IM
859 LARCHMUNT RD PITTSBURGH PA 15243
CUDDEBACK MD, THOS J FP
1204 GALLUPE OR PITTSBURGH PA 15226
CUMMINGS MD, CLARENCE W FP
112 BELLEVUE AVE PITTSBURGH PA 15229
CUNNINGHAM MD, JAMES G FP
232 3RO AVE CARNEGIE PA 15106
CUSHING MD, WM J TS
209 BUCKINGHAM RO PITTSBURGH PA 15215

CUTULY MO, EUGENE FP
412 WADDELL AVE CLAIRTON PA 15025
DACKO MO, DOUGLAS M R
1612 TWINING CHANTE AFB RANTOUL IL 61868
DACUSTA MO, JOAO B AN
1400 LOCUST ST PITTSBURGH PA 15219
DAILEY MD, HARRY R OBG
ST FRANCIS HUSP PITTSBURGH PA 15201
DALTDRIO MD, RONALD A R
WEST PENN HDSP PITTSBURGH PA 15224
DAMESHEK MD, H LEE IM
3515 FIFTH AVE PITTSBURGH PA 15213
DANKO MD, EUGENE T R
9 FAIRWAY RD SEWICKLEY PA 15143
DANOFF MD, MIKE IM
PRESBY-UNIV HOSP PITTSBURGH PA 15213
DANOWSKI MD, THADDEUS S IM
5230 CENTRE AVE PITTSBURGH PA 15232
DANTINI JR MD, DANL C DTD
220 ESSEX KNOLL CUHADPOLIS PA 15108
DANTONIO MD, JAMES A ORS
1526 FIELD CLUB RD PITTSBURGH PA 15237
DARSIE MD, LEIGH L IM
RD 3 SCULLTON KINGS MT ROCKWOOD PA 15557
DASTUR MD, KHURSHED J R
DEPT OF RAD MERCY HOSP PITTSBURGH PA 15219
DATTA MD, TAPAN D AN
CITIZENS GEN HUSPITAL NEW KENSINGTON PA 15068
DATTILO MD, JAMES T DBG
2214 COUNRTY CLUB DR PITTSBURGH PA 15241
DAVIDES MD, KYRIAKOS C O
706 UNION NATL BANK BLD MCKEESPORT PA 15132
DAVIES MD, ROBT H DPH
633 WASHINGTON RD PITTSBURGH PA 15228
DAVIS JR MD, ROLLIN V FP
3946 WM PENN HIGHWAY MONROEVILLE PA 15146
DAVIS MD, DONALD O GS
9102 BABCOCK BLVD PITTSBURGH PA 15237
DAVIS MD, EARLE R PTH
ST JOSEPH HOSPITAL PITTSBURGH PA 15203
DAVIS MD, EZER H P
4338 BRIGHT VIEW RD PITTSBURGH PA 15227
DAVIS MD, JAMES S NS
5600 PENN AVE PITTSBURGH PA 15206
DAVIS MD, JOHN G FP
BX 35A2501 N FEDERAL HW FT PIERCE FL 33450
DAVIS MD, NORMAN IM
3500 5TH AVE PITTSBURGH PA 15213
DAVIS MD, ROBT E GS
1101 FORBES AVE PITTSBURGH PA 15219
DAWSON MD, REESE E OBG
733 WASHINGTON RD PITTSBURGH PA 15228
DAWSON MD, WILLIAM N PRM
2819 QUAIL HOLLOW RD CLEARWATER FL 33519
DAY MD, JAMES H ORS
2040 ARDMORE BLVD PITTSBURGH PA 15221
DEAN MD, PHILIP W DTO
1000 GRANDVIEW AVE 1207 PITTSBURGH PA 15211
DEAN MD, ROBT J IM
164 WARWICK DR PITTSBURGH PA 15241
DEBLASIO MD, SILVIU H DTD
MED ARTS BLDG NATRONA HGTS PA 15065
DECHTER MD, JOS M FP
1014 GOLFVIEW DR MC KEESPORT PA 15135
DEE MD, WM F FP
1807 WEST ST HOMESTEAD PA 15120
DEITRICK MD, RICHARD E OBG
ALLEGHENY GEN HUSP PITTSBURGH PA 15212
DEKKER MD, ANDREW PTH
230 LUTHROP ST PITTSBURGH PA 15213
DELANEY JR MD, JOHN F P
1544 GRAHAM BLVD PITTSBURGH PA 15235
DELAVEGA MD, SUPRUNIU B AN
MAGEE WOMENS HOSP PITTSBURGH PA 15213
DELEO MD, ANTHONY G FP
2927 GLENMORE AVE PITTSBURGH PA 15216
DELEON MD, MANUEL R PTH
BOX 18119 COAL VALLEY R PITTSBURGH PA 15236
DELUGLOS MD, GUST GS
HEINLEIN MED CTR CORADPOLIS PA 15108
DELSEHONE MD, EUGENE W AN
617 EDGEWOOD RD PITTSBURGH PA 15221
DEMEDIO MD, GABRIEL A FP
612 MILLER AVE CLAIRTON PA 15025
DEMUY MD, MAYER S ORS
ST FRANCIS HOSP PITTSBURGH PA 15201
DESAI MD, JITENDRA M U
453 OLIVE DR PITTSBURGH PA 15237
DESAI MD, SARLA M FP
329 RIDGE PT CIR BRIDGEVILLE PA 15017
DESTEFANO MD, ALBERT P FP
419 WESTINGHOUSE AVE WILMERDING PA 15148
DETREVILLE MD, ROBERT T PRM
410 F ST WRIGHT-PAT AFB OH 45433
DEUTSCH MD, MELVIN R
PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213
DIAMOND MD, DANIEL L GS
114 CRESCENT DR PITTSBURGH PA 15228
DICKINSON MD, JOHN T UTO
1501 LOCUST ST PITTSBURGH PA 15219
DICOLA MD, NANCY M PO
628 PERRY HIGHWAY PITTSBURGH PA 15229
DIETRICH MD, C WALLACE GS
993 GREENTREE RD PITTSBURGH PA 15220
DIETTINGER MD, FRANK G IM
103 DOGWOOD LANE PITTSBURGH PA 15237
DIEZ MD, CHAS M OBG
248 TECH RD PITTSBURGH PA 15205
DIGIOIA MD, ROMEO M FP
PENN HILLS MALL PITTSBURGH PA 15235
DILANGALEN MD, DATUKAN G GS
264-28 CHATHAM PK DR GREENTREE PA 15220
DILL JR MD, JAMES N OBG
PEOPLES UNION BANK BLDG MCKEESPURT PA 15132
DILLON MD, DANL J GS
1501 PRIDE ST PITTSBURGH PA 15219

DIMITSOPULOS MD, DIMITRI AN
HOMESTEAD HOSP HOMESTEAD PA 15120
DIMLING MD, CARSON S OTD
TEN ALLEGHENY CTR-705 PITTSBURGH PA 15212
DIMON MD, MICHAEL F DPH
135 EAST MALL PLAZA CARNEGIE PA 15106
DINEEN MD, FRANCIS A IM
SUITE B ST FRANCIS HDSP PITTSBURGH PA 15201
DINMAN MD, BERTRAM D PRM
1501 ALCOA BLDG PITTSBURGH PA 15219
DIPRIMIO MD, JOS V R
3 HEINZ TERR PITTSBURGH PA 15215
DISHART MD, PAUL W IM
3036 STURBRIDGE CT ALLISON PARK PA 15101
DISILVIO MD, DOMINIC N GS
1205 POWERS RUN RD PITTSBURGH PA 15238
DOBLER MD, JAMES C US
939 COAST BLVD LAJULLA CA 92037
DOBLER MD, LEE C FP
526 PERRYSVILLE AVE PITTSBURGH PA 15229
DOMOLKY MD, MARIANNE P
121 UNIVERSITY PLACE PITTSBURGH PA 15213
DONALOSON MD, DAVID H FP
3400 S PARK RD BETHEL PARK PA 15102
DONALDSON MD, JOHN S DRS
47 VILLAGE PARK WAY SANTA MUNICA CA 90405
DONALDSON MD, WM F URS
128 N CRAIG ST PITTSBURGH PA 15213
DONOVAN MD, FRANCIS C P
733 WASHINGTON RD PITTSBURGH PA 15228
DONUVAN MD, JOHN J IM
4401 PENN AVE STE 1400 PITTSBURGH PA 15224
DONOVAN MD, ROBT J IM
9102 BABCOCK BLVD PITTSBURGH PA 15237
DORMAN MD, FRANKLIN L FP
233 ROCK RUN RD ELIZABETH PA 15037
DORNENBURG MD, JAMES R GS
3534 LAKETON RD PITTSBURGH PA 15235
DOSHI MD, NARENDRA S UBG
WEST PENN HOSP PITTSBURGH PA 15224
DOUDS MD, HOWARD N IM
733 WASHINGTON RD PITTSBURGH PA 15228
DOUGHERTY MD, RALPH N GS
806 PEOPLES BANK BLDG MCKEESPORT PA 15132
DOUGHERTY MD, WILSON IM
218 S TRENTON AVE PITTSBURGH PA 15221
DOYLE MD, ALFRED P IM
444 WOODLAND RD SEWICKLEY PA 15143
DRAYER MD, BURTON P N
701 GETTYSBURG ST PITTSBURGH PA 15206
DREW MD, FRANCES L PRM
U OF PGH SCAIFE HLL M20 PITTSBURGH PA 15213
DUERKSEN MD, ROGER L OTO
4815 LIBERTY AVE PITTSBURGH PA 15224
DUFFY MD, CLYDE F FP
5134 BUTLER ST PITTSBURGH PA 15201
DUFFY MD, FREDERICK C IM
4401 PENN AVE PITTSBURGH PA 15224
DUKER MD, DANL G AN
9100 BABCOCK BLVD PITTSBURGH PA 15237
DULAHON MD, GEO M IM
9002 FRANKSTOWN RD PITTSBURGH PA 15235
DUNBAR MD, JOHN C OPH
507 LIBERTY AVE PITTSBURGH PA 15222
DUNCAN MD, JAMES R GS
208 S TRENTON AVE PITTSBURGH PA 15221
DUNEGAN MD, LAWRENCE A PO
119 WOODLAND DR PITTSBURGH PA 15228
DUNMIRE MD, LESTER A GS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
DWYER MD, JOHN H P
3811 O'HARA ST PITTSBURGH PA 15213
EASLER MD, RICHARD E PTH
WEST PENN HUSP PITTSBURGH PA 15224
EASTMAN MD, GEO IM
102 OLD CLAIRTON RD PITTSBURGH PA 15236
EASTMAN MD, LAURA B FP
102 OLD CLAIRTON RD PITTSBURGH PA 15236
EATON MD, WM R ORS
JENKINS ARCADE PITTSBURGH PA 15222
EBERZ MD, DENNIS A IM
555 A S TRENTON AVE PITTSBURGH PA 15221
EDBERG MD, SANFORD H PTH
SUBURBAN GEN HOSP LAB PITTSBURGH PA 15202
EDELSTEIN MD, NORMAN L OPH
1605 LINCOLN WAY MCKEESPORT PA 15131
EDELSTEIN MD, SOL S AN
121 ANITA PITTSBURGH PA 15217
EDWARDS MD, JOHN W AN
1211 FLORIDA AVE NATRONA HGTS PA 15065
EDWARDS MD, MARY O PD
4221 WINTERBURN ST B303 PITTSBURGH PA 15207
EFTAIHA MD, MOHAMED S GS
3500 FIFTH AVE PITTSBURGH PA 15213
EGERMAN MD, LEONARD E P
6556 NORTHUMBERLAND ST PITTSBURGH PA 15217
EGLESTON MD, L ALAN GS
1521 AVON PLACE PITTSBURGH PA 15221
EHLER MD, JOAN G P
3811 O'HARA ST PITTSBURGH PA 15213
EICHMILLER MD, JOHN P AN
427 BAILEY AVE PITTSBURGH PA 15211
EILER MD, WM A IM
2 GATEWAY CTR PITTSBURGH PA 15222
EINHORN MD, JERZY IM
MONTEFIORE HOSP PITTSBURGH PA 15213
EISAMAN MD, JOSIAH R OBG
5825 FIFTH AVE PITTSBURGH PA 15232
EISEN MD, HOWARD B R
MONTEFIORE HOSP PITTSBURGH PA 15213
EISENBEIS JR MD, CARL H IM
423 JENKINS BLDG PITTSBURGH PA 15222
EISNER MD, CLARENCE A FP
3400 FORBES AVE PITTSBURGH PA 15213
EKSTRAND MD, JOHN P P
223 RUSH VALLEY RD MONRDEVILLE PA 15146

ELATTAR MD, ANAS A FP
5 GRANDVIEW AVE PITTSBURGH PA 15211
ELATTAR MD, MOHAMD A OTO
181 SCHOONMAKER AVE MONESSEN PA 15062
ELIAS MD, STANTON B OPH
823 HIGHLAND BLDG PITTSBURGH PA 15206
ELLIS MD, LAWRENCE O IM
3515 5TH AVE PITTSBURGH PA 15213
ELMER MD, EDWARD M OTO
710 COPELAND #10 PITTSBURGH PA 15228
ELSTNER MD, HOWARD L GS
133 AUELE RD PITTSBURGH PA 15237
EMMERLING MD, JOHN F IM
3955 BIGELOW BLVD PITTSBURGH PA 15213
ENCKE MD, TED K DRS
810 AMITY ST HOMESTEAD PA 15120
ENERSON MD, DANL M TS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
ENGLAND MD, KENTON B FP
2017 E OEVONWOOD DR MCKEESPORT PA 15135
ENNIS MD, MICHAEL F IM
1213 MILTON AVE PITTSBURGH PA 15218
EPPINGER MD, MARY A P
609 CALAIS DR 3208 PITTSBURGH PA 15237
ERICKSON MD, ELMER W GS
804 N GRANDVIEW AVE MC KEESPORT PA 15132
ERICKSON MD, ERIC R PTH
2143 LAUREL LA ALLISON PARK PA 15101
ERINC MD, A ILHAN PTH
MCKEESPORT HOSP PITTSBURGH PA 15132
ERSUZ MD, CLARA J AN
2139 CLAIRMONT DR PITTSBURGH PA 15241
ERSOZ MD, NAMIK AN
MONTEFIORE HOSP PITTSBURGH PA 15213
ESPUSITO MD, FRANCIS A PO
715 N HIGHLAND AVE PITTSBURGH PA 15206
ETTER MD, LEWIS E R
PINEWOOD FARM WARRENDALE PA 15086
EVANS MD, RICHARD S FP
6 DXFURD RD PITTSBURGH PA 15202
EVANS MD, THOS M OPH
550 GRANT ST PITTSBURGH PA 15219
EVERETT MD, WM G DPH
1420 CENTER AVE PITTSBURGH PA 15219
FABIAN MD, RALPH G US
9399 BABCOCK BLVD ALLISON PARK PA 15101
FABRY MD, EDWARD I U
1099 OHIO RIVER BLVD SEWICKLEY PA 15143
FAILLA MD, JACK P FP
115 ABINGTON DR PITTSBURGH PA 15216
FALVO MD, ERNEST A IM
1501 LOCUST ST PITTSBURGH PA 15219
FARIVAR MD, SIROS IM
5944 ALDER ST APT 401 PITTSBURGH PA 15232
FARMER OD, EDWARD K FP
613 CHARTIERS AVE MCKEES ROCKS PA 15136
FARMER MD, LENORE P
811 ST JAMES ST PITTSBURGH PA 15232
FARNEY MD, ESTHER S O
211 N WHITFIELD ST PITTSBURGH PA 15206
FARRELL MD, EDWARD L FP
110 FT COUCH RD PITTSBURGH PA 15241
FAWCETT MD, JAMES L U
1099 OHIO RIVER BLVD SEWICKLEY PA 15143
FECZKO MD, WM A R
217 HIGHLAND RD PITTSBURGH PA 15238
FELDER MD, HERMAN OTO
3600 FORBES AVE STE 501 PITTSBURGH PA 15213
FELMAN MD, ISRAEL FP
1905 CENTER AVE PITTSBURGH PA 15219
FELTWELL JR MD, PETER M R
SEWICKLEY VALLEY HUSP SEWICKLEY PA 15143
FERDERBER MD, MURRAY B PM
BOX 265 SATSUMA FL 32089
FERGUSON JR MD, ALBERT B URS
125 DE SOTO ST PITTSBURGH PA 15213
FERGUSON JR MD, THEODORE J FP
5802 VERONA RD VERONA PA 15147
FERGUSON MD, DONALD G R
SOUTH SIDE HDSP PITTSBURGH PA 15203
FERGUSON MD, IRENE D FP
233 WILSACK RD GLENSHAW PA 15116
FERGUSON MD, ROGER J DRS
111 MARIE DR PITTSBURGH PA 15237
FERGUSON MD, THOS G OBG
223 WILSACK RD GLENSHAW PA 15116
FERLAN MD, LAWRENCE FP
415 4TH AVE TARENTUM PA 15084
FERRI MD, HENRY G OTD
31 WOODRIDGE DR CARNEGIE PA 15106
FEICHKO MD, ALEXANDER M UBG
416 FOURTH AVE TARENTUM PA 15084
FETTERHOFF MD, KENNETH I IM
823 MT ROYAL BLVD PITTSBURGH PA 15223
FETTERMAN MD, GEO H PTH
UNIV OF PGH-SCAIFE HALL PITTSBURGH PA 15261
FIEDLER MD, ROY W FP
3 BOGGS AVE PITTSBURGH PA 15211
FIGURA MD, JUDITH M R
WEST PENN HUSP PITTSBURGH PA 15224
FINE MD, DANL IM
171 MCLAUGHLIN DR NEW KENSINGTON PA 15068
FINE MD, JOSEPH AN
3459 5TH AVE PITTSBURGH PA 15213
FINEGOLD MD, AARON N U
3471 5TH AVE PITTSBURGH PA 15213
FINEGULD MD, JUS GS
5102 JENKINS ARCADE PITTSBURGH PA 15222
FINEGOLD MD, RICHARD A U
3471 5TH AVE PITTSBURGH PA 15213
FINEGOLD MD, WILFRED J OBG
4940 BAYARD ST PITTSBURGH PA 15213
FINESTONE MD, STEPHEN C AN
15 PATRICE CT PITTSBURGH PA 15221
FINGERET MD, ARNOLD E GS
3471 FIFTH AVE PITTSBURGH PA 15213

FINK MD, ALBERT H R
3B EASTDN RO PITTSBURGH PA 15238
FINKELMDR MD, HDWARD B N
4815 LIBERTY AVE PITTSBURGH PA 15224
FINLAY MD, JAMES W OPH
933 FIELD CLUB RD PITTSBURGH PA 15238
FISCHL MD, EDWIN C GS
1701 RUYAL OAK RD TA PITTSBURGH PA 15220
FISHER MD, BERNARD GS
3550 TERRACE ST PITTSBURGH PA 15261
FISHER MD, DDN L IM
320 E NDRTH AVE PITTSBURGH PA 15212
FISHER MD, STANLEY E PO
927 N SHERIDAN AVE PITTSBURGH PA 15206
FISHER MD, STEPHEN N R
5648 MELVIN ST PITTSBURGH PA 15217
FISHKIN MD, HYMEL GS
312 CDRBET ST TARENTUM PA 15084
FITTING JR MD, GEU M AN
1400 LDCUST ST PITTSBURGH PA 15219
FLEMING MD, ARTHUR W US
EYE & EAR HDSP PITTSBURGH PA 15213
FLEMING MD, RICHARD M P
230 N CRAIG ST PITTSBURGH PA 15213
FLINN MD, JAMES E PD
256 SIEAFDRTH AVE PITTSBURGH PA 15216
FLDM MD, DAVID M FP
3457 WARD ST PITTSBURGH PA 15213
FOIGHT MD, JEAN R OPH
5B29 HDLDEN ST PITTSBURGH PA 15232
FDNDRDFF MD, DAVID L GS
1104 WDOD ST PITTSBURGH PA 15221
FONTANA MD, ARMAND L OBG
2410 JAMES ST MC KEESPORT PA 15132
FDNTANA MD, FRANK L GS
326 CHURCHILL RD PITTSBURGH PA 15235
FDDTERMAN MD, HARDLD FP
1651 PDTDMAC PITTSBURGH PA 15216
FDRBES MD, THOMAS W R
5230 CENTRE AVE PITTSBURGH PA 15232
FDRD MD, RDBT W DBG
9102 BABCDCK BLVD PITTSBURGH PA 15237
FORD MD, WM B TS
532 S AIKEN AVE PITTSBURGH PA 15232
FDRTUNATO MD, JAMES J FP
1030 GREENLAWN DR PITTSBURGH PA 15220
FDSS MD, DAVID E DRS
SUITE 230 1 ALLEGHENY S PITTSBURGH PA 15212
FOSTER MD, HDWARD K P
6 CDLONIAL PLACE PITTSBURGH PA 15232
FDSTER MD, WALTER R FP
15 CRAFTDN AVE PITTSBURGH PA 15205
FDTIADIS MD, ION G FP
115 DDWLING DR PITTSBURGH PA 15215
FRANCIS MD, GEU J IM
PRESBYTERIAN UNIV HDSP PITTSBURGH PA 15213
FRANKE MD, FREDERICK R IM
4B00 FRIENDSHIP AVE PITTSBURGH PA 15224
FRANKENSTEIN MD, HERBERT GS
2B72 NE 32ND ST LIGHTHDUSE PT FL 33064
FRANKLIN MD, JUHN W R
ST MARGARETS HUSP PITTSBURGH PA 15201
FRAZIER II MD, JDHN E IM
320 E NDRTH AVE PITTSBURGH PA 15212
FREEDMAN MD, LESTER M R
415 HIGHLAND BLDG PITTSBURGH PA 15206
FRIDAY MD, GILBERT A PD
1901 HIGHGATE RD PITTSBURGH PA 15241
FRIDAY MD, JDHN R IM
211 N WHITFIELD ST PITTSBURGH PA 15206
FRIDAY MD, RUPERT H DBG
1501 LOCUST ST RM 401 PITTSBURGH PA 15219
FRIEDLANDER MD, MYRDN IM
532 S AIDEN AVE PITTSBURGH PA 15232
FRIEDMAN MD, HARFORD W R
263B MT ROYAL RD PITTSBURGH PA 15217
FRIEDMAN MD, LDUIS L OTD
5901 ELGIN ST PITTSBURGH PA 15206
FRITZ MD, ELMER M AN
1500 5TH AVE MC KEESPORT PA 15132
FRODEY MD, RAYMDND J US
ROYAL YDRK APTS PITTSBURGH PA 15213
FRDNCZEK MD, WM M FP
341 S WINEBIDDLE ST PITTSBURGH PA 15224
FRONDUTI MD, RDBT L US
MAGEE-WDMENS HDSP PITTSBURGH PA 15213
FULLER MD, VIRGINIA S AN
MAGEE WDMENS HDSP PITTSBURGH PA 15213
FULTDN MD, LOUIS C DTO
123 UNIVERSITY DR PITTSBURGH PA 15213
FURMAN MD, LESLEY P DBG
439 S AIKEN AVE PITTSBURGH PA 15232
FUSIA MD, JOS F FP
77B 14TH ST OAKMDNT PA 15139
FUSIA SR MD, DDNALD A FP
658 ALLEGHENY RIVER DAKMDNT PA 15139
GABDS MD, CHAS W FP
3722 CALIFDRNIA AVE PITTSBURGH PA 15212
GABDS MD, PAUL F DBG
4B15 LIBERTY AVE PITTSBURGH PA 15224
GABRIEL MD, PETE R
PO BDX 1204 UNIONTOWN PA 15401
GAFFNEY MD, PAUL C PD
125 DESDTD ST PITTSBURGH PA 15213
GAISFDRD MD, JOHN C PS
4B15 LIBERTY AVE PITTSBURGH PA 15224
GALLA MD, STEPHEN J AN
220 N DITHRIDGE ST #406 PITTSBURGH PA 15213
GANNON MD, RDBT P DBG
203 RSVLT BLD 6TH & PEN PITTSBURGH PA 15222
GARCIA MD, DIDSDADD A IM
500 LEWIS RUN RD PITTSBURGH PA 15236
GARDENER MD, RALPH P
401 SHADY AVE STE D 103 PITTSBURGH PA 15206
GARDNER MD, RDBT S GS
10 OLD TIMBER TRAIL PITTSBURGH PA 15238

GARFINKEL MD, MARC E US
1205 SHADY AVE PITTSBURGH PA 15232
GARNER MD, WM J FP
3600 LAKETUN RD PITTSBURGH PA 15235
GARDFDLI MD, CAESAR A FP
20 CEDAR BLVD PITTSBURGH PA 15228
GARRETT JR MD, WM S PS
3600 FDRBES AVE PITTSBURGH PA 15213
GARRITY MD, GENE C FP
2431 PARKMAN ST PITTSBURGH PA 15213
GARSDN MD, WARFIELD FP
49 ROCKLYNN PL PITTSBURGH PA 15228
GARVER MD, KENNETH L PO
101 STEPHENS LANE VERDNA PA 15147
GASSAWAY MD, FRANKLYN D GS
1215 GULF BLDG BDX 1166 PITTSBURGH PA 15230
GASTINEAU MD, RDBERT M PRM
W-B LAB BOX 79 WEST MIFFLIN PA 15112
GATES MD, RDBT P IM
241B MARBURY RO PITTSBURGH PA 15221
GATTER MD, CARL W P
53 ACADEMY AVE APT 401 PITTSBURGH PA 1522B
GATTD MD, FRANK M DPH
410 KITTANNING PIKE PITTSBURGH PA 15215
GAUDIO MD, RALPH IM
9066 PERRY HWY PITTSBURGH PA 15237
GAY MD, THOMAS C IM
ALLEGHENY GEN HDSP PITTSBURGH PA 15212
GEHL MD, RICHARD DRS
3471 FIFTH AVE PITTSBURGH PA 15213
GELET MD, THEODORE R IM
1501 LDCUST ST PITTSBURGH PA 15219
GELLER MD, REUVEN A U
5643 MELVIN ST PITTSBURGH PA 15217
GENUVESE MD, MARIO C FP
MCKEESPDRT HUSPITAL MCKEESPDRT PA 15312
GENTILE MD, ANTHONY F OBG
616 KEITH RD BETHEL PARK PA 15102
GEDRGE MD, JACOB TS
532 S AIKEN AVE PITTSBURGH PA 15232
GEDRGE MD, JAMES M OBG
B09 W ST PITTSBURGH PA 15221
GEDRGE MD, JDHN J AN
SDUTH SIDE HDSP PITTSBURGH PA 15203
GEDRGE MD, RDBT N U
B236 PDST RD ALLISON PARK PA 15101
GERBER MD, MICHAEL L TS
532 S AIKEN AVE PITTSBURGH PA 15232
GERENYI MD, ANDREW G FP
5B27 MERIDIAN RD GIBSDNIA PA 15044
GERNETH MD, GEO J OPH
2400 ARDMDRE BLVD 202 PITTSBURGH PA 15221
GERSTBREIN MD, HARRY L PTH
ARMSTRDNG CD MEM HDSP KITTANNING PA 16201
GHANDDNI MD, SIDN AN
MDNTEFIDRE HUSP PITTSBURGH PA 15213
GHATE MD, SHARAD B OBG
630 C GLEN SCUTT DR GLENSHAW PA 15116
GHDSHHAJRA MD, KALYANMAY R
MERCY HDSP RAD DEPT PITTSBURGH PA 15219
GIACUBINE MD, JAMES W TS
4401 PENN AVE STE 1900 PITTSBURGH PA 15224
GIALAMAS MD, ANTONIO PTH
3700 FIFTH AVE PITTSBURGH PA 15213
GIBSDN MD, WILLIAM S D
3700 FIFTH AVE PITTSBURGH PA 15213
GIBSON MD, WM E OBG
500 FINLEY ST PITTSBURGH PA 15206
GILBERTI MD, FRANK F AN
441 CYPRESS HILL DR PITTSBURGH PA 15235
GILBERTI MD, MICHAEL V GS
201 HILLCREST RD PITTSBURGH PA 15238
GILCHER MD, RDNALD U DS
B12 FIFTH AVE PITTSBURGH PA 15219
GILL III MD, THOS J PTH
UNIV DF PGH PITTSBURGH PA 15213
GILLINGER MD, WM A OBG
1211 MINNESDTA AVE NATRDNA HGTS PA 15065
GILLIS MD, RDBT T DPH
416 ISABELLA STREET DAKMDNT PA 15139
GILMAN MD, EDWARD R
3322 IVANHDE RD PITTSBURGH PA 15241
GILMDRE JR MD, JAMES L DBG
203 RSVLT BLD 6TH & PEN PITTSBURGH PA 15222
GILMDRE MD, GED H DRS
1101 FDRBES AVE PITTSBURGH PA 15219
GINCHEREAU MD, EUGENE H FP
127 CORNWALL DR PITTSBURGH PA 15238
GIRDANY MD, BERTRAM R R
125 DE SDTO ST PITTSBURGH PA 15213
GITTINGS MD, PAUL E OBG
532 S AIKEN AVE PITTSBURGH PA 15232
GLASSBURN MD, EDWARD M DTO
532 S AIKEN AVE PITTSBURGH PA 15232
GLASSD MD, LOUIS C GS
4515 PINEWDOD LN ALLISON PARK PA 15101
GLEASON MD, GEO E GS
928 CARLISLE ST NATRDNA HGTS PA 15065
GLICK MD, HARDLD M PO
ESSEX HDUSE PITTSBURGH PA 15206
GLORIDSD MD, JDS J GS
1042 SULLIVAN DR HOMESTEAD PA 15120
GOEHRING MD, WALTER O GS
214 S TRENTON AVE PITTSBURGH PA 15221
GOLD MD, ALAN IM
FDREST HLS PLZA 217 PITTSBURGH PA 15221
GOLD MD, GORDDN R IM
151 HUNKEL RD PITTSBURGH PA 15229
GOLDBERG MD, SDLUMON DPH
632 JENKINS BLDG PITTSBURGH PA 15222
GOLDBLUM MD, ABRAHAM D OPH
3347 FDRBES AVE PITTSBURGH PA 15213
GDLDBLUM MD, HARDLD L IM
1B07 WEST ST HUMESTEAD PA 15120
GDLDBLUM MD, RAYMOND W D
3500 5TH AVE PITTSBURGH PA 15213

GOLDFARB MD, I WILLIAM GS
1420 CENTRE AVE 2109 PITTSBURGH PA 15219
GDLDING MD, IRVIN M P
5520 5TH AVE APT 6 C PITTSBURGH PA 15232
GOLDMAN MD, IRVING S DPH
3347 FDRBES AVE PITTSBURGH PA 15213
GDLDSTEIN MD, EARL H N
3600 FDRBES AVE PITTSBURGH PA 15213
GDLDSTEIN MD, ELLIDTT J P
230 N CRAIG ST PITTSBURGH PA 15213
GDLDSTEIN MD, MARIDN Z P
4115 BIGELDW BLVD PITTSBURGH PA 15213
GDLDSTEIN MD, MDRTDN L IM
3500 5TH AVE PITTSBURGH PA 15213
GDLDSTEIN MD, SAML DBG
4601 5TH AVE PITTSBURGH PA 15213
GOLINGER MD, RDNALD C GS
SHADYSIDE HDSP PITTSBURGH PA 15232
GOLOMB MD, MILTON W IM
3347 FDRBES AVE PITTSBURGH PA 15213
GONZALES MD, FERNANDO Q R
490 WDDDLAND RD PITTSBURGH PA 15237
GONZALEZ MD, ALEJANDRD R US
414 WICKFDRD DR PITTSBURGH PA 15238
GDDD MD, RDBT F PD
22 OLD CLAIRTDN RD PITTSBURGH PA 15236
GDDDLDE MD, SAMUEL L AN
1132 DETTING ST PITTSBURGH PA 15204
GODDMAN MD, LOUIS PTH
1213 LAKEMDNT DR PITTSBURGH PA 15243
GDODWORTH MD, JDHN H GS
WEST PENN HDSP PITTSBURGH PA 15224
GDRDDN DD, SANFORD A R
78B ELM SPRING RD PITTSBURGH PA 15243
GDRDDN MD, ELIZABETH H OBG
1400 LDCUST ST PITTSBURGH PA 15219
GORDDN MD, WENDELL B US
555 SE 6TH AVE APT 3A DELRAY BCH FL 33444
GDTTLIEB MD, GARY P IM
620B MDNITDR ST PITTSBURGH PA 15217
GRAHAM MD, THDS R FP
5 MARQUETTE RO PITTSBURGH PA 15229
GRAHAM MD, TDBY D IM
3601 5TH AVE FALK CLINI PITTSBURGH PA 15213
GRAND MD, M GILBERT DPH
230 LDTHRDP ST PITTSBURGH PA 15213
GRANOWITZ MD, SAML P DRS
6425 BEACDN ST PITTSBURGH PA 15217
GRANT MD, JOHN J GS
419 WESTINGHDUSE AVE WILMERDING PA 15148
GRANT MD, LEE B PRM
1 GATEWAY CENTER PITTSBURGH PA 15222
GRAY III MD, SAML IM
320 THIRD AVE TARENTUM PA 15084
GRAY JR MD, GEU H NS
1501 LDCUST ST PITTSBURGH PA 15219
GRAY MD, CYNTHIA A DBG
1041B FDRBES RD PITTSBURGH PA 15235
GREEN JR MD, WM T DRS
125 DESDTD ST PITTSBURGH PA 15213
GREEN MD, ALAN J DBG
72B MARYLAND AVE PITTSBURGH PA 15232
GREEN MD, MARY H DS
B26 CALIFDRN&A AVE PITTSBURGH PA 15202
GREEN MD, MAYER A IM
220 N DITHRIDGE ST 1104 PITTSBURGH PA 15213
GREEN MD, RICHARD L IM
6113 JENKINS ARCADE PITTSBURGH PA 15222
GREEN MD, RDBERT M FP
322 RDUP AVE APT 2 PITTSBURGH PA 15232
GREENBERG MD, WAYNE V IM
3347 FDRBES AVE PITTSBURGH PA 15213
GREGG MD, FRANK J IM
TWD ALLEG CTR STE 626 PITTSBURGH PA 15212
GREGG MD, GRACE S PD
110 MILLVIEW DR PITTSBURGH PA 15238
GREGG MD, JDHN S IM
7 ALLEGHENY CTR APT 70B PITTSBURGH PA 15212
GREGD MD, J GREGURY GS
532 S AIKEN AVE PITTSBURGH PA 15232
GREGDRY MD, RUBT E GS
144 S 20TH ST PITTSBURGH PA 15203
GREISSINGER MD, WALTER M PRM
1400 CENTRE AVE PITTSBURGH PA 15219
GRENVIK MD, AKE N AN
OP ANES PRESBY-UN HDSP PITTSBURGH PA 15213
GRIFFIN MD, HERSCHEL E PRM
GR SCH P H UN DF PGH PITTSBURGH PA 15213
GRIFFITH MD, JOS B GS
337 BEAVER ST SEWICKLEY PA 15143
GRIMES MD, BERNARD J IM
1501 LOCUST ST PITTSBURGH PA 15219
GRDMIS MD, RDBERT M IM
116B PENNBURY BLVD N PITTSBURGH PA 15205
GROSS MD, CHARLES N FP
275B NE 30TH AVE #1 LIGHTHDUSE PT FL 33064
GRDSS MD, PAUL PTH
2B MAUI CIRCLE NAPLES FL 33940
GRDSSMAN MD, CHAS C N
BOX 10119 PITTSBURGH PA 15232
GROVER MD, SUKHDEV S IM
30-W CHAPEL RIDGE RO PITTSBURGH PA 15238
GRUBBS MD, RDBT M FP
224 S TRENTDN AVE PITTSBURGH PA 15221
GRUMET MD, BERNARD A IM
10402 PRESBYTERIAN HDSP PITTSBURGH PA 15213
GUEHL MD, JOHN J P
733 WASHINGTON RD PITTSBURGH PA 1522B
GUINTO MD, JUSE C R
1500 5TH AVE MCKEESPDRT PA 15132
GULARSKI MD, ALICE S FP
6056 JENKINS ARCADE PITTSBURGH PA 15222
GUMERMAN MD, LEWIS W DS
230 LDTHRDP ST DEPT RAD PITTSBURGH PA 15213
GUMP MD, RDBT B FP
811 ROSS AVE PITTSBURGH PA 15221

GUPTA MO, RAJENDRA P IM
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
GURGUN MO, MELIH R
6 CARLETON DR PITTSBURGH PA 15216
GURSON MD, HELEN W FP
2320 E CARSON ST PITTSBURGH PA 15203
GUTHRIE MD, MICHAEL A OBG
PROF SUITES 45TH OFF PE PITTSBURGH PA 15201
GUTTA MO, VENKTAIAH U
450 S AIKEN AVE 206 PITTSBURGH PA 15232
HABER MD, RICHARD E IM
4815 LIBERTY AVE STE 21 PITTSBURGH PA 15224
HADLEY MO, MATTHEW R IM
2929 JACKS RUN RD MCKEESPORT PA 15131
HAGAN MD, EUGENE M FP
440 ALLEGHENY RIVER DAMONT PA 15139
HAHN MD, ADAM W P
11 CAMDEN DR PITTSBURGH PA 15215
HAINES MD, ALFRED J FP
498 STERLING ST PITTSBURGH PA 15203
HAIRSTON JR MD, JOHN C FP
7922 FRANKSTOWN AVE PITTSBURGH PA 15208
HAKALA MD, THOMAS R U
1083 SCAIFE HALL PITTSBURGH PA 15261
HAKAS MD, JOS F FP
401 BIGHAM ST PITTSBURGH PA 15211
HALE MD, EDWARD H IM
211 N WHITFIELD ST PITTSBURGH PA 15206
HALEN MD, ROBT J PRM
3 GATEWAY CENTER RX 134 PITTSBURGH PA 15230
HALL MD, EDWARD L IM
21 VALERIE DR MONROEVILLE PA 15146
HALL MD, VINCENT B PRM
3852 WM PENN HIGHWAY MURRYSVILLE PA 15668
HALL MD, WM A R
9102 BABCOCK BLVD PITTSBURGH PA 15237
HAMILTON MD, RUBT C PTH
408 45TH ST PITTSBURGH PA 15201
HAMM MD, CHAS R R
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143
HAMPSEY MD, JOS W UTO
1102 GRANT BUILDING PITTSBURGH PA 15219
HAN MD, EUNG J AN
ALLEGHENY VALLEY HOSP NATRONA HGTS PA 15065
HAN MD, SUM K FP
545 PAT HAVEN DR PITTSBURGH PA 15243
HANCOCK MD, REGINALD A U
504 PENN AVE PITTSBURGH PA 15222
HANOELSMAN MD, OLIVER FP
2400 ARDMORE BLVD STE30 PITTSBURGH PA 15221
HANNA MD, DWIGHT C PS
4815 LIBERTY AVE PITTSBURGH PA 15224
HANRAHAN MD, JAMES B PTH
WESTERN PA HOSP PITTSBURGH PA 15224
HAPPEL MD, JOHN L GS
4101 BROWNSVILLE RD PITTSBURGH PA 15227
HARADIN MD, ANTHONY R IM
3600 FORBES AVE RM 604 PITTSBURGH PA 15213
HAROESTY MD, ROBERT L TS
108B SCAIFE UNIV OF PGH PITTSBURGH PA 15261
HARMUTH MD, ARTHUR M PO
607 WASHINGTN RD STE 30 PITTSBURGH PA 15228
HARRIS MD, BARRY C IM
3471 5TH AVE 5TH FL PITTSBURGH PA 15213
HARRIS MD, RICHARD N IM
3 HOLLENDEN PL PITTSBURGH PA 15217
HARRISON MD, ANTHONY M GS
3471 5TH AVE PITTSBURGH PA 15213
HART MD, PHILIP L R
ALLEG GEN HOSP-RAD DEPT PITTSBURGH PA 15212
HARTER MD, EARL GS
3 GATEWAY CTR PITTSBURGH PA 15222
HARTER MD, LEO GS
3 GATEWAY CTR PITTSBURGH PA 15222
HARTMAN MD, CLIFFORD C IM
1230 FARRAGUT ST PITTSBURGH PA 15206
HARTMAN MD, HARRY S FP
3303 ELMDALE DR BETHEL PARK PA 15102
HARTMAN MD, NORMAN A OBG
335 PARKWAY DR PITTSBURGH PA 15228
HARTSOCK MD, ROBERT J PTH
ALLEG GEN HOSP LAB MED PITTSBURGH PA 15212
HARVEY MD, WM J FP
340 CENTER AVE PITTSBURGH PA 15229
HASER MD, HEYWOOD A ORS
2225 POOR RICHARDS LN PITTSBURGH PA 15237
HASHMI MD, MAJID A IM
WEST PENN HOSP PITTSBURGH PA 15224
HAUGER MD, HAROLD N OPH
2520 MOSSIDE BLVD MONROEVILLE PA 15146
HAUK MD, WM L OPH
400 PENN CTR BLVD 4-230 PITTSBURGH PA 15221
HAUS MD, WM FP
1145 BROWNSVILLE RD PITTSBURGH PA 15210
HAWK MD, BRAINARD U OBG
6TH PENN AVE 203-205 PITTSBURGH PA 15222
HAWKINS MD, JAMES G PO
1564 NORTHWAY MALL PITTSBURGH PA 15237
HAYASHI MD, T TERRY OBG
MAGEE-WOMENS HOSP PITTSBURGH PA 15213
HAYES MD, JAMES C IM
4815 LIBERTY AVE PITTSBURGH PA 15224
HAYES MD, JAMES O R
1000 BUWER HILL RD PITTSBURGH PA 15216
HAYESLIP MD, DAVID W PTH
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
HEATH MD, ERLE M FP
2423 SAW MILL RUN BLVD PITTSBURGH PA 15234
HEAZLETT MD, WM A IM
RIVER VIEW MANOR 65 LEWISBURG PA 17837
HECK MD, HARRY J FP
1549 LOWRIE ST PITTSBURGH PA 15212
HEFFLIN MD, CHARLES M FP
2920 FERNWALD RD PITTSBURGH PA 15217
HEGARTY MD, FRANCIS A O
1501 LOCUST ST PITTSBURGH PA 15219

HEIDENREICH MD, FRED P US
531 CHESTER DR LOWER BURRELL PA 15068
HEIDENREICH MD, M VINCENT FP
4002 PROVOST RD PITTSBURGH PA 15227
HEILMAN MD, JOHN D IM
320 THIRD AVE TARENTUM PA 15084
HEINEMAN MD, RICHARD W FP
RD 1 BOX 347 NATRONA HGTS PA 15065
HEINZ MD, E RALPH R
PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213
HELLER MD, ELWYN L PTH
RD 3 ROCKWOOD PA 15557
HELMBOLD MD, THEODORE R PTH
2284 COUNTRY CLUB DR PITTSBURGH PA 15241
HELMI MD, S MEHDI IM
SOUTH SIDE HOSP PITTSBURGH PA 15203
HEMPHILL MD, RICHARD W OBG
MAGEE-WOMENS HOSP PITTSBURGH PA 15213
HENDERSON MD, PETER B P
3811 OHARA ST PITTSBURGH PA 15261
HENDERSON MD, SAMUEL G R
2379 FINLANDIA LN #15 CLEARWATER FL 33515
HENDRY MD, STANLEY G FP
1601 PENN AVE STE 5300 PITTSBURGH PA 15221
HENNINGER MD, JAMES M P
185 LOS ARCOS GREEN VALLEY AZ 85614
HENNON MD, ODN L GS
1 ALLEGHENY SQ STE 214 PITTSBURGH PA 15212
HENRY JR MD, EDGAR S OPH
521 LOCUST PL SEWICKLEY PA 15143
HENRY JR MD, LELAND T IM
4815 LIBERTY AVE PITTSBURGH PA 15224
HEPBURN MD, JAMES M IM
550 GRANT ST PITTSBURGH PA 15219
HEPP MD, JOS A DBG
121 UNIVERSITY PL PITTSBURGH PA 15213
HEPPNER MD, RICHARD L IM
4815 LIBERTY AVE PITTSBURGH PA 15224
HERB MD, ROBERT W IM
6B CHURCHILL RD PITTSBURGH PA 15235
HERMAN MD, JULIUS FP
5907 PENN AVE PITTSBURGH PA 15206
HERRON MD, FRANK T IM
3700 5TH AVE PITTSBURGH PA 15213
HERSH MD, J JOSEPH GS
1331 TERRACE DR PITTSBURGH PA 15228
HERSHENSON MD, LEE M IM
3700 5TH AVE PITTSBURGH PA 15213
HERSHEY MD, RICHARD E NS
1501 LOCUST ST PITTSBURGH PA 15219
HESLOP MD, ROBT C PD
566 N WASHINGTON RD MCMURRAY PA 15317
HETHERINGTON MD, ARTHUR F OBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
HETRICK MD, WM D AN
MERCY HOSP ANES OPT PITTSBURGH PA 15219
HEYL JR MD, FRANK E FP
1020 CENTER AVE PITTSBURGH PA 15229
HILAL MD, ELIAS Y OTO
1275 YORK AVE NEW YORK N Y 10021
HILBERG MD, RUBT W IM
MERCY HOSPITAL PITTSBURGH PA 15219
HILE MD, H EUGENE PO
201 PENN CTR BLVD ST 20 PITTSBURGH PA 15235
HILES MD, DAVID A OPH
143 NORTH DR PITTSBURGH PA 15238
HILL MD, JOHN B IM
3515 5TH AVE PITTSBURGH PA 15213
HILLER JR MD, WALTER W P
574 DORSEYVILLE RD PITTSBURGH PA 15238
HILTON MD, ALEXANDER E FP
BLDG 1 ONEIL VILL MCKEESPORT PA 15132
HILTON MD, STEPHEN A FP
520 LOCUST ST MC KEESPORT PA 15132
HINCHLIFFE MD, JOS G P
105 WILLOW RUN ROAD PITTSBURGH PA 15238
HINDERER MD, KENNETH H OTO
3700 5TH AVE PITTSBURGH PA 15213
HINGSON JR MD, ROBT A AN
824 GRANDVIEW AVE PITTSBURGH PA 15211
HINKENS MD, GEO F IM
1111 EMPIRE BLDG PITTSBURGH PA 15222
HIRSCH MD, STANLEY A GS
3471 FIFTH AVE PITTSBURGH PA 15213
HIRSCH MD, STUART O P
230 N CRAIG ST PITTSBURGH PA 15213
HITCHCOCK MD, JOHN P
3700 5TH AVE STE 405 PITTSBURGH PA 15213
HO MO, MONTO IM
968 SCAIFE HALL U OF PG PITTSBURGH PA 15213
HOCH MD, CARL W OTO
1326 5TH AVE MC KEESPORT PA 15132
HOCH MD, PAUL G FP
144 CLARENDON AVE LOWER BURRELL PA 15068
HOCHMAN MD, MOSES OBG
COLUMBUS AFB COLUMBUS MS 39701
HODGSON MD, JOHN P IM
1505 LINCOLN WAY MC KEESPORT PA 15131
HOFFMAN MD, FRANKLIN O OPH
550 GRANT ST PITTSBURGH PA 15219
HOFSTETTER MD, ALEXANDER M U
522 WALNUT ST MC KEESPORT PA 15132
HOMING MD, CHAS C OBG
5 GRANDVIEW AVE PITTSBURGH PA 15211
HOHMANN MD, THOS C PM
9100 BABCUCK BLVD PITTSBURGH PA 15237
HOLL MD, PAUL F OPH
19 THORNWOOD DR PITTSBURGH PA 15228
HOLLAND MD, PAULINE M US
126 W HARRISBURG AVE RHEEMS PA 17570
HOLLAND MD, PHILIP B ORS
2513 5TH AVE MC KEESPORT PA 15132
HOLLSTEIN MD, FRANK E OBG
660 LINCOLN AVE PITTSBURGH PA 15202
HOLT MD, JOHN E GS
126 HIBISCUS DR PITTSBURGH PA 15235

HOLT MD, NANCY C DBG
3347 FORBES AVE PITTSBURGH PA 15213
HOLZINGER MD, ELMER J IM
519 EDGEWOOD RS PITTSBURGH PA 15221
HONG MD, SUNG H R
153 CLOVER DR HOLLIDAYSBURG PA 16648
HONGBARCO MD, PABLO TS
6355 WALORON ST PITTSBURGH PA 15217
HOON MD, WILLIAM L OPH
30 TURNER ST CLEARWATER FL 33516
HOOTMAN MD, BARRY D DRS
WEST PENN HOSPITAL PITTSBURGH PA 15224
HOOTMAN MD, J KENNETH OPH
633 WASHINGTON RD PITTSBURGH PA 15228
HORN MD, RICHARD H IM
410 S CRAIG ST PITTSBURGH PA 15213
HORNE MD, LLOYD M PO
812 IVY ST PITTSBURGH PA 15232
HORNER JR MD, FRANK S FP
401 CHARLES ST TURTLE CREEK PA 15145
HORNICEK MD, FRANCIS J P
3000 WM PENN HIGHWAY PITTSBURGH PA 15235
HORNICK MD, NEWTON R
SUBURBAN GEN HOSP PITTSBURGH PA 15202
HORRIGAN MD, FRANCIS E FP
300 CYPRESS HILL DR PITTSBURGH PA 15238
HORWITZ MD, JOHN J IM
401 SHADY AVE APT C105 PITTSBURGH PA 15206
HOUSER MD, JOHN W FP
503 NORTH AVE PITTSBURGH PA 15221
HOWER MD, ROBERT D GS
1207 FLORIDA AVE NATRONA HGTS PA 15065
HUBER MD, DAVID S IM
550 GRANT ST PITTSBURGH PA 15219
HUBER MD, DONALD J FP
8135 PERRY HIGHWAY PITTSBURGH PA 15237
HUBER MD, WM B FP
430 LOCUST ST PITTSBURGH PA 15218
HUFF MD, A WILLIAMSON DBG
592 BRIAR CLIFF RD PITTSBURGH PA 15221
HUFF MD, LYNN H DBG
2450 E BAY DR LOT 5 LARGO FL 33541
HUGHES MD, GEO V IM
558 PERRY HWY PITTSBURGH PA 15229
HUGHES MD, PATRICK H GS
450 HOLLAND AVE BRADDOCK PA 15104
HULLEY JR MD, WM C FP
2213 BROWNSVILLE RD PITTSBURGH PA 15210
HUMES MD, ALEXANDER B PTH
THOMAS RUN RD CARNEGIE PA 15106
HUMPHREYS MD, EARL A IM
BX 304F TIMOTHY RD GIBSONIA PA 15044
HUNT MD, WM R GS
103 SMITHFIELD ST PITTSBURGH PA 15222
HUNTER MD, DORIS M P
121 UNIVERSITY PL PITTSBURGH PA 15213
HUNTER MD, KENNETH A PS
904 WILLOW CREEK DR WACO TX 76710
HUOT MD, DAVID A R
WINTHROP RD CARNEGIE PA 15106
HURITE MD, FRANCIS G OPH
1420 CENTRE AVE PITTSBURGH PA 15219
HURWITZ MD, LARRY E IM
3471 5TH AVE PITTSBURGH PA 15213
HUYEN MD, TRAN T GS
2316 SURREY LANE #83 MCKEESPORT PA 15135
HYDOVITZ MD, JERROLD D IM
532 S AIKEN AVE PITTSBURGH PA 15232
IANCU MD, ALBERT L U
211 N WHITFIELD ST PITTSBURGH PA 15206
IANNUZZI MD, C CHARLES FP
2115 NOBLE ST PITTSBURGH PA 15218
IOREES MD, MUHAMMAD IM
1949 LINCOLN WAY MCKEESPORT PA 15131
ILKHANIPOUR MD, CYRUS R
MERCY HOSP PITTSBURGH PA 15219
ILYAS MD, MOHAMMAD R
133 TYNEWOOD DR TURTLE CREEK PA 15145
IMBRIGLIA JR MD, JOSEPH E ORS
7026 JENKINS ARCADE PITTSBURGH PA 15222
INODRATO MD, LEROY S PO
BAUM&NEGLEY AVE PITTSBURGH PA 15206
ISAACS MD, GILBERT H IM
MONTEFIORE HOSP PITTSBURGH PA 15213
ISAACSON MD, STANFURD IM
3347 FORBES ST PITTSBURGH PA 15213
ISMAIL-BEIGI MD, FARHAD IM
3700 5TH AVE PITTSBURGH PA 15213
ITSKOWITZ MD, ALAN L IM
302 JENKINS BLDG PITTSBURGH PA 15222
IVEY MD, TIMOTHY ORS
660 LINCOLN AVE PITTSBURGH PA 15202
JABLONSKI MD, LAWRENCE F U
22 FULTON BLDG PITTSBURGH PA 15222
JABLONSKI MD, RICHARD R FP
1174 GREENTREE RD PITTSBURGH PA 15220
JACKLINE JR MD, JOS J IM
4725 MC KNIGHT RD PITTSBURGH PA 15237
JACOB JR MD, HERBERT E IM
122 ORCHARD AVE GLENSHAW PA 15116
JACOB MD, WALTER L P
530 WM PENN PL BX 119 PITTSBURGH PA 15219
JACOBS MD, DAVID U
1050 LINCOLN WAY MCKEESPORT PA 15132
JACOBS MD, GEORGE A J FP
1152 MARSHALL AVE PITTSBURGH PA 15212
JACOBS MD, RICHARD P U
532 S AIKEN AVE PITTSBURGH PA 15232
JACQUES MD, GEO A AN
1128 PACIFIC AVE BRACKENRIDGE PA 15014
JAKAB MD, IRENE P
3811 OHARA ST RM 679 PITTSBURGH PA 15213
JAKUBCHAK MD, JAMES J IM
2523 SYLVANIA DR BETHEL PARK PA 15102
JAMES OD, EDWARD E FP
716 FIFTH AVE CORAOPOLIS PA 15108

JANEWAY MD, TIMOTHY DRS
BRANDYWINE RO 2 SEWICKLEY HGTS PA 15143
JANNETTA MD, PETER J NS
PRESBY UNIV HOSP RM 940 PITTSBURGH PA 15261
JANOSKO MD, RUDOLPH E P
161 N DITHRIDGE ST PITTSBURGH PA 15213
JAQUISS MD, GEORGE W DTD
1501 LOCUST ST PITTSBURGH PA 15219
JARMALOWSKI MD, CHESTER R R
5806 HOWE ST PITTSBURGH PA 15232
JENA MD, MILTON IM
552 N NEVILLE ST PITTSBURGH PA 15213
JENKINS JR MD, ROBT J US
MONONGAHELA HOSP MONONGAHELA PA 15063
JEW JR MD, EDWARD W GS
2048 HYCROFT OR PITTSBURGH PA 15241
JOHAN MD, MORTON P
MEDICAL ARTS BLDG PITTSBURGH PA 15213
JOHN MD, CHAD E PD
935 THORN RUN RD CORAOPOLIS PA 15108
JOHNSON III MD, S HARRIS U
211 W WHITFIELD ST PITTSBURGH PA 15206
JOHNSON JR MD, MARSHALL M FP
1732 BRIGHTON PL PITTSBURGH PA 15212
JOHNSON MD, FRANKLIN P FP
1600 JAMES ST MONROEVILLE PA 15146
JOHNSON MD, JAMES R FP
420 SHAW AVE MCKEESPORT PA 15132
JOHNSTON JR MD, JOHN A GS
1910 COCHRAN RD PITTSBURGH PA 15220
JOHNSTON MD, J MURL PM
694 WASHINGTON RD PITTSBURGH PA 15228
JOHNSTON MD, JAMES R OBG
159 W LOUTHER ST CARLISLE PA 17013
JONES JR MD, ROBERT T R
MERCY HOSP RAD DEPT PITTSBURGH PA 15219
JONES MD, GEORGE J U
1029 MILTON ST PITTSBURGH PA 15218
JONES MD, WM C PTH
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
JOSEPH MD, ANDREW H IM
1501 LOCUST ST PITTSBURGH PA 15219
JOSEPH MD, MONTEFIORE L P
401 SHADY AVE A-207 PITTSBURGH PA 15206
JOSHI MD, MANOHAR J IM
5511 AYLESBORO AVE PITTSBURGH PA 15217
JOSIMOVICH MD, JOHN B OBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
JOYNER JR MD, CLAUDE R IM
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
JOZEFCZYK MD, PATRICIA B N
3000 SWALLOW HL RO 220 PITTSBURGH PA 15220
JUDO MD, JOS H CRS
422 SHAW AVE MC KEESPORT PA 15132
JUNGHANS MD, SIEGFRIED P PTH
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143
KAIRYS MD, LEO R OBG
1109 GREENRIDGE LANE PITTSBURGH PA 15220
KALEN MD, S MOYER US
1717 PENN AVE APT 702 PITTSBURGH PA 15221
KALLA MD, RICHARD L IM
3471 5TH AVE PITTSBURGH PA 15213
KALMANSON MD, JACOB D O
201 PENN CENTER BLVD PITTSBURGH PA 15235
KAMERER MD, DONALD B DTO
1501 LOCUST ST PITTSBURGH PA 15219
KAMINSKI MD, ROBERT J DBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
KANE MD, JOHN J DBG
213 SLEEPYHOLLOW RD PITTSBURGH PA 15216
KANN MD, JULES FP
128 N CRAIG ST PITTSBURGH PA 15213
KAO MD, CHIEN-KUO AN
937 OLD HICKORY ROAD PITTSBURGH PA 15243
KAPLAN MD, CARL R
PRIDE AND LOCUST STS PITTSBURGH PA 15219
KAPPAKAS MD, GEORGE S DRS
1025 MCKENNA AVE PITTSBURGH PA 15205
KARAMCHANDANI MD, NILIMA T PD
WEST PENN HOSP PITTSBURGH PA 15224
KARAMCHETI MD, ANAND U
27 HIGHLAND AVE STE 206 WASHINGTON PA 15301
KARAS MD, MARK M FP
ST MARGARET HOSP 46 ST PITTSBURGH PA 15201
KARIMKHANI MD, KOBRA DBG
938 BEAVER GRADE RO CORAOPOLIS PA 15108
KARPINSKI JR MD, STEPHEN J AN
144 BERWYN RD PITTSBURGH PA 15237
KART MD, BARRY H R
2401 BEECHWOOD BLVD PITTSBURGH PA 15217
KASDAN MD, RICHARD B N
6611 ROSEMOR ST PITTSBURGH PA 15217
KASKAIE MD, NEPTUNE AN
244 S QUEENSBURY COURT PITTSBURGH PA 15237
KASSAMALI MD, SULTANALI A IM
405 B GLEN MALCOLM DR GLENSHAW PA 15116
KATTAH MD, JORGE C N
144 N DITHRIDGE ST #509 PITTSBURGH PA 15213
KATZ MD, DAVID L DBG
GATEWAY TOWERS STE 245 PITTSBURGH PA 15222
KATZ MD, IRWIN L R
1024 KING AVE PITTSBURGH PA 15206
KATZIN MD, DICK DPH
2545 MOSSIDE BLVD MONROEVILLE PA 15146
KAUFER MD, GERALD I GS
222 S TRENTON AVE PITTSBURGH PA 15221
KAUFMAN MD, I LEONARD FP
1650 BROADWAY PITTSBURGH PA 15216
KAUFMAN MD, SIDNEY S GS
3471 5TH AVE PITTSBURGH PA 15213
KAVIC MD, MICHAEL S GS
927 BROADHEAD RD CORAOPOLIS PA 15108
KELLER MD, FRANK M FP
4125 NORTHAMPTON ST ALLISON PARK PA 15101
KELLEY MD, KATHLEEN R PO
APT 411 140 LAVALE DR MONROEVILLE PA 15146
KELLY MD, EDWARD G DRS
1501 LOCUST ST PITTSBURGH PA 15219
KELLY MD, EUGENE W R
201 GRANT ST 506 SEWICKLEY PA 15143
KELLY MD, JAMES D FP
345 BARCLAY AVE PITTSBURGH PA 15221
KELLY MD, WM J IM
721 JENKINS BLDG PITTSBURGH PA 15222
KENKRE MD, SRICHISHNA B OBG
300 PENN CENTER BLVD PITTSBURGH PA 15235
KENNA MD, MARITA O P
211 WHITFIELD ST PITTSBURGH PA 15206
KENNEDY MD, FRANCIS B IM
4401 PENN AVE STE 1100 PITTSBURGH PA 15224
KENNEDELL MD, EDWARD H DPH
303 E 6TH AVE TARENTUM PA 15084
KENNEDELL MD, JOHN S OPH
EYE & EAR HOSP PITTSBURGH PA 15213
KENNY MD, KEVIN J FP
287 14TH ST AMBRIDGE PA 15003
KERN JR MD, JOHN M FP
104C GLEN INVERNESS DR GLENSHAW PA 15116
KERR JR MD, HARRY J IM
705 BROADWAY MCKEES ROCKS PA 15136
KESSLER MD, LAIBE A NS
552 N NEVILLE ST PITTSBURGH PA 15213
KESSLER MD, OTTO F OBG
5230 CENTER AVE PITTSBURGH PA 15232
KHURANA MD, RAMESH C IM
615 WASHINGTON RD PITTSBURGH PA 15228
KIESEWETTER MD, WM B GS
125 DE SOTO ST PITTSBURGH PA 15213
KIM MD, CHUL IM
507 AMBERSON AVE PITTSBURGH PA 15232
KIM MD, EUGENE Y R
1500 5TH AVE MCKEESPORT PA 15132
KIM MD, SHIN K GS
BLR MILL VLGE-EAST 2090 HORSHAM PA 19044
KIM MD, SUNG K GS
BLDG 1 102 ONEIL VLG MCKEESPORT PA 15132
KIM MD, SUNG Y R
COLUMBIA HOSPITAL PITTSBURGH PA 15221
KIM MD, YOON C PTH
1004 ARCH ST PITTSBURGH PA 15212
KING MD, ELMER S GS
3700 5TH AVE PITTSBURGH PA 15213
KING MD, LEO M U
706 PEOPLES BANK BLDG MC KEESPORT PA 15132
KING MD, ROBT L DBG
1544 NORTHWAY MALL PITTSBURGH PA 15237
KINSEL MD, ALVIN A FP
105 EMERSON AVE PITTSBURGH PA 15215
KIRIMLI MD, BULENT I AN
EYE&EAR HOSP DEPT ANES PITTSBURGH PA 15213
KIRK MD, JACQUELYN M D
502 FIFTH AVE MCKEESPORT PA 15132
KISLOFF MD, BARRY IM
220 MEYRAN AVE PITTSBURGH PA 15213
KISNER MD, ROBT G OBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
KISSELL MD, DEWITT C FP
1539 LINCOLN AVE PITTSBURGH PA 15206
KLAIN MD, MIROSLAV AN
2068 OUTLOOK DR UPPER ST CLAIR PA 15241
KLATMAN MD, SAML J FP
4500 LIBERTY AVE PITTSBURGH PA 15224
KLEIN MD, RICHARD M FP
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
KLEIN MD, SANFORD M AN
MC KEESPORT HOSP MC KEESPORT PA 15132
KLEINSCHMIDT MD, ROBT F IM
1501 LOCUST ST PITTSBURGH PA 15219
KLINE MD, ROBT W AN
151 S 20TH ST PITTSBURGH PA 15203
KLIONSKY MD, BERNARD L PTH
MAGEE-WOMENS HOSP PITTSBURGH PA 15213
KLUEBER MD, WM F FP
726 BROOKLINE BLVD PITTSBURGH PA 15226
KNAPPENBERGER MD, WM L FP
830 HOMEWOOD DR PITTSBURGH PA 15235
KNOTT MD, ALBERT P IM
2800 CENTRE AVE PITTSBURGH PA 15219
KODALL MD, RAJA V R
104 8842 S COURT ALLISON PARK PA 15101
KOENIG MD, ARTHUR R FP
103 MAPLE AVE PITTSBURGH PA 15218
KOENIG MD, FREDERICK W DRS
144 S 20TH ST PITTSBURGH PA 15203
KOENIG MD, HANS ORS
3563 SHADELAND AVE PITTSBURGH PA 15212
KOKALES MD, JOHN G IM
303 MAB 3700 FIFTH AVE PITTSBURGH PA 15213
KUDROS MD, KIAN S IM
9102 BABCOCK BLVD PITTSBURGH PA 15237
KOUSER MD, ROBT K IM
328 EDGEWOOD RD PITTSBURGH PA 15221
KOSKOFF MD, YALE D NS
3600 FORBES AVE PITTSBURGH PA 15213
KUST MD, PAUL F P
3241 MCCULLY RO ALLISON PK PA 15101
KOSTER MD, LEE H GS
1038 EDGEWOOD RD NEW KENSINGTON PA 15068
KOSTYAL MD, JOHN L OBG
4140 BROWNSVILLE RD PITTSBURGH PA 15227
KOWALLIS MD, GEO F IM
310 MED ARTS BLDG PITTSBURGH PA 15213
KRAEMER MD, DAVID W DBG
615 WASHINGTON RD PITTSBURGH PA 15228
KRAK MD, MICHAEL PD
3305 MAIN ST MUNHALL PA 15120
KRAM MD, JOHN E FP
2601 PERRYSVILLE AVE PITTSBURGH PA 15214
KRAUS MD, DAVID R DRS
1501 LOCUST ST PITTSBURGH PA 15219
KRAUSE MD, GILBERT IM
1000 SPANISH RIVER RD BOCA RATON FL 33432
KRAUSE MD, HELEN F DTD
9102 BABCOCK BLVD PITTSBURGH PA 15237
KRAUSE MD, SEYMOUR IM
FOREST HLS PLZA YOST BV PITTSBURGH PA 15221
KRAUTHAMMER MD, JUERGEN P GS
2013 E CARSON ST PITTSBURGH PA 15203
KREINBROOK MD, SUZANNE B P
WOODVILLE STATE HOSP CARNEGIE PA 15106
KRESH MD, NORMAN N P
540 N NEVILLE ST PITTSBURGH PA 15213
KRETZ MD, STEWART F FP
4636 CENTER AVE PITTSBURGH PA 15213
KRIFCHER MD, CHAS PTH
HOMESTEAD HOSPITAL HOMESTEAD PA 15120
KRIFCHER MD, EMANUEL IM
532 S AIKEN AVE STE 200 PITTSBURGH PA 15232
KRISHNASWAMI MD, V IM
VA HOSP CARDIAC LAB PITTSBURGH PA 15240
KROEGER MD, HILDA H PRM
3955 BIGELOW BLVD PITTSBURGH PA 15213
KROTEC MD, JOS W FP
5526 WALNUT ST PITTSBURGH PA 15232
KRUG III MD, E CLYDE IM
9905 FRANKSTOWN RD PITTSBURGH PA 15235
KRUGH MD, FRANCIS J D
20 CEDAR BLVD PITTSBURGH PA 15228
KRUGH MD, JAMES W AN
5230 CENTRE AVE PITTSBURGH PA 15232
KUHN MD, CHARLES M FP
1420 CENTRE AVE #1508 PITTSBURGH PA 15219
KUN MD, JOS FP
3833 WILLOW AVE PITTSBURGH PA 15234
KUNKEL MD, GEO A R
8 CLOVER LANE UNIONTOWN PA 15401
KUNKEL MD, HERBERT G AN
1550 FOX CHAPEL RD PITTSBURGH PA 15238
KUNKEL MD, WM H DTO
212 S TRENTON AVE PITTSBURGH PA 15221
KUNSCHNER MD, ALAN J US
3554 N HILLS RO MURRYSVILLE PA 15668
KUNSCHNER MD, ALBERT B FP
615 GREENLEAF DR MONROEVILLE PA 15146
KUO MD, TSUNG-YI R
1400 CENTRE AVE PITTSBURGH PA 15219
KUREMSKY MD, DALE A FP
1442 RAVEN DR PITTSBURGH PA 15243
KURTZ MD, JOHN E PTH
265 46TH ST PITTSBURGH PA 15201
KUSH MD, FRANK H US
1805 TYBURN LA PITTSBURGH PA 15241
KUSH MD, MARGARET B IM
1805 TYBURN LN PITTSBURGH PA 15241
KUTSENKOW MD, MICHAEL FP
225 E MAIN ST CARNEGIE PA 15106
KYLLONEN MD, ARMAS S TS
4815 LIBERTY AVE PITTSBURGH PA 15224
KYNE MO, PETER J ORS
592 SQUAW RUN PITTSBURGH PA 15238
KYREAGES MO, CONSTANTINE G GS
4725 MCKNIGHT RO #212 PITTSBURGH PA 15237
KYRIACOPOULOS MD, JOHN O IM
3471 5TH AVE 5TH FL PITTSBURGH PA 15213
LACY MD, GED R US
900 WASHINGTON RD #510 PITTSBURGH PA 15228
LAHR MD, JOSEPH W US
ST MARGARET MEM HOSP PITTSBURGH PA 15201
LAING MD, PATRICK G DRS
4 WHITE FAWN LN PITTSBURGH PA 15238
LAMAS MD, CARLOS C PTH
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
LAMP JR MD, CLYDE B DTD
8101 JENKINS ARCADE PITTSBURGH PA 15222
LANAUZE MO, HARRY E FP
1026 WALNUT ST MCKEESPORT PA 15132
LANDAY MD, JAMES P FP
802 CLONMEL ST DUQUESNE PA 15110
LANDAY MO, LOUIS H IM
3725 S OCEAN OR APT 111 HOLLYWOOD FL 33019
LANDERMAN MO, NATHANIEL S IM
3471 FIFTH AVE PITTSBURGH PA 15213
LANDON JR MO, LYNDON H GS
4815 LIBERTY AVE PITTSBURGH PA 15224
LANE MD, PAUL W FP
1100 STATE AVE CORAOPOLIS PA 15108
LANG MD, EDWARD J US
242 THIRD AVE N NAPLES FLA 33940
LANG MD, GREGORY M OBG
2050 GARRICK DR PITTSBURGH PA 15235
LANG MD, HOWARD N IM
3028 BROWNSVILLE RD PITTSBURGH PA 15227
LANGDL JR MO, GEORGE PD
22 OLD CLAIRTON RO PITTSBURGH PA 15236
LANSON MO, FREEMAN A GS
656 BEVERLY RD PITTSBURGH PA 15243
LANZ JR MO, ROBT J P
421 SANGREE RO PITTSBURGH PA 15237
LANZ MO, RICHARD K PD
615 WASHINGTON RO PITTSBURGH PA 15228
LASCHEID MD, WM P D
20 CEDAR BLVD PITTSBURGH PA 15228
LAUDER MD, JAMES L FP
924 CALIFORNIA AVE PITTSBURGH PA 15202
LAUGHLIN MO, ROBT M IM
20 CEOAR BLVD PITTSBURGH PA 15228
LAWSKY MD, ALAN R R
MONTEFIORE HOSP OPT RAD PITTSBURGH PA 15213
LAWSON JR MO, HERMAN FP
MCKEESPORT HOSP MCKEESPORT PA 15132
LEB MO, DANL E IM
1149 SUNRISE DR PITTSBURGH PA 15243
LEBOVITZ MD, ALLEN E P
PENN PLAZA APTS PITTSBURGH PA 15206
LEBOVITZ MD, CHAS N GS
3471 5TH AVE PITTSBURGH PA 15213
LEBOVITZ MD, EDWARD IM
504 PENN AVE PITTSBURGH PA 15222

LEBDVITZ MD, JEROME J IM
JENKINS BLDG PITTSBURGH PA 15222
LEE MD, BANG H PTH
2627 WYNCOTE RD BETHEL PARK PA 15102
LEE MO, OO W IM
5530 POCUSSET ST PITTSBURGH PA 15217
LEE MO, FOO T DBG
532 S AIKEN AVE PITTSBURGH PA 15232
LEE MD, JAMES J U
4601 5TH AVE PITTSBURGH PA 15213
LEE MD, KWAN I AN
OHID VLY GEN HOSP MCKEES ROCKS PA 15136
LEE MD, OOK J DBG
710 BROADWAY MCKEES ROCKS PA 15136
LEE MD, ROBT E PTH
PRESBYTERIAN HOSP PITTSBURGH PA 15213
LEE MO, SANG E AN
201 NARRAGANSETT OR MCKEESPORT PA 15135
LEE MD, YANG W FP
342 FOREST GROVE RO CORAOPOLIS PA 15108
LEECH MO, JOHN W PD
3100 S OCEAN BLVD APT 6 HIGHLAND BEACH FL 33431
LEEN MD, RAYMOND L R
3 ALLEGHENY CTR PITTSBURGH PA 15212
LEFF MO, BERNARD OTO
1458 N HIGHLAND ST PITTSBURGH PA 15206
LEHMAN MD, CLARA M IM
VETERANS HOSPITAL PITTSBURGH PA 15240
LEHMAN MO, ROBT N OPH
V A HOSP UNIV DR PITTSBURGH PA 15240
LEIBOWITZ MD, LEONARD O PO
610 WINTERBERRY RO MONROEVILLE PA 15146
LEIGHTY MD, RALPH G IM
7451 WASHINGTON ST PITTSBURGH PA 15218
LEMONCELLI MO, GARY L IM
B LYNTON LANE PITTSBURGH PA 15202
LENEHAN MO, JOSEPH M PS
BOX 197 OANIELSON PIKE NORTH SCITUATE RI 02857
LENOX MO, CORA C PO
CHILDRENS HOSP PITTSBURGH PA 15213
LEON MO, DONALD F IM
961 SCAIFE HALL U OF PG PITTSBURGH PA 15261
LEONARD MD, JAMES J IM
922 SCAIFE HALL PITTSBURGH PA 15213
LEONARDO MO, FRANK A FP
301 CALDWELL AVE WILMERDING PA 15148
LERBERG MD, DAVID B GS
UNIV OF PGH DEPT SURG PITTSBURGH PA 15213
LERMAN MO, GED S R
1204 LINDENDALE OR PITTSBURGH PA 15228
LESLIE JR MO, M RUSSELL ORS
128 N CRAIG ST PITTSBURGH PA 15213
LEVENOORF MO, MELVIN FP
2814 LIBERTY WAY MC KEESPORT PA 15133
LEVER MD, HARRY M US
1707 BERKWOOD OR PITTSBURGH PA 15243
LEVICK MO, MARVIN H FP
3301 WM PENN HWY PITTSBURGH PA 15235
LEVINE MD, GERALD A US
2001 STA MONICA BLV 12B SANTA MONICA CA 90404
LEVINE MO, MACY I IM
3347 FORBES AVE PITTSBURGH PA 15213
LEVINE MO, PHILLIP R IM
3471 5TH AVE PITTSBURGH PA 15213
LEVINE MO, SHELDON R PO
ESSEX HOUSE PITTSBURGH PA 15206
LEVINSON MO, JULIAN P IM
3471 5TH AVE 5TH FL PITTSBURGH PA 15213
LEVIS MO, MICHAEL P GS
4725 MCKNIGHT RO PITTSBURGH PA 15237
LEVISON MD, OAVID J FP
5529 OARLINGTON RD PITTSBURGH PA 15217
LEVY MO, LESLIE J IM
3515 5TH AVE PITTSBURGH PA 15213
LEVY MD, MARSHALL S IM
3500 FIFTH AVE PITTSBURGH PA 15213
LEVY MO, REINHARDT O FP
3500 5TH AVE PITTSBURGH PA 15213
LEWIN MO, JULIAN R R
1400 LOCUST ST PITTSBURGH PA 15219
LEWIN MD, KARL K P
3400 FORBES ST PITTSBURGH PA 15213
LEWIS JR MD, HOWARO T FP
1241 PEERMONT AVE PITTSBURGH PA 15216
LEWIS MO, ROBT E IM
532 S AIKEN AVE PITTSBURGH PA 15232
LEWIS MO, THOS J U
RD 1 WEXFORO RUN RO WEXFORD PA 15090
LEZEK MO, VINCENT J PD
2008 GRANDVIEW AVE MC KEESPORT PA 15132
LIANG MD, OAVIO Y GS
162 MONTICELLO OR MONROEVILLE PA 15146
LIANG MD, MARIA N
216 MELWOOO AVE 303 PITTSBURGH PA 15213
LIANG MD, PING-TCHANG PTH
ALLEGHENY VALLEY HOSP NATRONA HGTS PA 15065
LICHTER MO, ISADORE A FP
APT 303 625 N VAN BUREN TUCSON AZ 85711
LICHTER MO, JAMES G IM
2160 GREENTREE RO #404W PITTSBURGH PA 15220
LIDOELL MD, J SPENCER FP
SUBURBAN GEN HOSP PITTSBURGH PA 15202
LIEBLER MO, GEORGE A TS
STE 265 1 ALLEGHENY CTR PITTSBURGH PA 15212
LIGGETT MO, JOHN S GS
337 BEAVER ST SEWICKLEY PA 15143
LIGGETT MO, JOS G GS
214 S TRENTON AVE PITTSBURGH PA 15221
LIN MO, MING S FP
81 LOCKSLEY DR PITTSBURGH PA 15235
LINDBLAD MO, JOHN H PO
204 KENMORE DR MONROEVILLE PA 15146
LINOENBAUM MO, JORGE IM
320 E NORTH AVE PITTSBURGH PA 15212
LINOES MD, CONRAD FP
CENTRAL MED PAVILION PITTSBURGH PA 15219

LINDSAY MD, RENA M US
579 BRIAR CLIFF RD PITTSBURGH PA 15221
LINHART MD, RANDOLPH W OPH
101 EMERSON AVE PITTSBURGH PA 15215
LINHART MD, WM D OPH
4815 LIBERTY AVE PITTSBURGH PA 15224
LINN JR MD, JAY G OPH
504 PENN AVE PITTSBURGH PA 15222
LIPANA MD, OSCAR N R
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
LIPAPIS MO, CHRISTY N IM
207 PICTURE DR PITTSBURGH PA 15236
LIU MO, TUN Y PM
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
LOBL MD, LAWRENCE T P
401 SHADY AVE #107D PITTSBURGH PA 15206
LOCKE MO, OAVIO L FP
200 ROBERTA OR MUNHALL PA 15120
LOFTIS MO, JOHN W PTH
ST FRANCIS HOSP PITTSBURGH PA 15201
LOGAN MO, KENNETH M FP
130 CORNELL AVE PITTSBURGH PA 15229
LOIKREC MO, HARRY FP
B1B CEDAR AVE PITTSBURGH PA 15212
LOIUOICE OO, THOMAS A IM
BRADFORD-15 OXFORD HGTS ALBANY N Y 12203
LONG MO, EDWIN T TS
4815 LIBERTY AVE PITTSBURGH PA 15224
LONG MO, RICHARD A IM
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
LONG MD, THOS C FP
3031 STURBRIDGE CT ALLISON PARK PA 15101
LOPEZ-PAOILLA MO, FRANZ H P
RUSSELTON-HANMAR CLIN CHESWICK PA 15024
LORENZ III MO, STEPHEN A US
MERCY HOSP PITTSBURGH PA 15219
LOUGHREY MO, JOS US
5550 BEVERLY PL PITTSBURGH PA 15206
LOWDER JR MO, RALPH J R
6655 FRANKSTOWN AVE PITTSBURGH PA 15206
LOWELL MO, JONATHAN FP
1011 THORNBERRY OR PITTSBURGH PA 15237
LOWERY MO, WILLA O OBG
119 SUNNYHILL OR PITTSBURGH PA 15237
LOWY JR MO, ALEXANDER O IM
4815 LIBERTY AVE PITTSBURGH PA 15224
LUBIC MO, LOWELL G N
3600 FORBES AVE PITTSBURGH PA 15213
LUDMER MO, MARIO NS
9102 BABCOCK BLVD PITTSBURGH PA 15237
LUKENS MD, FRANCIS D IM
552 N NEVILLE ST APT 45 PITTSBURGH PA 15213
LUMISH MD, ROBERT M US
1508 VALLEY COURT UPPER ST CLAIR PA 15241
LUNSFORD MD, LAWRENCE D NS
7531 TUSCARORA ST PITTSBURGH PA 15208
LUPARELLO MD, FRANK J IM
1400 LOCUST ST PITTSBURGH PA 15219
LUQMAN MD, WIJOAN A IM
SHADYSIDE HOSPITAL PITTSBURGH PA 15232
LUTHRA MD, DAMYANTI OBG
526 CLEVELAND OR LOWER BURRELL PA 15068
LUTHRA MO, MAMMOHAN S IM
1723 5TH AVE ARNOLD PA 15068
LYONS MO, LAWRENCE L OBG
MCKEESPORT HOSP MCKEESPORT PA 15132
MACOONALO MO, GEO F CRS
789 PENN AVE APT 204 PITTSBURGH PA 15221
MACOONALO MO, ROBT R PD
300 CEOAR BLVO PITTSBURGH PA 15228
MACHAJ MO, THEODORE S AN
MERCY HOSP PITTSBURGH PA 15219
MACLACHLAN MO, MARGARET J IM
4815 LIBERTY AVE PITTSBURGH PA 15224
MACLEOO MD, GORDON K IM
UNIV OF PGH RM 232 PITTSBURGH PA 15261
MAOIGAN MD, THOS J GS
SUITE C ST FRANCIS HOSP PITTSBURGH PA 15201
MADOFF MO, HENRY R TS
532 S AIKEN AVE PITTSBURGH PA 15232
MAGNUSSEN MO, APRIL B FP
930 CHATHAM PARK DR PITTSBURGH PA 15220
MAGOVERN MO, GEO J TS
1 ALLEGHENY SQ STE 265 PITTSBURGH PA 15212
MAHSOOB MO, ABOUL-HAMEO PO
1564 NORTHWAY MALL PITTSBURGH PA 15237
MAIVALD MO, PAVEL AN
PRESBY-UNIV HOSP PITTSBURGH PA 15213
MAJSTORAVICH JR MD, JOSEPH OPH
4116 GENEVA ST PITTSBURGH PA 15201
MALCOLM MD, JOHN A N
808 ELM SPRING RO PITTSBURGH PA 15243
MALEY MO, RICHARD H FP
610 OLD CLAIRTON RO PITTSBURGH PA 15236
MALIA MO, JOS E R
151 S 20TH ST PITTSBURGH PA 15203
MALINOWSKI MO, JOHN A OBG
253 OLD HAYMAKER RD MONROEVILLE PA 15146
MALIT MO, FIORELLO G AN
2380 JENKINSON DR PITTSBURGH PA 15237
MALIT MO, PAULITA Y AN
2380 JENKINSON DR PITTSBURGH PA 15237
MALLIT MO, MELVIN L FP
115 HIGH PARK PL PITTSBURGH PA 15206
MALLOTT MO, I FLOYD P
3811 O,HARA ST PITTSBURGH PA 15213
MALLOY MO, EDWARO L IM
1519 WOODSTREAM OR GLENSHAW PA 15116
MAMO MO, GEO E P
4445 NORTHERN PIKE MONROEVILLE PA 15146
MAMULA MO, MILTON FP
502 BROOKLINE BLVD PITTSBURGH PA 15226
MANGOLD MO, FRANCIS N OBG
660 LINCOLN AVE PITTSBURGH PA 15202
MANN MO, RICHARD M DBG
515 SINCLAIR ST MC KEESPORT PA 15132

MANSMANN MO, JAMES A IM
FOXGLOVE HILL BX 86 BAKERSTOWN PA 15007
MANTIA MO, AUGUST M OTO
1463 A SPREADING DR PITTSBURGH PA 15220
MARASCO JR MO, JOS A R
ST FRANCIS HOSP DEPT RA PITTSBURGH PA 15201
MARATTA MO, JAN W US
1310 STATE AVE CORAOPOLIS PA 15108
MARCUS MO, FLORENCE L FP
101 MANORVIEW RO 208 PITTSBURGH PA 15220
MARCY MO, JOS H AN
125 DE SOTO ST PITTSBURGH PA 15213
MARGOLIS MO, HARRY M IM
504 PENN AVE PITTSBURGH PA 15222
MARK DO, ALAN A P
6315 FORBES AVE MAX TOW PITTSBURGH PA 15217
MARKLE MO, CYRUS P GS
KOPPERS BLOG PITTSBURGH PA 15219
MARKLEY MO, WM M IM
2707 BROWNSVILLE RO PITTSBURGH PA 15227
MARKS MO, FREO S PO
3520 LAKETON RO PITTSBURGH PA 15235
MARKS MO, PAULINE C FP
7135 THOMAS BLVO PITTSBURGH PA 15208
MARLIER JR MO, BERTRAND J NS
1501 LOCUST ST STE 229 PITTSBURGH PA 15219
MARNATTI MO, CARL T FP
4815 LIBERTY AVE PITTSBURGH PA 15224
MARODN MO, JOS C NS
UNIV PGH SCHOOL OF MED PITTSBURGH PA 15213
MARQUEZ MO, P ALFONSO R
MONTEFIORE HOSP PITTSBURGH PA 15213
MARQUEZ MO, VICTOR R PTH
4577 CLUBVUE OR PITTSBURGH PA 15236
MARRANGONI MO, ALBERT G TS
20 CEOAR BLVO PITTSBURGH PA 15228
MARRYSHOW MO, BASIL A ORS
9066 PERRY HWY PITTSBURGH PA 15237
MARSHALL JR MO, MATTHEW U
211 N WHITFIELD ST PITTSBURGH PA 15206
MARSHALL MO, WM C PRM
39 N LINWOOO AVE PITTSBURGH PA 15205
MARTIN MO, CHAS O FP
2213 BROWNSVILLE RO PITTSBURGH PA 15210
MARTIN MO, FREORIC W IM
WEST PENN HOSP PITTSBURGH PA 15224
MARTIN MO, GRACE K US
2344 PERRYSVILLE AVE PITTSBURGH PA 15214
MARTIN MO, MANUEL T GS
5 GRANOVIEW AVE PITTSBURGH PA 15211
MARTIN MO, THOS W US
1715 ATKINSON PL PITTSBURGH PA 15235
MARTINEAU MO, PERRY C PTH
1500 FIFTH AVE MCKEESPORT PA 15132
MARTINEZ MO, AUGUSTO J N
111 EMILY OR PITTSBURGH PA 15215
MARTONE MO, CHRISTINE P
12 EASTERN AVE PITTSBURGH PA 15215
MARTONE MO, LOUIS H O
12 EASTERN AVE PITTSBURGH PA 15215
MASON JR MO, CHAS W FP
4401 MC KENZIE OR MONROEVILLE PA 15146
MASTANDREA MO, CARL A IM
1270 HAMILTON RO PITTSBURGH PA 15234
MASTERS MO, RAYMOND E PRM
1144 BROADWAY E MC KEESPRT PA 15035
MASTERS MO, RUTH S FP
1144 BROADWAY E MC KEESPRT PA 15035
MATEER MO, FRANK M IM
WEST PENN HOSPITAL PITTSBURGH PA 15224
MATTHEWS MO, JOHN T FP
ST MARGARET HOSP PITTSBURGH PA 15201
MATYOSKA OO, JOSEPH W FP
631 SHERWOOO AVE PITTSBURGH PA 15204
MAX MO, LENORE FP
5807 STANTON AVE PITTSBURGH PA 15206
MAXWELL MO, NEO G PTH
812 5TH AVE PITTSBURGH PA 15219
MAY MO, MARK M OTO
3600 FORBES AVE PITTSBURGH PA 15213
MAZER MO, JULIUS R
5501 HOBART ST PITTSBURGH PA 15217
MAZZA MO, JOS L IM
8243 BRAMBLE LN PITTSBURGH PA 15237
MAZZEI MO, JOS M R
1142 NEVADA ST PITTSBURGH PA 15218
MCADAMS MO, ANDREW J CRS
4815 LIBERTY AVE PITTSBURGH PA 15224
MCAFOOS MO, J ALLEN OPH
726 SOUTH AVE PITTSBURGH PA 15221
MCALEER MO, BERNARO A IM
1405 MARLBORO AVE PITTSBURGH PA 15221
MCALLISTER MO, JOHN O R
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
MCAVOY MO, WM B R
MCKEESPORT HOSP MCKEESPORT PA 15132
MCCABE MO, JOHN S TS
400 JEFFERSON AVE WASHINGTON PA 15301
MCCAGUE MO, JAMES J U
1501 LOCUST ST PITTSBURGH PA 15219
MCCAGUE MO, NED J U
1501 LOCUST ST PITTSBURGH PA 15219
MCCARTHY MO, JOHN J OBG
CHATHAM CTR APTS PITTSBURGH PA 15219
MCCARTHY MO, THOS E OBG
STE 1A CHATHAM CNTR TOW PITTSBURGH PA 15219
MCCASLIN MO, MURRAY F OPH
550 GRANT ST PITTSBURGH PA 15219
MCCLAIN JR MO, EOWARD J ORS
93 HODORIOGE DR PITTSBURGH PA 15228
MCCLELLAN MO, WILLIAM A PRM
GULF OIL CORP PO BX 116 PITTSBURGH PA 15230
MCCLENAHAN MO, J EVERETT GS
5208 WOODLAND RO OUNKIRK NY 10604
MCCLINTOCK MO, W CREIGHTON IM
3723 BRIGHTON RD PITTSBURGH PA 15212

MCCLDSKEY MD, RICHARD C DBG
733 WASHINGTON RD PITTSBURGH PA 15228
MCCLDWRY MD, JAMES T FP
315 NORTH ST SPRINGDALE PA 15144
MCCDLLUM MD, GED R FP
355 BAILEY AVE PITTSBURGH PA 15211
MCCDNNELL JR MD, DAVID M PD
117 N LINDEN AVE PITTSBURGH PA 15208
MCCDNNELL MD, REBECCA B US
80 STANDISH BLVD PITTSBURGH PA 15228
MCCDDL MD, CHAS M IM
206 MANOR COURT PITTSBURGH PA 15241
MCCORMICK MD, ALEXANDER R IM
871 OSAGE RD PITTSBURGH PA 15243
MCCORMICK MD, LEE H IM
1325 FIREWOOD RD PITTSBURGH PA 15243
MCCORMICK MD, RICHARD H FP
539 LINCOLN AVE PITTSBURGH PA 15202
MCDERMOTT MD, ROBT W IM
811 ANN ST HOMESTEAD PA 15120
MCDONALD JR MD, ROBT H DS
7416 RICHLAND MNR DR PITTSBURGH PA 15208
MCDOWELL MD, MARY J PD
MERCY HOSP DEPT OF PD PITTSBURGH PA 15219
MCELROY MD, WALTER D IM
522 WALNUT ST MC KEESPORT PA 15132
MCGARVEY MD, MYRON L FP
BOX 406 BRIDGEVILLE PA 15017
MCGARVEY MD, RICHARD N DBG
618 SWISSVALE AVE PITTSBURGH PA 15221
MCGEORGE MD, FRANCIS R FP
501 MAPLEWOOD AVE AMBRIDGE PA 15003
MCGRAW MD, PATRICK J US
37 FOSTER SQ PITTSBURGH PA 15212
MCGREEVY MD, JAMES M GS
424 CENTER ST 308 SALT LAKE CITY UT 84103
MCHENRY MD, THOS PD
615 WASHINGTON RD PITTSBURGH PA 15228
MCHUGH MD, ELMER F IM
367 BUTLER ST PITTSBURGH PA 15223
MCKAY MD, LAUCHLAN FP
MCKEESPORT HOSP MCKEESPORT PA 15132
MCKEATING MD, PHILIP J FP
404 ATWOOD ST PITTSBURGH PA 15213
MCKEE MD, CLAUDE W OTD
5390 LIBRARY RD BETHEL PARK PA 15102
MCKENNA MD, RICHARD DBG
1501 LOCUST ST PITTSBURGH PA 15219
MCKENZIE MD, RAY AN
DP OF ANES MAG WOM HOSP PITTSBURGH PA 15213
MCLAIN MD, PAUL L US
U-PITTSBURGH SCH MED PITTSBURGH PA 15213
MCLAUGHLIN MD, JAMES T P
121 UNIVERSITY PL PITTSBURGH PA 15213
MCLAUGHLIN MD, WM B DRS
6077 JENKINS ARCADE PITTSBURGH PA 15222
MCMASTER MD, JAMES H DRS
986 SCAIFE HALL UNIV PG PITTSBURGH PA 15261
MCMASTER MD, JOHN D IM
4815 LIBERTY AVE PITTSBURGH PA 15224
MCMILLAN MD, DONALD L FP
794 WASHINGTON RD PITTSBURGH PA 15228
MCMILLAN MD, JAMES E FP
1932 MT ROYAL BLVD GLENSHAW PA 15116
MCMILLAN MD, WILLIAM B IM
1054 SUMMER PL PITTSBURGH PA 15243
MCNALL MD, PEARL G AN
1400 LOCUST ST PITTSBURGH PA 15219
MCNAUGHER MD, WM M GS
6850 REYNOLDS ST PITTSBURGH PA 15208
MCQUADE MD, JAMES H FP
1025 CARLISLE ST NATRONA HTS PA 15065
MCSORLEY III MD, JOHN D
532 S AIKEN AVE 511 PITTSBURGH PA 15232
MEANOR JR MD, HAROLD H DBG
1099 OHIO RIVER BLVD SEWICKLEY PA 15143
MEDINA MD, JOCYLINE L PD
CHILDRENS HOSPITAL PITTSBURGH PA 15213
MEHALIC MD, THOMAS F N
1501 LOCUST ST PITTSBURGH PA 15219
MEHOK MD, RONALD G DRS
2345 NEVIN DR PITTSBURGH PA 15237
MEHRKHAM MD, HASSAN PD
3014 E BARDONNER RD GIBSONIA PA 15044
MEHTA MD, YOGINI R AN
2541 ALLENDER AVE PITTSBURGH PA 15220
MEISTER MD, DONALD G FP
8135 PERRY HWY PITTSBURGH PA 15237
MELLON JR MD, WILBUR S R
4800 FRIENDSHIP ST PITTSBURGH PA 15224
MELNICK MD, MELVIN P P
201 DE SOTO ST PITTSBURGH PA 15213
MELOTTI MD, PETER M PM
1053 LAKEMONT DR PITTSBURGH PA 15243
MENDELOW MD, HARVEY PTH
MONTEFIORE HOSP PITTSBURGH PA 15213
MERENSTEIN MD, JOEL H FP
7175 SALTSBURG RD PITTSBURGH PA 15235
MERING JR MD, JAMES H DBG
1411 GRANDVIEW 208 PITTSBURGH PA 15211
MERKOW MD, LEONARD P PTH
15 STATE ST OAKDALE PA 15071
MERMELSTEIN MD, HOWARD A PD
161 N DITHRIDGE ST PITTSBURGH PA 15213
MERMELSTEIN MD, MILTON FP
3012 RIVERVIEW AVE MC KEESPORT PA 15132
META MD, LOUIS D IM
MERCY HOSPITAL PITTSBURGH PA 15219
METCALFE MD, JAMES K PTH
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
METZ MD, WALTER A FP
115 DELANO DR PITTSBURGH PA 15236
METZGER MD, CHAS W FP
344 LINCOLN AVE PITTSBURGH PA 15202
MICHAELS MD, BERNARD I PD
161 N DITHRIDGE ST PITTSBURGH PA 15213
MICHAELS MD, MILTON M IM
3600 FORBES AVE PITTSBURGH PA 15213
MICKELL MD, JOHN J PD
125 DESOTO ST PITTSBURGH PA 15261
MIDDLEMAN MD, ROSE K PRM
3421 RIDGEWOOD DR PITTSBURGH PA 15235
MIGLIORATO MD, JEAN K FP
4702 HAVANA DR PITTSBURGH PA 15239
MIKITA MD, JOHN J R
537 HAMILTON RD PITTSBURGH PA 15205
MIKLOS MD, BERNARD G IM
5TH & EVANS MCKEESPORT PA 15132
MIKLOS MD, MICHAEL V NS
2135 NEAL DR MCKEESPORT PA 15135
MILAI JR MD, A SAMUEL AN
444 MC ELHANEY RD GLENSHAW PA 15116
MILBURN MD, ROBT E DTD
1200 CHARTIERS AVE MC KEES ROCKS PA 15136
MILLER JR MD, CLARENCE M PTH
438 OLIVER RD SEWICKLEY PA 15143
MILLER MD, DAVID L PD
3520 5TH AVE PITTSBURGH PA 15213
MILLER MD, FREDERICK A PD
201 PENN CENTER BLVD PITTSBURGH PA 15235
MILLER MD, HARRY I IM
3500 5TH AVE PITTSBURGH PA 15213
MILLER MD, HERBERT D P
401 SHADY AVE PITTSBURGH PA 15206
MILLER MD, JOHN R GS
1501 LOCUST ST PITTSBURGH PA 15219
MILLER MD, KENNETH F FP
541 PERRY HIGHWAY PITTSBURGH PA 15229
MILLER MD, RICHARD H R
61 LONGUE VUE DR PITTSBURGH PA 15228
MILLER MD, SAML G DTD
3500 5TH AVE PITTSBURGH PA 15213
MILLER MD, STEPHEN J PTH
ALLEGHENY VALLEY HOSP NATRONA HGTS PA 15065
MILLER MD, WILLIAM B FP
2165 CENTRE AVE PITTSBURGH PA 15219
MILLER MD, WM H IM
532 S AIKEN AVE RM 400 PITTSBURGH PA 15232
MILLIGAN MD, ROBT S FP
5840 BROWNSVILLE RD PITTSBURGH PA 15236
MILO MD, RICHARD A P
7050 JENKINS ARCADE PITTSBURGH PA 15222
MINDE MD, ERIC J PM
345 4TH AVE PITTSBURGH PA 15222
MINDE MD, NORMAN PRM
345 4TH AVE PITTSBURGH PA 15222
MINES MD, SAML C IM
242 DAN DR PITTSBURGH PA 15216
MINNO MD, ALEXANDER M IM
3500 5TH AVE PITTSBURGH PA 15213
MIRELMAN MD, DANIEL GS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
MISAGE MD, JOHN R IM
609 BRIARWOOD AVE PITTSBURGH PA 15228
MITCHELL MD, FENTON M IM
WESTERN PA HOSP PITTSBURGH PA 15224
MITCHELL MD, HAROLD L P
4904 BAYARD ST PITTSBURGH PA 15213
MITCHELL MD, JOHN TS
550 GRANT ST PITTSBURGH PA 15219
MITRO MD, WM FP
1535 BROADWAY PITTSBURGH PA 15216
MLECKO MD, LAWRENCE M IM
9102 BABCOCK BLVD PITTSBURGH PA 15237
MODIC MD, CHRISTOPHER W R
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143
MOLINARI MD, MICHAEL D IM
3091 RUTH ELAINE DR LOS ALAMITOS CA 90720
MOMAN JR MD, LAWRENCE C DTD
354 FREEPORT ST NEW KENSINGTON PA 15068
MON MD, RICHARD L AN
OHIO VLY GEN HOSP MCKEES ROCKS PA 15136
MONARDO MD, ALFRED DBG
300 PENN CTR BLVD PITTSBURGH PA 15235
MONIBI MD, ALI PD
125 DESOTO ST PITTSBURGH PA 15213
MONIER MD, JOHN B FP
133 JEFFERSON RD PITTSBURGH PA 15235
MONTGOMERY MD, EDWARD S FP
400 LOCK ST TARENTUM PA 15084
MOONEY MD, WM E P
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
MOORE MD, CHAS C GS
5700 BUNKERHILL ST PITTSBURGH PA 15206
MOORE MD, FRANCIS G DPH
1748 N HIGHLAND RD PITTSBURGH PA 15241
MORACA MD, JOHN I DBG
1099 OHIO RIVER BLVD SEWICKLEY PA 15143
MORAITIS MD, CONSTANTINE Z DPH
4101 BROWNSVILLE RD PITTSBURGH PA 15227
MORGAN MD, ALLAN V IM
4616 5TH AVE PITTSBURGH PA 15213
MORGAN MD, IRVING J OPH
APT 12E 5555 COLLINS AV MIAMI BEACH FL 33140
MORGAN MD, THEODORE J GS
550 GRANT ST PITTSBURGH PA 15219
MORRELL DO, ROGER W DBG
217 ARBUTUS AVE JOHNSTOWN PA 15904
MORRIS MD, LESLIE E DS
2312 MARBURY RD PITTSBURGH PA 15221
MORRIS MD, SAM E R
DPT OF RAD ST FRANCIS H PITTSBURGH PA 15201
MORROCCO MD, JOHN D DBG
505 E MAIN ST CARNEGIE PA 15106
MORTON MD, WILLIAM K FP
95 THORNCLIFFE PRK DR TORONTO 17 ONT CANAD
MORY MD, STEPHEN C FP
763 SYLVESTER WAY APT 8 MCKEESPORT PA 15132
MOSKOWITZ MD, BARRY D DPH
2150 WIGHTMAN ST PITTSBURGH PA 15217
MOSS JR MD, VASSAR Y DBG
3600 FORBES ST PITTSBURGH PA 15213
MOTTA MD, PETER G FP
6 E MAIN ST CARNEGIE PA 15106
MOWRY MD, RAYMER L FP
INGOMAR RD INGOMAR PA 15127
MOYER MD, JOHN F OTD
227 BEAVER ST SEWICKLEY PA 15143
MREIDEN MD, TARIF IM
6 BAYARD ST PITTSBURGH PA 15211
MRVOS MD, DONALD M DBG
CHATHAM CTR APT PITTSBURGH PA 15219
MRVOS MD, MILES D GS
P O BOX 7774 PITTSBURGH PA 15215
MUCHLADD MD, FELIX J FP
1307 UNION AVE NATRONA HGTS PA 15065
MUELLER-HEUBACH MD, EBERHARD DBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
MUHAWI MD, GEORGE J GS
1411 GRANDVIEW AVE PITTSBURGH PA 15211
MUHONEN MD, OLIVER A PRM
216 PICTURE DR PITTSBURGH PA 15236
MUKHOPADHYAY MD, SUKANTA K GS
1615 PENNA AVE WEST MIFFLIN PA 15122
MULHERN MD, LAWRENCE M IM
MERCY HOSPITAL PITTSBURGH PA 15219
MUNOZ MD, JUAN T IM
2348 WELLS DRIVE BETHEL PARK PA 15102
MURPHY JR MD, ARTHUR I GS
108 HALKET ST PITTSBURGH PA 15213
MURPHY MD, CHAS C U
6820 EDGERTON PITTSBURGH PA 15208
MUSGRAVE MD, ROSS H PS
3600 FORBES ST PITTSBURGH PA 15213
MUSMANNO MD, SAML A GS
1781 PINE HOLLOW RD MCKEES ROCKS PA 15136
MYERS MD, DAVID P AN
6641 WILKINS AVE PITTSBURGH PA 15217
MYERS MD, EUGENE N OTD
EYE & EAR HOSP PITTSBURGH PA 15213
MYERS MD, LEONARD B PTH
SOUTH SIDE HOSP PITTSBURGH PA 15203
NADLER MD, M PRINCETON DPH
1099 OHIO RIVER BLVD SEWICKLEY PA 15143
NAGARAJAN MD, GANESAN R
STAR RT BOX 58-1 SCOTTDALE PA 15683
NANGIA MD, SUSHMA R PTH
SUBURBAN GEN HOSP PITTSBURGH PA 15202
NAPOLEON MD, LOUIS N FP
1124 FOLKSTONE DR PITTSBURGH PA 15243
NARDUZZI MD, JOANN V IM
MERCY HOSP PITTSBURGH PA 15219
NASEEM MD, MOHAMMAD R
70 LINCOLN WAY E JEANNETTE PA 15644
NATALI MD, DANL E DBG
211 N WHITFIELD ST PITTSBURGH PA 15206
NAUGLE MD, INGRID E R
2 THORNRIDGE DR PITTSBURGH PA 15202
NEAL MD, ROLAND A FP
714 SOUTH AVE PITTSBURGH PA 15221
NEALON MD, RITA C PD
108 GLEN HAVEN LN PITTSBURGH PA 15238
NEALON MD, WM K DBG
ST FRANCIS HOSP SUITE C PITTSBURGH PA 15201
NEFT MD, BURTON H PS
1400 CENTRE AVE PITTSBURGH PA 15219
NEIMAN MD, LEE M IM
302 JENKINS BLDG PITTSBURGH PA 15222
NELK MD, FRANKLIN K IM
GATEWAY TOWERS APT26M PITTSBURGH PA 15222
NELSON MD, LYLE M IM
719 JENKINS BLDG PITTSBURGH PA 15222
NELSON MD, PAUL B N
1832 MT ROYAL BLVD GLENSHAW PA 15116
NELSON MD, THEODORE C R
911 RUTH ST PITTSBURGH PA 15243
NETTROUR III MD, WALTER S DRS
PRESBY UNIV HOSPITAL PITTSBURGH PA 15213
NETTROUR MD, LEWIS F DRS
7026 JENKINS ARCADE PITTSBURGH PA 15222
NETTROUR MD, WALTER S GS
7026 JENKINS ARCADE PITTSBURGH PA 15222
NEW 2ND MD, JOHN A DBG
4837 OVERDELL DR PITTSBURGH PA 15236
NEWBERG MD, JAY A DPH
425 SINCLAIR ST MC KEESPORT PA 15132
NEWILL MD, DOMER S PRM
FOUR GATEWAY CTR RM 917 PITTSBURGH PA 15222
NEWMARK MD, MICHAEL J IM
835 SINGINGWOOD DR RENO NV 89509
NEWTON MD, REX H PM
1119 MACON AVE PITTSBURGH PA 15218
NICHOLS MD, WM R PD
1564 NORTHWAY MALL PITTSBURGH PA 15237
NICKENS MD, CHAS G FP
USPH 4TH FL PO-CTS BLDG PITTSBURGH PA 15219
NICKENS MD, OSWALD J DBG
5600 PENN AVE PITTSBURGH PA 15206
NICKESON MD, ROBT W DPH
169 IRWIN AVE PITTSBURGH PA 15202
NICKLAS MD, FLOYD W FP
330 DELAWARE AVE OAKMONT PA 15139
NICOTERO MD, JAMES A IM
4401 PENN AVE STE 1050 PITTSBURGH PA 15224
NIGBOROWICZ MD, RONALD J US
6340 DOUGLAS ST PITTSBURGH PA 15217
NILL MD, CARL F IM
737 OSAGE RD PITTSBURGH PA 15243
NILSON MD, JOHN P R
406 EAST END AVE PITTSBURGH PA 15221
NISTA MD, JOS A OPH
1208 TYNSFIELD RD OAKMONT PA 15139
NITZBERG MD, ROBERT S IM
3437 5TH AVE APT 207 PITTSBURGH PA 15213
NIX MD, ROBT D PD
318 1/2 GRANT ST SEWICKLEY PA 15143
NIXON MD, VAUGHN B DTD
4232 BROWNSVILLE RD PITTSBURGH PA 15227

NOBEL MD, HELEN V FP
3101 BROWNSVILLE RD PITTSBURGH PA 15227
NDOEN MO, GED T FP
5142 BUTLER ST PITTSBURGH PA 15201
NDRRIS MO, OAVID C P
540 N NEVILLE ST PITTSBURGH PA 15213
NORTH MD, RONALD J PS
6744 PENN AVE PITTSBURGH PA 1520B
NOTHMANN MO, BRUCE J IM
4B15 LIBERTY AVE STE 30 PITTSBURGH PA 15224
NDVAK MO, JOS PM
ST FRANCIS GEN HDSP PITTSBURGH PA 15201
NOVAK MO, JOSEPH F OPH
38 GLEN RIOGE LANE PITTSBURGH PA 15243
NDVIK MD, LARRY US
ST MARGARETS MEM HOSP PITTSBURGH PA 15201
NDVDGRADAC MO, WM E GS
532 S AIKEN AVE STE 412 PITTSBURGH PA 15232
NSIER MO, NAWAF I IM
800 19 NORTH OR APT 6 PITTSBURGH PA 15237
NUFFIELO MO, EDWARD J P
WESTERN PSYCH INST PITTSBURGH PA 15261
NULL MO, HARRY M GS
9102 BABCOCK BLVO PITTSBURGH PA 15237
NUNEZ MO, HERMES GS
756 CHARTIERS AVE MCKEES ROCKS PA 15106
OBRIEN MD, ROBT G OBG
1410 CANOLEWOOO DR PITTSBURGH PA 15241
OCONNOR MO, JOHN P OBG
4401 PENN AVE STE 1047 PITTSBURGH PA 15224
ODOI MO, FREOERICK J FP
100 SANOUNE OR PITTSBURGH PA 15239
OOONNELL MO, JOHN H AN
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143
OOONNELL MO, WALTER F U
525 ACAOEMY AVE SEWICKLEY PA 15143
OEHRLE MO, JOHN S PTH
ALLEG GEN HOSP WHS INST PITTSBURGH PA 15212
OESTERLING JR MO, EVERETT F PTH
1036 LAKEMONT OR PITTSBURGH PA 15243
OGUNLEYE MO, AYOOELE O GS
350 STEVENS OR APT 403 PITTSBURGH PA 15237
OH MO, KOOK S R
CHILORENS HOSP PITTSBURGH PA 15213
OHARA MO, EOWARO F FP
915 SAXONBURG BLVO PITTSBURGH PA 15223
OKEEFE MO, JAMES F IM
4615 5TH AVE PITTSBURGH PA 15213
OLAH MO, GEO W FP
3944 NANTASKET ST PITTSBURGH PA 15207
OLIVER JR MO, THOMAS K PO
CHILORENS HOSP PITTSBURGH PA 15213
OMALLEY MO, ODNALO F ORS
B10 AMITY ST HOMESTEAO PA 15120
ONEIL OO, ROBERT J FP
1B09 PINE HOLLOW RO MCKEES ROCKS PA 15136
ONQUE MO, GLORIA C P
401 SHADY AVE PITTSBURGH PA 15206
ORIE MO, JOHN R IM
9102 BABCOCK BLVO PITTSBURGH PA 15237
ORLANOD MO, SALVATORE J PO
110 CROFTON OR PITTSBURGH PA 1523B
ORR MO, MALCOLM O AN
PRESBY-UNIV HOSP-ANES PITTSBURGH PA 15261
ORRINGER MO, OAVIO GS
B114 JENKINS ARCAOE PITTSBURGH PA 15222
OSHEKA MO, WM GS
114 SINGER AVE MC KEES ROCKS PA 15136
OSMONO MO, LESLIE H R
215 S NEGLEY AVE PITTSBURGH PA 15206
OSOFSKY MO, MURRAY V OBG
540 N NEVILLE ST 103 PITTSBURGH PA 15213
OWENS MO, E REESE ORS
500 PENN AVE PITTSBURGH PA 15222
PAAT MO, FLORANTE P PTH
MCKEESPORT HOSPITAL MCKEESPORT PA 15135
PACHTMAN MO, ISAOORE OPH
1314 SQUIRREL HILL AVE PITTSBURGH PA 15217
PALKOVITZ MO, HARRY P N
3600 FORBES AVE PITTSBURGH PA 15213
PALKOVITZ MO, JOS FP
4B01 2NO AVE PITTSBURGH PA 15207
PALMER MO, ARTHUR H NS
1501 LOCUST ST PITTSBURGH PA 15219
PALMER MO, WM O GS
320 E NORTH AVE PITTSBURGH PA 15212
PALUS MO, BERNARO R O
15 OUFF RO PITTSBURGH PA 15235
PANAHANOEH MO, ABOLHASSAN CRS
3500 FIFTH AVE PITTSBURGH PA 15213
PANCHAL MO, PRAVIN O PM
PO BOX 12027 PITTSBURGH PA 15240
PANOIT MO, OEVAYANI I OBG
625 STANWIX ST PITTSBURGH PA 15222
PANOIT MO, INORAVAOAN N IM
5230 CENTRE AVE PITTSBURGH PA 15232
PANTALONE MO, ANGELO L AN
1100 PENN CTR BLVO PITTSBURGH PA 15235
PAPAOOPOULOS MO, PANAYOTIS FP
1601 PENN AVE PITTSBURGH PA 15221
PAPAZIAN MO, ARA AN
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
PAPPAS MO, MICHAEL T AN
1248 OLO MEAOOW RO PITTSBURGH PA 15241
PARK MO, EUI J IM
6358 PHILLIPS AVE PITTSBURGH PA 15217
PARK MO, GREGORY P OBG
B09 RIDGEVIEW OR PITTSBURGH PA 1522B
PARK MO, SANG B TS
1 ALLEGHENY SQ 265 PITTSBURGH PA 15212
PARKER MO, ALBERT G OPH
1636 ARLINGTON AVE PITTSBURGH PA 15210
PARSONS MO, FREOERICK A P
MAYVIEW STATE HOSP BRIOGEVILLE PA 15017
PARSONS MO, JOHN A R
MAGEE-WOMANS HOSP PITTSBURGH PA 15213

PASCUAL MO, GENEROSO S R
ALLEG GEN HOSP RAO OPT PITTSBURGH PA 15212
PATTERSON MO, ELIZABETH A R
B07 STOTLER RO PITTSBURGH PA 15235
PATTERSON MO, GEO W FP
15 YOST BLVO PITTSBURGH PA 15221
PATTERSON MO, ROBT L AN
320 E NORTH AVE PITTSBURGH PA 15212
PATTON MO, ANNA M OBG
GATEWAY CENTER 2 PITTSBURGH PA 15222
PATTON MO, GEO O OBG
121 N HIGHLAND AVE RM 2 PITTSBURGH PA 15206
PATTON MO, VOLNEY G PO
2605 LUTZ LA BETHEL PARK PA 15102
PAUL MO, HUGO B P
PO BOX 55 NEW CANAAN CN 06B40
PAUL MO, JAY IM
8720 BREEZEWOOO DR PITTSBURGH PA 15237
PAUL MO, RICHARO PO
161 N OITHRIOGE ST PITTSBURGH PA 15213
PAUTLER MO, STANISLAV AN
PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213
PAVLIC MO, GEO J IM
1943 OVERLAND COURT ALLISON PARK PA 15101
PAVLIS MO, ROBT J OPH
1099 OHIO RIVER BLVO SEWICKLEY PA 15143
PAVSEK MO, EOWARO J R
1400 LOCUST ST PITTSBURGH PA 15219
PAWLOSKY MO, FRANK X FP
530 WASHINGTON RO PITTSBURGH PA 15228
PEAL MO, STANLEY P
3B11 O,HARA ST PITTSBURGH PA 15213
PEARLMAN MO, REUBEN H FP
5225 COLLINS AVE APT 7M MIAMI BCH FL 33140
PECMAN MO, JOANNA OBG
127 MARIAN AVE GLENSHAW PA 15116
PEIRSOL MO, BETTY L GS
3505 SAROIS RO MURRYSVILLE PA 1566B
PEKRUHN III MO, WILLIAM F FP
170 CORAL GABLE APT 4 VA BEACH VA 23456
PELKOFER MO, CLETUS G R
252 WINEBIDDLE ST PITTSBURGH PA 15224
PELLEGRINI MO, RONALD V GS
500 LEWIS RUN RO PITTSBURGH PA 15236
PENA MO, PEDRO M R
ALLEG GEN HOSP PITTSBURGH PA 15212
PENN MO, SAML E OTO
3500 5TH AVE PITTSBURGH PA 15213
PENNOCK MO, L LEWIS IM
3347 FORBES AVE PITTSBURGH PA 15213
PEPPER MO, L OOUGLAS FP
2320 SURREY LANE APT 93 MCKEESPORT PA 15135
PERER MO, WM A FP
541 E OHIO ST PITTSBURGH PA 15212
PERRI MO, FRANCIS R GS
1501 LOCUST ST PITTSBURGH PA 15219
PERRI MO, JOHN A ORS
998 OSAGE RO PITTSBURGH PA 15243
PERRIN MO, RONALO L R
MONTEFIORE HOSP PITTSBURGH PA 15213
PERRIN MO, SAML R O
121 S HIGHLAND AVE PITTSBURGH PA 15206
PERRYMAN MO, CHAS R R
1501 LOCUST ST PITTSBURGH PA 15219
PESSOLANO MO, CARL J ORS
128 N CRAIG ST PITTSBURGH PA 15213
PESSOLANO MO, FRANK J R
CITIZENS GEN HOSP NEW KENSINGTON PA 1506B
PETERNEL MO, WAYNE W IM
MERCY HOSP PITTSBURGH PA 15219
PETERS MO, VAUGHAN FP
505 BROWNSVILLE RO PITTSBURGH PA 15210
PETRAGLIA MO, ANGELO A FP
104 N GRAHAM ST PITTSBURGH PA 15206
PETRAGLIA MO, PAUL FP
205 VIRGINIA AVE PITTSBURGH PA 15211
PETRUSCAK MO, JAROSLAW AN
4932 ELLSWORTH AVE PITTSBURGH PA 15213
PETTAPIECE JR MO, MILTON C OPH
351B 5TH AVE PITTSBURGH PA 15213
PETZOLO MO, CAROL J FP
314 C GLEN OOUGLAS OR GLENSHAW PA 15116
PFAEFFLE MO, HUGO H AN
9100 BABCOCK AVE OEP AN PITTSBURGH PA 15237
PHANSE MO, MOHAN S IM
2060 OUTLOOK OR PITTSBURGH PA 15241
PHILLIPS III MO, CHESTER A AN
2325 OLO WASHINGTON RO PITTSBURGH PA 15219
PHILLIPS JR MO, C AIKEN GS
306 BEVERLY RO PITTSBURGH PA 15216
PHILLIPS MO, JANE A PM
ST FRANCIS HOSP PITTSBURGH PA 15201
PHILLIPS MO, JOHN C IM
4815 LIBERTY AVE PITTSBURGH PA 15224
PHILLIPS MO, JOHN G NS
3600 FORBES C/O SHEPTAK PITTSBURGH PA 15213
PHILLIPS MO, OTTO C AN
4B00 FRIENOSHIP AVE PITTSBURGH PA 15224
PHITAYAKORN MO, CHIT TS
4815 LIBERTY AVE PITTSBURGH PA 15224
PICARO MO, GEO A OBG
4815 LIBERTY AVE G01 PITTSBURGH PA 15224
PIETRAGALLO MO, LOUIS O IM
480 SAGE OR PITTSBURGH PA 15243
PIETRUSZKA MO, MARVIN PTH
6381 EBOY ST PITTSBURGH PA 15217
PIFER MO, GERALO W ORS
ONE ALLEGHENY CTR PITTSBURGH PA 15212
PIGOSSI MO, OANTE FP
1001 GRANOVIEW AVE #702 BRIOGEVILLE PA 15017
PIGOZZI MO, WM N FP
4706 WALNUT ST MC KEESPORT PA 15132
PINCUS MO, JACK H FP
3940 NORTHERN PIKE MONROEVILLE PA 15146

PITCAVAGE MO, JAMES G PO
701 BROAO STREET SEWICKLEY PA 15143
PITTENGER MO, REX A P
369 SUNSET RO PITTSBURGH PA 15237
PITTMAN MO, THOS A R
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
PLACCI MO, CARLOS A P
3B11 OHARA ST PITTSBURGH PA 15213
PLASTER MO, ERNEST L OBG
203 RSVLT BLO 6TH & PEN PITTSBURGH PA 15222
PLESSET MO, MARVIN R P
3600 FORBES AVE PITTSBURGH PA 15213
PODER MO, HYMEN A FP
3500 5TH AVE PITTSBURGH PA 15213
PODHAPIN MO, SHERMAN W P
3600 FORBES AVE PITTSBURGH PA 15213
POLIOORA MO, JOS J IM
431B NORTHERN PIKE MONROEVILLE PA 15146
POLLACK MO, OOROTHY J AN
18B BEALL ORIVE PITTSBURGH PA 15236
POLLER MO, WILLIAM R R
2119 MIOOLE RO GLENSHAW PA 15116
POLLICE MO, PHILIP G AN
103 FITZRANOOLPH RO CORAOPOLIS PA 15108
POLLOCK MO, BURTON H IM
423 JENKINS BLOG PITTSBURGH PA 15222
PONOYA MO, KAMLESHKUMAR N PO
506 B S MAGNOLIA OR GLENSHAW PA 15116
PORTER MO, PAUL S O
WM PENN HOTEL #234-36 PITTSBURGH PA 15230
POTTER MO, ROBT H FP
526 PERRYSVILLE AVE PITTSBURGH PA 15229
POUTOUS MO, GEORGE W OBG
3645 VENANGO AVE MUNHALL PA 15120
POWELL MO, L JOHN GS
247 WILLS RO CONNELLSVILLE PA 15425
PREININGER MO, EOWARO R FP
312 HOLIOAY OR PITTSBURGH PA 15237
PRESCOTT MO, FREOERICK A FP
4716 WALNUT ST MC KEESPORT PA 15132
PRESS MO, ALLAN J OPH
1099 OHIO RIVER BLVO SEWICKLEY PA 15143
PRETTER MO, PAUL O IM
153 KINGS OALE ROAO PITTSBURGH PA 15221
PRICE JR MO, STUART E U
211 N WHITFIELO ST PITTSBURGH PA 15206
PRICE MO, ALFRED R FP
279 W STEUBEN ST PITTSBURGH PA 15205
PRIN MO, WM PO
3515 5TH AVE PITTSBURGH PA 15213
PRINGLE MO, ROBT W IM
4B15 LIBERTY AVE PITTSBURGH PA 15224
PRIORE MO, ROBT M OBG
1400 S BRADDOCK AVE PITTSBURGH PA 1521B
PROVOST MO, CHAS T FP
2515 KINGSWOOO ST PITTSBURGH PA 15234
PURPURA MO, THOS R FP
811 OSAGE RO PITTSBURGH PA 15216
PUSCHETT MO, JULES B IM
ALLEG GEN HOSP PITTSBURGH PA 15212
QUIETSON-RAVANO MO, PARALUMAN R PTH
COLUMBIA HEALTH CTR PITTSBURGH PA 15221
QUINT MO, ODNALO H PTH
1964 REO COACH RO ALLISON PARK PA 15101
RAOISAVLJEVIC MO, SAVA PTH
219 S FAIRMOUNT ST PITTSBURGH PA 15206
RADNOR MO, LEONARO L ORS
4754 W LAWNVIEW OR PITTSBURGH PA 15227
RAGINS MO, NAOMI P
121 UNIVERSITY PLACE PITTSBURGH PA 15213
RAIZMAN MO, RICHARO E IM
1256 BELLEROCK ST PITTSBURGH PA 15217
RAMIK MO, OTTO E P
WERNERSVILLE STATE HOSP WERNERSVILLE PA 19565
RAMOS MO, CLARITA P PTH
SUBURBAN GEN HOSP PITTSBURGH PA 15202
RAMS MO, JAMES J TS
WEST PENN HOSP PITTSBURGH PA 15224
RANII MO, CARMELLO A IM
12 EASTERN AVE PITTSBURGH PA 15215
RANKIN MO, JAMES S OTO
20 CEOAR BLVO PITTSBURGH PA 15228
RANKIN MO, SAML G FP
498B LIBRARY RO BETHEL PARK PA 15102
RAO MO, B VENKAT IM
5230 CENTRE AVE PITTSBURGH PA 15232
RAO MO, RAMOEV K IM
1515 LOCUST ST PITTSBURGH PA 15219
RAO MO, T GOPAL TS
532 S AIKEN AVE PITTSBURGH PA 15232
RASTI MO, REZA OBG
500 E BRUCETON RO APT30 PITTSBURGH PA 15236
RAU MO, RAYMOND L P
3515 FIFTH AVE PITTSBURGH PA 15213
RAUB MO, JAMES A OBG
1099 OHIO RIVER BLVO SEWICKLEY PA 15143
RAVANO MO, JOSE F FP
6655 FRANKSTOWN AVE PITTSBURGH PA 15206
RAVITCH MO, MARK M GS
3459 FIFTH AVE PITTSBURGH PA 15213
RAWJI-FARKAS MO, FARIAL FP
919 WASHINGTON ST MCKEESPORT PA 15132
RAY MO, HENRY M US
20 ISLAND AVE APT 501 MIAMI BCH FL 33139
REAGAN MO, MARIE A OBG
4401 PENN AVE STE 1200 PITTSBURGH PA 15224
RECIO MO, ROLANOO G OBG
211 N WHITFIELO ST PITTSBURGH PA 15206
REOA MO, FRANK A OBG
733 WASHINGTON RO PITTSBURGH PA 15228
REEO MO, OAVID E IM
554 S AIKEN AVE PITTSBURGH PA 15232
REEO MO, W GLENN PTH
WESTERN PENNA HOSP PITTSBURGH PA 15224
REESE MO, EOWARO F GS
1B09 WEST ST HOMESTEAO PA 15120

REID MD, BARBARA S R
125 DESOTD ST PITTSBURGH PA 15213
REIGEL MO, OONALO H NS
CHILDRENS HOSP PITTSBURGH PA 15213
REILLY MO, JAMES J PO
3520 LAKETON RO PITTSBURGH PA 15235
REIN MO, ALEXANDER IM
101 SUNNYHILL OR PITTSBURGH PA 15237
REIS MO, WALTER J P
226 S MAPLE AVE GREENSBURG PA 15601
RENICK MO, CHAS A P
MAYVIEW STATE HDSP BRIOGEVILLE PA 15017
RENTDN MO, ALAN C PS
301 200 SOUTH HILLS VLG PITTSBURGH PA 15241
RENTON MO, GDROON L PS
301-200 F SO HLS VLG PITTSBURGH PA 15241
RESHMI MO, CHANDRAPPA S OPH
2708 BRDWNSVILLE RD PITTSBURGH PA 15227
REVAK MO, CONRAO S R
ST FRANCIS HOSP PITTSBURGH PA 15201
REWBRIOGE MO, ALLEN G US
116 3RO ST N NAPLES FL 33940
REYNOLOS MO, L ALLEN FP
BDX 425 RUSSELLTDN PA 15076
RHDOES JR MD, OAVID H OPH
1110 DNE DLIVER PLAZA PITTSBURGH PA 15222
RICE MO, MARC IM
ALLEGHENY GEN HDSP PITTSBURGH PA 15212
RICE MO, SAML M IM
WARRENDALE CLINIC WARRENOALE PA 15086
RICHAROS MO, HARRY L PS
1111 EMPIRE BLDG PITTSBURGH PA 15222
RICHAROSDN MD, GED S PS
4B15 LIBERTY AVE PITTSBURGH PA 15224
RICHARDSON MO, RDOSEVELT FP
211 N WHITFIELD ST PITTSBURGH PA 15206
RICHEY MD, JAMES E IM
644-C KELLY AVE PITTSBURGH PA 15221
RICHTER MO, PAUL L N
320 E NORTH AVE PITTSBURGH PA 15212
RICKETTS MO, J EDWARD IM
120 RIVERVIEW TERR PITTSBURGH PA 15215
RIEGEL MO, GEO E FP
501 IRWIN DR EDGEWORTH PA 15143
RIETHMILLER MD, GRACE L OBG
R D 3 BOX 75 SEWICKLEY PA 15143
RIKE MD, PAUL M IM
APT 300 4625 5TH AVE PITTSBURGH PA 15213
RILEY MD, BERNARD J DBG
4401 PENN AVE STE 1200 PITTSBURGH PA 15224
RIPEPI MO, ANTHONY C IM
463B MCKEE OR PITTSBURGH PA 15236
RIPEPI MO, PHILIP P GS
500 LEWIS RUN RD PITTSBURGH PA 15236
RISHI MO, USHA S R
WEST PENN HDSP PITTSBURGH PA 15224
RITTENHDUSE MO, EMORY A DTO
203 MASONIC BLOG MC KEESPORT PA 15132
RITTENHDUSE MO, FRANK H FP
92 BRAOFDRO AVE PITTSBURGH PA 15205
RITTENHOUSE MD, GEO H FP
604 WASHINGTON AVE BRIDGEVILLE PA 15017
RITTER MO, PAUL R OS
1003 MIFFLIN AVE PITTSBURGH PA 15221
RIVKINO MO, JULES DBG
MERCY HDSP PITTSBURGH PA 15219
RIZK MO, LABIB S FP
9909 FRANKSTOWN RD PITTSBURGH PA 15235
RDBERTS MO, ALAN K FP
5700 BRYANT ST PITTSBURGH PA 15206
RDBERTS MD, LINDA P IM
4293 GREENSBURG PKE 110 PITTSBURGH PA 15221
ROBINS MO, HUGH B PRM
1B0B VILLAGE RD GLENSHAW PA 15116
RDBINSDN MD, JOHN N TS
1B30 FOXCROFT LN 601 ALLISON PARK PA 15101
ROBINSON MO, WM D GS
MERCY HOSPITAL PITTSBURGH PA 15219
ROCHE MD, CHAS A DBG
22 OLO CLAIRTON RD PITTSBURGH PA 15236
ROCK MO, FREOERICK DPH
62B WASHINGTON RD PITTSBURGH PA 1522B
RDORIGUEZ MD, NORBERTO A P
5B30 SOLWAY ST PITTSBURGH PA 15217
ROGERS MO, KENNETH D PRM
U-PITTSBURGH SCH MEO PITTSBURGH PA 15213
ROGOW MO, EDWARD R
MERCY HDSPITAL PITTSBURGH PA 15219
RDHM MD, JACK Z DTO
217 E MAIN ST CARNEGIE PA 15106
ROHM MO, ROBT F OPH
133 LEE ST APT 312 CARNEGIE PA 15106
ROLLINS MD, CLARK T FP
1522 BROADVIEW BLVO NATRONA HGTS PA 15065
ROMMEL MO, FRANK L PM
119 LARCHFIELD OR MC KEESPORT PA 15135
RODNEY MO, EOWARO F GS
21 YOST BLVD PITTSBURGH PA 15221
ROSENBACH MO, LOREN M IM
3500 5TH AVE PITTSBURGH PA 15213
ROSENBERG MO, HARVEY W FP
90 WODDLANO RD PITTSBURGH PA 15232
RDSENBLATT MO, STANLEY G R
XRAY DEPT 3459 5TH AVE PITTSBURGH PA 15213
ROSENBLDDM MO, MEYER A FP
600 LINCOLN HIGHWAY NO VERSAILLES PA 15137
ROSENBLOOM MO, STANLEY E IM
1400 CENTER AVE 417 PITTSBURGH PA 15219
RDSENBURG MD, SIONEY A GS
5046 5TH AVE PITTSBURGH PA 15232
ROSENCRANS MO, DAVIO L GS
4401 PENN AVE PITTSBURGH PA 15224
RDSENTHAL MD, PHILLIP J IM
100 PDINT BREEZE PL PITTSBURGH PA 1520B
RDSINI MD, RITA M PD
4119 MAIN ST MUNHALL PA 15120

RDSS JR MD, HARRY J P
114 ORDDD LANE PITTSBURGH PA 15237
RDSSI MD, JDHN C GS
4B00 FRIENDSHIP AVE PITTSBURGH PA 15224
RDTHFUS MO, HELEN T FP
B1 SENECA OR PITTSBURGH PA 1522B
ROTHMAN MO, OAVID L IM
302B BROWNSVILLE RD PITTSBURGH PA 15227
ROTTSCHAEFER MD, BERNARO L US
139 OAK MEAOOW OR OAKMONT PA 15139
ROUSSELL MO, WILLIAM G R
PSC 3 BOX 365B APO SAN FRANCISCD CA 96553
ROWE MD, STUART N NS
3600 FORBES ST PITTSBURGH PA 15213
RDWLAND MD, IVO E US
222 N MADISON ST JDLIET ILL 60435
RUBEL MD, THEOOOR FP
6229 1/2 MONITDR ST PITTSBURGH PA 15217
RUBEN MO, RICHARD S DBG
120 OAWN OR MT HOLLY NJ 0B060
RUBENFIELO MD, ARNOLD D OTO
EYE & EAR HOSP PITTSBURGH PA 15213
RUBENSTEIN MO, LEDNARO S FP
1536 BEECHVIEW AVE PITTSBURGH PA 15216
RUBIN MD, HARVEY M PD
MERCY HDSP PITTSBURGH PA 15219
RUBIN MD, LORE R P
4715 WALLINGFORO ST PITTSBURGH PA 15213
RUBIO MD, WILFREDO V FP
B047 LINOISFARNE DR PITTSBURGH PA 15237
RUOZINSKI MO, OENNIS J AN
125 DESDTO ST PITTSBURGH PA 15213
RUEDEMANN MD, EHRHARDT DTO
613 JENKINS ARCAOE PITTSBURGH PA 15222
RUEGER MD, RAIMUNO G OTO
550 GRANT ST 142 PITTSBURGH PA 15219
RUIZ MO, CESAR A IM
4401 PENN AVE 1047 PITTSBURGH PA 15224
RULIN MO, MARVIN C DBG
3400 FORBES AVE PITTSBURGH PA 15213
RUMBLE JR MO, CHAS T P
4615 FIFTH AVE PITTSBURGH PA 15213
RUMBLE MO, THOS R P
EIGHT HIGHMEADDW RO PITTSBURGH PA 15215
RUNCD MD, ANGELD S PO
715 N HIGHLAND AVE PITTSBURGH PA 15206
RUSBRIDGE MO, HARDLD W GS
116 E ATLANTIC BLVD DCEAN CITY NJ 0B226
RUSCHAK MO, PAUL J O
179 MAIN ST NEW EAGLE PA 15067
RUSHFORO MO, ANTHDNY J U
450 HOLLANO AVE BRAODOCK PA 15104
RUSSELL MO, RICHARD L P
401 SHADY AVE APT C301 PITTSBURGH PA 15206
RUSSMAN MO, RICHARD B IM
30 CARLETDN DR PITTSBURGH PA 15243
RYOZE MD, ROBT A FP
516 SUISMDN ST PITTSBURGH PA 15212
RYOO MO, IN O PD
1622 FOREST GREEN OR CORADPDLIS PA 15108
SABAN MO, JOSE R
N H PASSAVANT HDSP PITTSBURGH PA 15237
SABATELLE MD, ROBT C OBG
1099 DHIO RIVER BLVD SEWICKLEY PA 15143
SABEH MD, GEO IM
1505 LINCOLN WAY MCKEESPORT PA 15131
SABEH MD, RAIF K DTO
2400 ARDMORE BLVD #203 PITTSBURGH PA 15221
SABDW MO, L THOMAS FP
1B07 WEST ST HOMESTEAD PA 15120
SACCO MO, RUSSELL J IM
532 S AIKEN AVE STE 515 PITTSBURGH PA 15232
SACHS MD, MURRAY IM
532 S AIKEN AVE PITTSBURGH PA 15232
SADLER MO, JOHN M DBG
989 CUMBERLANO RD PITTSBURGH PA 15237
SADOWSKI MO, HUBERT F IM
245 HOOORIOGE OR PITTSBURGH PA 15234
SAFAR MD, PETER AN
SCAIFE HALL R-1060C PITTSBURGH PA 15261
SAFIER MD, JOEL PO
1910 COCHRAN RO PITTSBURGH PA 15220
SAFLEY MO, MAX W R
5230 CENTRE AVE PITTSBURGH PA 15232
SAGONE MO, ARTHUR L FP
5435 5TH AVE PITTSBURGH PA 15232
SAIFEE MD, KUTUB M TS
20 CEOAR BLVD PITTSBURGH PA 1522B
SALVOZA MO, MANUEL I IM
320 EAST NORTH AVE PITTSBURGH PA 15215
SAMAOANI MO, SIRODS R TS
532 S AIKEN AVE RM 400 PITTSBURGH PA 15232
SAMPSDN JR MO, JDSEPH L PS
301-200 SDUTH HILLS VLG PITTSBURGH PA 15241
SANCHEZ MO, GUSTAVO IM
920 GAROEN PLACE GLENSHAW PA 15116
SANOBERG MO, THEDOORE E IM
1910 CDCHRAN RO PITTSBURGH PA 15220
SANOSON MO, GERALO B P
1234 BEECHWOOO BLVO PITTSBURGH PA 15206
SANGOOEYI MO, OLUYEMISI GS
ALLEGHENY GEN HDSP PITTSBURGH PA 15212
SANGRUJEE MO, KANNIKA L AN
160 PINE RO PITTSBURGH PA 15237
SANGRUJEE MD, WEERASAK ORS
9066 PERRY HWY PITTSBURGH PA 15237
SANNER JR MO, EOGAR G U
701 S LINOEN AVE PITTSBURGH PA 1520B
SANTANGELO MO, SALVATORE C GS
1245 ROWLANO AVE CAMARILLO CA 93010
SANTORA JR MO, FRANK J GS
1309 REGENCY OR PITTSBURGH PA 15237
SANTORA MO, FRANK J GS
4 E NORTH AVE PITTSBURGH PA 15212
SANTOS MO, RAMON D AN
BRADDDCK GEN HDSP PITTSBURGH PA 15104

SAPIRA MD, HARRY A FP
5417 PLAINFIELD ST PITTSBURGH PA 15217
SAQUIN MO, RAINELOO C PTH
MAGEE-WOMENS HOSP PITTSBURGH PA 15213
SARACCO MD, THOS R FP
4263 WHITE OAK CT PITTSBURGH PA 15227
SARVER MO, ROBT D DRS
1099 OHIO RIVER BLVO SEWICKLEY PA 15143
SAUL MO, ROBT W OPH
3700 5TH AVE PITTSBURGH PA 15213
SAUL MD, SYONEY M PD
6315 FORBES AVE STE 115 PITTSBURGH PA 15217
SCARFF MO, TIMOTHY B NS
125 OESOTO ST PITTSBURGH PA 15261
SCARSELLATO MD, JOHN N OBG
209 WASHINGTON RO PITTSBURGH PA 15221
SCHACHTER MO, ALLAN B U
3471 5TH AVE 5TH FL PITTSBURGH PA 15213
SCHACHTER MO, JOSEPH P
3471 FIFTH AVE PITTSBURGH PA 15213
SCHAEFER MD, C RUSSELL IM
509 LIBERTY AVE PITTSBURGH PA 15222
SCHALL MO, ROY F DTO
5133 JENKINS ARCADE PITTSBURGH PA 15222
SCHANER MD, PAUL J AN
1400 LOCUST ST PITTSBURGH PA 15219
SCHATTNER MD, ALLEN S FP
2327 MCNARY BLVO PITTSBURGH PA 15235
SCHAUB MO, DAVID H IM
320 30 AVE TARENTUM PA 1508A
SCHEIN MD, ROBT A OTO
20 CEDAR BLVO PITTSBURGH PA 1522B
SCHIFF MO, MELVIN M IM
35 E CRYSTAL DR OAKMDNT PA 15139
SCHIFFER MD, LEWIS M IM
ALLEGHENY GEN HOSP PITTSBURGH PA 15212
SCHLESINGER MO, STEPHEN A P
4445 NDRTHERN PIKE MDNROEVILLE PA 15146
SCHMELTZ MO, RALPH IM
FDUR JAYCEE DRIVE PITTSBURGH PA 15243
SCHMITT MO, CHAS L D
3700 5TH AVE PITTSBURGH PA 15213
SCHMITT MD, HERMAN L FP
505 BROWNSVILLE RO PITTSBURGH PA 15210
SCHNEIOER MD, EOWARD K FP
602 TALLY DRIVE PITTSBURGH PA 15237
SCHNEIOER MO, JOHN A DBG
1501 LOCUST ST PITTSBURGH PA 15219
SCHNEIOER MO, ROBT E FP
B135 PERRY HWY PITTSBURGH PA 15237
SCHNURER MD, CHAS I GS
224 5TH AVE MC KEESPDRT PA 15132
SCHDENFELO MD, CLYOE D IM
532 S AIKEN AVE 200 PITTSBURGH PA 15232
SCHDLLAERT MD, RICHARO A US
6320 BARTLETT ST PITTSBURGH PA 15217
SCHRAMM JR MD, VICTOR L DTO
E & E HOSP 230 LOTHRDP PITTSBURGH PA 15213
SCHULMAN MD, BENJ L IM
1403 5TH AVE PITTSBURGH PA 15219
SCHULTZ MO, EDWARO M R
700 GETTYSBRG ST PITTSBURGH PA 15206
SCHULTZ MD, JDSEPH C R
5181 RITTENHOUSE SQ N COLUMBUS OH 43220
SCHWARTZ MD, ALEC R PO
5B01 BEACON ST PITTSBURGH PA 15217
SCHWARTZ MO, DANL N OTO
116 E 18TH AVE HOMESTEAO PA 15120
SCHWARTZ MO, HENRY J OBG
220 MEYRAN AVE PITTSBURGH PA 15213
SCHWARTZ MO, LEDNARO P
3471 5TH AVE PITTSBURGH PA 15213
SCHWARTZ MO, NORMAN A FP
516 LDCUST AVE MC KEESPORT PA 15132
SCHWARTZ MO, STANLEY N IM
96B SCAIFE HALL U OF PG PITTSBURGH PA 15261
SCHWERHA MO, JDS J US
RO 1 BOX 67B VENETIA PA 15367
SCHWERIN MO, WM F FP
WEXFDRO PA 15090
SCIOSCIA MO, EUGENE A OBG
ONE ALLEGHENY SQ PITTSBURGH PA 15212
SCOGLIETTI MO, VINCENT C IM
6025 HEBERTON DR VERONA PA 15147
SCOTT MO, ODROTHY C DPH
1309 SHERIDAN AVE PITTSBURGH PA 15206
SCDTT MD, JACK A AN
265 FAIRVIEW RD PITTSBURGH PA 15238
SCOTT MD, JOHN H IM
4B00 FRIENDSHIP AVE PITTSBURGH PA 15224
SCOTT MO, NORMAN E OBG
5131 CYPRESS ST PITTSBURGH PA 15224
SCOTTI MO, LOUIS N R
ST FRANCIS GEN HDSP PITTSBURGH PA 15201
SCRANTON JR MO, PIERCE E ORS
125 DESOTO ST PITTSBURGH PA 15213
SEGALL MD, NATHAN T IM
1111 HIGHLAND BLOG PITTSBURGH PA 15206
SEGEL MO, DAVIO P IM
3459 FIFTH AVE PITTSBURGH PA 15213
SEITZ MO, EDWARD R R
601 JENKINS BLDG PITTSBURGH PA 15222
SELKER MD, ROBT G NS
3459 FIFTH AVE PITTSBURGH PA 15213
SELKOVITS MD, SIDNEY FP
105 BEAVER ST SEWICKLEY PA 15143
SELTZER MO, HARRY FP
2005 CARSON ST PITTSBURGH PA 15203
SEMINS MD, HOWARO GS
1327 WINOERMERE DR PITTSBURGH PA 15218
SENAN MO, PUSHPENORA TS
4401 PENN AVE STE 1900 PITTSBURGH PA 15224
SENITA MO, G RDBERT DPH
19B LINCOLN AVE PITTSBURGH PA 15202
SERENE MD, HARRY E GS
4B15 LIBERTY AVE PITTSBURGH PA 15224

SESSION MO, WM C FP
290 STATE ST CLAIRTON PA 15025
SESSOMS MD, FRANK E FP
ST MARGARET HOSP PITTSBURGH PA 15201
SETTY MO, RAMACHANDRA K IM
3600 FORBES AVE PITTSBURGH PA 15213
SEXAUER MO, JOHN F FP
4127 BROWNSVILLE RO PITTSBURGH PA 15227
SHAFFER MO, WALTER L OBG
309 SURREY PL PITTSBURGH PA 15235
SHAH MO, MANSOOR S IM
407C GLEN MALCOLM DR GLENSHAW PA 15116
SHAMBLIN MO, JERRY O OTO
9102 BABCOCK BLVD PITTSBURGH PA 15237
SHANK MO, IRENE A AN
1152 PINEWOOD DR PITTSBURGH PA 15243
SHAPERA MO, RICHARD P IM
3471 5TH AVE PITTSBURGH PA 15213
SHAPIRO MO, ALVIN P IM
U-PITTSBURGH SCH MED PITTSBURGH PA 15213
SHAPIRO MO, LESTER F OTO
1206 INVERNESS AVE PITTSBURGH PA 15217
SHAPIRO MO, MORRY FP
BRADDOCK GEN HOSP BRADDOCK PA 15104
SHARRER MO, MARGARET C OPH
401 JENKINS BLDG PITTSBURGH PA 15222
SHAUGHNESSY MD, MICHAEL J U
9 PATRICE CT PITTSBURGH PA 15221
SHAVER MD, JAMES A IM
PRESBY UNIV HOSP PITTSBURGH PA 15213
SHAVER MO, JOHN C IM
1501 LOCUST ST PITTSBURGH PA 15219
SHAVER MO, VERNE C IM
1400 LOCUST ST PITTSBURGH PA 15219
SHAW MO, HARRY E OPH
B024 JENKINS ARCADE PITTSBURGH PA 15222
SHAW MO, KATHARINE L US
1526 OLD PLANK RD GLENSHAW PA 15116
SHEEHAN MO, JOHN H OBG
3534 LAKETON RD PITTSBURGH PA 15235
SHEPTAK MO, PETER E NS
3600 FORBES AVE PITTSBURGH PA 15213
SHERMAN MO, JOHN W OPH
BOX 78 CLINTON PA 15026
SHERMAN MO, LOUISE S R
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
SHERMAN MD, SAML PM
3500 5TH AVE PITTSBURGH PA 15213
SHERROD MO, JOHN H FP
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143
SHETE MO, LEENA P AN
52 OAKVILLE COURT #2B PITTSBURGH PA 15220
SHINN MO, ELLIOTT T P
8004 JENKINS ARCADE PITTSBURGH PA 15222
SHIPKOVITZ MD, HARVEY O FP
1024 MAIN ST PITTSBURGH PA 15215
SHOEMAKER MO, ROBT J P
121 UNIVERSITY PL PITTSBURGH PA 15213
SHOENER MD, JOHN A IM
RD 3 CAMP MEETING RD 17 SEWICKLEY PA 15143
SHONBERG MO, IRVING L GS
60 ALEXANDER PL PITTSBURGH PA 15243
SHORE MD, GEO R PRM
BOX 57 PITTSBURGH PA 15230
SHORE MO, ROGER J FP
ST MARGARET MEM HOSP PITTSBURGH PA 15201
SHRADER MO, LESTER C IM
12 CHURCHILL RD PITTSBURGH PA 15235
SHRAGER MO, DANL S P
6542 NORTHUMBERLAND ST PITTSBURGH PA 15217
SHUTTLEWORTH MO, LAMONT V FP
943 VALLEYVIEW RD PITTSBURGH PA 15243
SIAR MO, WM J PO
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
SICONOLFI MO, ERNEST P R
330 HAYS RD PITTSBURGH PA 15241
SIEBER JR MO, PAUL R GS
6B1B REYNOLDS ST PITTSBURGH PA 15219
SIEBER MO, WM K PO
3500 5TH AVE PITTSBURGH PA 15213
SIEWERS MO, RALPH O GS
U OF PGH SCH OF MED PITTSBURGH PA 15261
SIHA MO, VICTOR L IM
994 BROADHEAD RD CORAOPOLIS PA 15108
SIKER MO, EPHRAIM S AN
1400 LOCUST ST PITTSBURGH PA 15219
SILBERMAN MO, LESLIE J PO
100 BRYN MAWR CT A 502 PITTSBURGH PA 15221
SILVERBERG MO, JAY H IM
3500 5TH AVE PITTSBURGH PA 15213
SILVERBLATT MO, BERNARD L OTO
1400 CENTRE AVE STE 411 PITTSBURGH PA 15219
SILVERBLATT MO, MARVIN L IM
3600 FORBES AVE PITTSBURGH PA 15213
SILVERMAN MO, ALEXANDER O
535 MED ARTS BLDG PITTSBURGH PA 15213
SILVERMAN MO, JERRY O IM
302 JENKINS BLDG PITTSBURGH PA 15222
SILVERMAN MO, MENDAL PO
5540 DARLINGTON RD PITTSBURGH PA 15217
SILVESTER MO, MICHAEL J FP
4144 PERRYSVILLE AVE PITTSBURGH PA 15214
SIMITHRAARATCHY MO, CHRISANTHA N GS
1026 FIRWOOD DR PITTSBURGH PA 15243
SIMON MO, DAVID J FP
330B NIAGARA ST PITTSBURGH PA 15213
SIMONE JR MO, SAMUEL T GS
1515 LOCUST ST PITTSBURGH PA 15219
SINCHIOCO MO, CEFERINO S AN
MAGEE WOMENS HOSP PITTSBURGH PA 15213
SINGH MD, DATAR AN
231 MATHILDA ST #3 PITTSBURGH PA 15224
SINGLETARY MO, ROBERT W OPH
5601 PENN AVE PITTSBURGH PA 15206
SKEZAS MO, MARION GS
1615 COURSIN ST MC KEESPORT PA 15132

SKRENTA MO, RICHARD J PS
111 WOODLAND DR PITTSBURGH PA 15228
SLADEN MO, ARNOLD AN
MONTEFIORE HOSP PITTSBURGH PA 15213
SLAGLE MO, EDWARD H P
552 N NEVILLE ST PITTSBURGH PA 15213
SLATER MO, HARVEY GS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
SLAVKIN MO, MARVIN O FP
519 BROOKLINE BLVD PITTSBURGH PA 15226
SLAVKIN MO, SERIL I FP
519 BROOKLINE BLVD PITTSBURGH PA 15226
SLONE MO, JACOB O
502 5TH AVE MC KEESPORT PA 15132
SMITH JR MO, BENJ V GS
337 BEAVER ST SEWICKLEY PA 15143
SMITH JR MO, ROSS H R
101 EMERSON AVE PITTSBURGH PA 15215
SMITH MO, ALBERT T US
249 YOSEMITE DR PITTSBURGH PA 15235
SMITH MO, DAVID J PRM
600 GRANT ST RM 2518 PITTSBURGH PA 15230
SMITH MD, EARL B GS
4401 PENN AVE STE 1250 PITTSBURGH PA 15224
SMITH MD, GLENN O IM
1001 E CAMINO RL AP 302 BOCA RATON FLA 33432
SMITH MO, JACK O ORS
2705 BLACKRIDGE AVE PITTSBURGH PA 15235
SMITH MO, JOHN W GS
405 IROQUOIS BLDG PITTSBURGH PA 15213
SMITH MO, KEITH B OPH
633 WASHINGTON RD PITTSBURGH PA 15228
SMITH MD, REGINALD B AN
709 FAIRVIEW RD PITTSBURGH PA 15238
SMITH MO, ROY M OBG
2008 NOBLE ST PITTSBURGH PA 15218
SMITH MO, RUSSELL G FP
2441 BROWNSVILLE RD PITTSBURGH PA 15210
SMITH MO, WM K ORS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
SMITH MD, WM T GS
532 S AIKEN AVE STE 304 PITTSBURGH PA 15232
SNITZER MO, ARNOLD J FP
748 N NEGLEY AVE PITTSBURGH PA 15206
SNOOGRASS JR MO, W HOMER PO
1629 OLD BEULAH RD PITTSBURGH PA 15235
SNYDER MO, ALLEN P GS
1201 POWERS RUN RD PITTSBURGH PA 15238
SNYDER MO, JAMES V AN
PRESBY UNIV HOSP PITTSBURGH PA 15213
SNYDER MO, RICHARD C FP
850 CALIFORNIA AVE PITTSBURGH PA 15202
SNYDER MO, ROBERT B GS
3632 MAYFLOWER PL NASHVILLE TN 37204
SNYDER MO, WM J IM
214 S TRENTON ST PITTSBURGH PA 15221
SNYDERMAN MO, RUBEN IM
410 S CRAIG ST PITTSBURGH PA 15213
SOBIESKI MO, JOSEPH IM
WEST PENN HOSPITAL PITTSBURGH PA 15232
SOFRANKO MO, JOS E OPH
RD 4 SPRUCE HAVEN DR WEXFORD PA 15090
SOLIS MO, WALTER R
845 ELM SPRINGS RD PITTSBURGH PA 15243
SOLOSKO MO, DAVID AN
5811 HOWE AVE PITTSBURGH PA 15232
SOLOW MO, IRWIN A IM
8 DARLINGTON CT PITTSBURGH PA 15217
SONGSANANO MO, PRACHARK FP
104 HIMALAYA RD MONROEVILLE PA 15146
SORCE MO, RICHARD C OBG
MAGEE WOMENS HOSP PITTSBURGH PA 15213
SORR MO, EDWARD M OPH
1420 CENTRE AVE PITTSBURGH PA 15219
SOTOODEHFAR MD, RAHIM IM
UNIV OF WV DEPT MED MORGANTOWN WV 26506
SPANARO MO, RUSSELL A FP
632 HILLSBORO ST PITTSBURGH PA 15204
SPEER MD, ANDREW B FP
11122 FRANKSTOWN RD PITTSBURGH PA 15235
SPERLING MO, HERBERT V IM
119 NANTUCKET DR PITTSBURGH PA 15238
SPIEGEL MO, CHAS U
220 N OITHRIDGE ST PITTSBURGH PA 15213
SPIEGEL MO, DANIEL OBG
1430 LINCOLN WAY MCKEESPORT PA 15131
SPOEHR MO, LUTHER W FP
720 PERRY HIGHWAY PITTSBURGH PA 15229
SPRITZER MO, ALBERT A IM
4099 WM PENN HWY STE 70 MONROEVILLE PA 15146
SPRITZER MO, SUSAN M OBG
4099 WM PENN HWY STE 70 MONROEVILLE PA 15146
SRINIVASAGAM MO, NARASIMMAN AN
1813 WEST STREET MUNHALL PA 15120
SROOES MO, CHAS H IM
425 LOCUST ST PITTSBURGH PA 15218
SROOES MO, W GLENN N
4401 N PENN AVE PITTSBURGH PA 15224
STAFFORD MO, REGIS W IM
1501 LOCUST ST PITTSBURGH PA 15219
STALEY MO, JOS C IM
600 AMBERSON AVE PITTSBURGH PA 15232
STALEY MD, ROBT W N
3700 5TH AVE PITTSBURGH PA 15213
STALTER MO, RALPH J IM
ST FRANCIS HOSP STE 2-B PITTSBURGH PA 15201
STANGER MO, ROBT H P
120 DAUGHERTY DR MONROEVILLE PA 15146
STANISH MO, FRANK X OPH
217 SUNRIDGE RD PITTSBURGH PA 15238
STANITSKI MO, CARL L ORS
200 MEYRAN AVE STE 320 PITTSBURGH PA 15213
STANTON JR MO, JAMES N OBG
705 SOUTH LINDEN AVE PITTSBURGH PA 15208
STARZ MO, WALTER E OBG
5131 CYPRESS ST PITTSBURGH PA 15224

STAVRIDES MO, ALEXANDER PTH
WESTERN PA HOSP PITTSBURGH PA 15224
STEELE MO, LOGAN H FP
500 N MAIN ST PITTSBURGH PA 15215
STEELE MO, MARK W PO
CHILDRENS HOSP PITTSBURGH PA 15213
STEEN MO, OLIVER T R
1500 5TH AVE MC KEESPORT PA 15132
STEICHEN MO, FELICIEN M GS
V A HOSP UNIV OF C PITTSBURGH PA 15240
STEINBERG MO, ABRAAM OPH
3708 5TH AVE PITTSBURGH PA 15213
STEINMAN MO, ARNOLD M PO
1910 COCHRAN RD PITTSBURGH PA 15220
STEINMAN MO, DAVID PO
5734 WILKINS AVE PITTSBURGH PA 15217
STEM MD, THEODORE B FP
102B WILSON ST MONESSEN PA 15062
STENGEL MO, WM F PO
1B15 BROWNSVILLE RD PITTSBURGH PA 15210
STEPHAN MO, THORSTEN IM
SHADYSIDE HOSPITAL PITTSBURGH PA 15232
STEPT MO, LEONARD A U
3471 FIFTH AVENUE PITTSBURGH PA 15213
STEPT MO, RAYMOND U
3471 FIFTH AVENUE PITTSBURGH PA 15213
STEVENS MO, STEPHEN A FP
6091 STEUBENVILLE PIKE MCKEES ROCKS PA 15136
STEVENSON MO, PETER T IM
1722 GREENLEAF ST PITTSBURGH PA 15211
STEWART MO, DONALD J FP
149 HORNADAY RD PITTSBURGH PA 15210
STEWART MO, MERVIN S P
230 N CRAIG ST PITTSBURGH PA 15213
STEWART MO, WM O AN
4244 MT ROYAL BLVD ALLISON PARK PA 15101
STIRLING MO, JAMES W PO
7607 E MINNEZONA AVE SCOTTSDALE AZ 85251
STOLZER MD, BERTRAND L IM
423 JENKINS BLDG PITTSBURGH PA 15222
STONE JR MO, CHAS S ORS
12B N CRAIG ST PITTSBURGH PA 15213
STONE MD, WILLIAM A AN
MONTEFIORE HOSP PITTSBURGH PA 15213
STRAESSLEY MO, FRANCIS X US
2249 LAUREL LN ALLISON PK PA 15101
STRAKA MO, JOHN A OTO
7041 JENKINS ARCADE PITTSBURGH PA 15222
STRANG MO, JAMES M IM
5600 PENN AVE STE 208 PITTSBURGH PA 15206
STREMPLE MO, JOHN F GS
V A HOSPITAL PITTSBURGH PA 15261
STRIMLAN MO, CHARLES V IM
95 WOODLAND DR PITTSBURGH PA 15228
STUBBS MO, JOHN J FP
121 S HIGHLAND AVE PITTSBURGH PA 15206
STUTZ MO, IRVING L IM
VETERANS HOSP PITTSBURGH PA 15240
SU MO, SHYH-MIN IM
532 S AIKEN AVE STE 200 PITTSBURGH PA 15232
SUATONI JR MO, FRANK J AN
1166 HARVARD RD PITTSBURGH PA 15205
SUKANICH MO, KRIENGSAK GS
6608 JACKSON ST PITTSBURGH PA 15206
SUKAROCHANA MO, KAMTHORN PO
3500 FIFTH AVE PITTSBURGH PA 15213
SULLIVAN MO, LAWRENCE X GS
211 N WHITFIELD ST PITTSBURGH PA 15206
SUMMERS MO, WILLIAM K IM
3811 OHARA ST PITTSBURGH PA 15261
SUPER MO, BENJ US
5 BAYARD RD 109 PITTSBURGH PA 15213
SURAMPUDI MO, RAMANA K PTH
MCKEESPORT HOSPITAL MCKEESPORT PA 15132
SUSEN MO, ANTHONY F NS
3600 FORBES ST PITTSBURGH PA 15213
SUSSER MO, MURRAY R FP
RD 1 OVERBROOK RD VALENCIA PA 16059
SUTTON MO, ROBT L IM
194 LINCOLN AVE PITTSBURGH PA 15202
SWAMY MD, MALLIKARTUNA S IM
1420 CENTRE AVE PITTSBURGH PA 15219
SWEGAL MO, OTTO F FP
1074 GREENTREE RD PITTSBURGH PA 15220
SWENSEN MO, HAROLD E ORS
200 MEYRAN AVE PITTSBURGH PA 15213
SWENSEN MO, NANCY M AN
11 OLD TIMBER TRAIL PITTSBURGH PA 15238
SWETERLITSCH MD, LOUIS H FP
723 FOREST GREEN DR CORAOPOLIS PA 15108
SWITKES MO, HERMAN I FP
V A HOSP ASPINWALL PITTSBURGH PA 15240
TABACHNICK MO, THEODORE M P
1283 BEECHWOOD BLVD PITTSBURGH PA 15206
TAITELBAUM MO, BEN P
ST FRANCIS HOSP COMM MH PITTSBURGH PA 15201
TAJ ELOIN MO, ADAN PO
ALLEG GEN HOSP PITTSBURGH PA 15212
TALBOTT MD, JOHN B N
6667 WOODWELL PITTSBURGH PA 15217
TALL MO, MILTON G PO
2707 BROWNSVILLE RD PITTSBURGH PA 15227
TAMARELLI MO, JOHN A GS
411 MARION AVE PITTSBURGH PA 15221
TANOON MO, DEVINDER L IM
ST FRANCIS HOSP PITTSBURGH PA 15201
TANNEHILL MO, NORMAN B R
1506 BEAVER GRADE RD CORAOPOLIS PA 15108
TANNING MO, HOWARD M OPH
1803 WEST ST HOMESTEAD PA 15120
TANTISIRA MO, BOONRAK AN
MAGEE WOMENS HOSP PITTSBURGH PA 15213
TAUBER MO, JOS B PRM
C/O J & L STEEL CORP ALIQUIPPA PA 15001
TAUBERG MO, HERBERT R ORS
3471 5TH AVE PITTSBURGH PA 15213

TAVDULARIS MD, MARJDRIE D P
ST FRANCIS HDSP PITTSBURGH PA 15201
TEGZES JR MD, GEO AN
1918 WDODSIDE RD GLENSHAW PA 15116
TEMELES MD, ROY S DRS
550 GRANT ST PITTSBURGH PA 15219
TENENOUSER MD, BARRY FP
4 PATRICE COURT PITTSBURGH PA 15221
TENICELA MD, RUBEN AN
PRESBY UNIV HDSP PITTSBURGH PA 15213
TEREDESAI MD, PRADIP E IM
120 RUSKIN AVE PITTSBURGH PA 15213
TERKEL MD, FREDERICK J OBG
600 DVERBROOK BLVD PITTSBURGH PA 15210
TERNER MD, IRWIN S OPH
527 BROAD ST SEWICKLEY PA 15143
TESSARD MD, ANNE N R
15 WDODBROOK AVE PITTSBURGH PA 15215
TETLDW MD, FRANK N GS
2130 E CARSON ST PITTSBURGH PA 15203
THEERAKULSTIT MD, VIRACHAI TS
371 N MAIN ST BUTLER PA 16001
THEIS MD, STEVEN W ORS
CARLTON HDUSE HDTEL 110 PITTSBURGH PA 15219
THIERS MD, GED F PD
4141 BRDWNSVILLE RD PITTSBURGH PA 15227
THOMA MD, GEO M FP
2630 SUNNYFIELD DR PITTSBURGH PA 15241
THOMAS MD, GED J AN
5700 BUNKERHILL ST 401 PITTSBURGH PA 15206
THOMAS MD, HENRY W OBG
4101 BROWNSVILLE RD PITTSBURGH PA 15227
THOMAS MD, JOHN W P
3700 FIFTH AVE PITTSBURGH PA 15213
THDMPSON MD, DAVID A FP
405 EAST LUTZ ROAD ARCHBOLD OH 43502
THDMPSON MD, HERBERT P
291 HAWTHORNE RD PITTSBURGH PA 15209
THOMPSON MD, JAMES S FP
2911 NT ROYAL BLVD GLENSHAW PA 15116
THOMPSDN MD, MARK E IM
4 THE NDB PITTSBURGH PA 15202
THOMPSON MD, RDBERT L OBG
211 N WHITFIELD ST PITTSBURGH PA 15206
THOMPSON MD, T EWING IM
DIXMDNT STATE HDSP SEWICKLEY PA 15143
THOMPSON MD, WM G FP
420 NDRTH AVE PITTSBURGH PA 15209
THDMS MD, JOS F GS
1706 RIALTO ST PITTSBURGH PA 15212
THORPE MD, HARVEY E DPH
5820 AYLESBORO AVE PITTSBURGH PA 15217
TICZDN MD, ANDRES R IM
4401 PENN AVE PITTSBURGH PA 15224
TIEGEL MD, WM J FP
101 EMERSON AVE PITTSBURGH PA 15215
TIO MD, TIONG O AN
700 FORBES AVE #1805 PITTSBURGH PA 15219
TIPPING MD, JAMES S IM
410 S CRAIG ST PITTSBURGH PA 15213
TISHERMAN MD, SAML E IM
300 CEDAR BLVD PITTSBURGH PA 15228
TITCHWDRTH MD, RDY L IM
6500 BEACDN ST PITTSBURGH PA 15217
TOMARELLI MD, RAYMOND C DPH
809 EMPIRE BLDG PITTSBURGH PA 15222
TOMLEY MD, JOHN E PD
1308 WINDERMERE DR PITTSBURGH PA 15218
TORIN MD, JACK E AN
1537 FREE PORT RD NATRONA HGTS PA 15065
TORPEY JR MD, DAVID J AN
1591 WILLIAMSBURG RD PITTSBURGH PA 15243
TOWNSEND MD, WM H FP
4121 MAIN ST MUNHALL PA 15120
TRACHTENBERG MD, LEE A US
221 S ROOSEVELT COLUMBUS OH 43209
TREGER MD, ALBERT IM
220 MEYRAN AVE PITTSBURGH PA 15213
TRELLIS MD, EMIL S P
540 N NEVILLE ST PITTSBURGH PA 15213
TRIMMER MD, MICHAEL N FP
6448 KELLY AVE PITTSBURGH PA 15221
TRDEN MD, PHILIP IM
3459 FIFTH AVE PITTSBURGH PA 15213
TRUTER MD, CARL W OBG
840 ADMIRALTY PARADE NAPLES FL 33940
TRUTER MD, EDMUND F FP
430 BROWNSVILLE RD PITTSBURGH PA 15210
TUCHINDA MD, JALIT IM
940 CHATHAM PARK DR PITTSBURGH PA 15220
TUNG MD, ALFRED S AN
PRESB UNIV HDSP RM 2409 PITTSBURGH PA 15213
TURAKHIA MD, BHARATI V FP
227 N BRDWN AVE MERION STA PA 19066
TURNER MD, MORRIS E OBG
7881 MARK DR VERDNA PA 15147
TURNER MD, OLIVER E IM
509 LIBERTY AVE PITTSBURGH PA 15222
TUTHILL MD, CHAS W FP
35 BRADFORD AVE PITTSBURGH PA 15205
TUTTLE MD, ALFRED GS
532 S AIKEN AVE PITTSBURGH PA 15232
TUTTLE MD, WM B IM
532 S AIKEN AVE STE 200 PITTSBURGH PA 15232
TWERSKI MD, ABRAHAM J P
ST FRANCES GEN HDSP PITTSBURGH PA 15201
TYSON MD, CHARLES H IM
1717 PENN AVE STE 420 PITTSBURGH PA 15221
TYSDN MD, RDBT G PD
733 WASHINGTON RD PITTSBURGH PA 15228
UDDSTROM MD, CLARENCE N NS
800 LARCHMONT RD PITTSBURGH PA 15216
ULICNY MD, THDMAS L N
2624 MONTEREY DR PITTSBURGH PA 15241
ULRICH MD, JACK M IM
2306 S BRADDOCK AVE PITTSBURGH PA 15218

UPDEGRAFF MD, WM C IM
53 HIGHLAND RD BETHEL PARK PA 15102
URAM MD, HERBERT GS
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
URBAN MD, RENA L PRM
103 ALGONQUIN RD PITTSBURGH PA 15241
URREA MD, J DSCAR P
6509 COVENTRY CT BETHEL PARK PA 15102
UTBERG MD, JDHN R OBG
1544 NDRTHWAY MALL PITTSBURGH PA 15237
UY MD, NONITA T AN
MAGEE WOMENS HOSP PITTSBURGH PA 15213
VAGLEY MD, RICHARD T PS
532 S AIKEN AVE STE 500 PITTSBURGH PA 15232
VALCARCEL MD, SOFRONIO J AN
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
VANDEGRIFT MD, EARL US
1016B FRANKSTOWN RD PITTSBURGH PA 15235
VANKIRK JR MD, JDHN S AN
9579 ANDERSON RD PITTSBURGH PA 15237
VARLEY MD, WM J R
ST JDSEPH HDSP PITTSBURGH PA 15203
VASILDPDULOS MD, NICHOLAS N FP
J J KANE HOSP PITTSBURGH PA 15243
VASQUEZ MD, RAMON A FP
1100 STATE AVE CORAPOLIS PA 15108
VASUDEVAN MD, GOPALAN IM
1711-2C ROYAL OAK RD PITTSBURGH PA 15220
VEENIS MD, CORNELIUS Y OPH
PHYS BLDG 121 UNIV PL PITTSBURGH PA 15213
VERGNE MD, RAYMOND IM
5713 ELWDOD ST PITTSBURGH PA 15232
VERNINO MD, ROCCO A DBG
5 GRANDVIEW AVE PITTSBURGH PA 15211
VEY MD, EDWIN K OPH
532 S AIKEN AVE PITTSBURGH PA 15232
VIGGIANO MD, THOMAS R IM
1141 PORTLAND ST PITTSBURGH PA 15206
VILLASENDR MD, MARIANO M FP
2219 POOR RICHARD LA PITTSBURGH PA 15237
VILLELLA MD, EDWARD R GS
1501 LOCUST ST PITTSBURGH PA 15219
VILSACK MD, G RAY IM
500 S AIKEN AVE PITTSBURGH PA 15232
VITORI MD, EUGENE F P
4401 PENN AVE PITTSBURGH PA 15224
VOLKIN MD, LEONARD B OTO
77 RIDGECREST DR PITTSBURGH PA 15235
VUJAN MD, ALEXANDER S P
147 N CRAIG ST PITTSBURGH PA 15213
VUJEVICH MD, MARIDN M D
115 LONGUEVUE DR MT LEBANON PA 15228
WACHS MD, HIRSH N
1155 FOLKSTONE DR PITTSBURGH PA 15243
WADDELL MD, EDWARD H IM
734 IVY ST PITTSBURGH PA 15232
WADHWA MD, RAJINDAR K AN
MAGEE WOMENS HOSP PITTSBURGH PA 15213
WADHWA MD, SAROJ R OBG
4800 FRIENDSHIP AVE PITTSBURGH PA 15224
WAGNER JR MD, JOHN H GS
4401 PENN AVE PITTSBURGH PA 15224
WAGNER MD, J HUBER GS
FAIRFAX HTL 4614 5TH AV PITTSBURGH PA 15213
WAIN MD, JOHN C FP
3712 MAIN ST HDMESTEAD PA 15120
WAISBRDT MD, EDWARD L GS
222 S TRENTDN AVE PITTSBURGH PA 15221
WALBERG MD, HARRY W FP
3723 BRIGHTDN RD PITTSBURGH PA 15212
WALD MD, MICHAEL E IM
3471 FIFTH AVE PITTSBURGH PA 15213
WALD MD, NIEL IM
U-PGH SCHDDL P H PITTSBURGH PA 15213
WALKER MD, JDHN E OBG
4815 LIBERTY AVE PITTSBURGH PA 15224
WALL MD, JOHN N DBG
616 LINCDLN AVE PITTSBURGH PA 15202
WALLACE MD, HDMER D FP
1407 MOUNT RDYAL BLVD GLENSHAW PA 15116
WALLER MD, LOUIS C FP
6592 FRANKSTOWN AVE PITTSBURGH PA 15206
WALLEY III MD, RDBT E AN
110 ETON DR PITTSBURGH PA 15215
WALRATH 3RD MD, MARTIN H IM
719 JENKINS ARCADE PITTSBURGH PA 15222
WALSH MD, ARTHUR C P
121 UNIVERSITY PL PITTSBURGH PA 15213
WALSH MD, JOHN J U
214 HAMPTON RD PITTSBURGH PA 15215
WALTER MD, C LEE IM
WEST PENN HOSP PITTSBURGH PA 15224
WALTER MD, WILLARD F OBG
270 GEDRGE LA PITTSBURGH PA 15235
WALTER MD, WM J OBG
1024 BLACKRIDGE RD PITTSBURGH PA 15235
WANG MD, YEN R
COAL VALLEY RD BOX 1811 PITTSBURGH PA 15236
WANSKI MD, Z JOSEPH IM
PD BOX 7188 PITTSBURGH PA 15213
WARDE MD, DONAL A IM
832 CEDAR COURT CORNWELLS HGTS PA 19020
WARGO MD, PETER J OBG
4815 LIBERTY AVE PITTSBURGH PA 15224
WARGOVICH MD, RAYMOND M IM
2294 CONSTITUTION BLVD MCKEESPORT PA 15135
WARING MD, CLARENCE W OS
363 N PIKE RD SARVER PA 16055
WARNER MD, RDBT E OBG
615 WASHINGTON RD PITTSBURGH PA 15228
WASHBURN MD, VIRGINIA E OBG
747 PINETREE RD PITTSBURGH PA 15243
WATSON MD, CHAS G GS
3601 FIFTH AVE PITTSBURGH PA 15213
WATSON MD, JAMES R GS
3601 FIFTH AVE PITTSBURGH PA 15213

WATSDN MD, WM G GS
3601 FIFTH AVE PITTSBURGH PA 15213
WATTERS MD, EDMDND C DPH
302 CDRNWALL DR PITTSBURGH PA 15238
WAXMAN MD, HAROLD E IM
5 BAYARD RD APT 412 PITTSBURGH PA 15213
WAYLONIS MD, JOS R OBG
2000 WEST ST MUNHALL PA 15120
WAYNE MD, DENNIS O P
16 BARTON DR PITTSBURGH PA 15221
WEAVER MD, THOMAS D FP
3604 BRIGHTDN RD PITTSBURGH PA 15212
WEBER MD, JDHN E OBG
2120 CARSON ST PITTSBURGH PA 15203
WEBSTER JR MD, MARSHALL W GS
DEPT DF SURG U DF PGH PITTSBURGH PA 15261
WECHSLER MD, HARRY L D
502 5TH AVE MC KEESPDRT PA 15132
WECHSLER MD, RICHARD L IM
220 MEYRAN AVE PITTSBURGH PA 15213
WECHSLER MD, SYLVIA M IM
177 W HUTCHINSON AVE PITTSBURGH PA 15218
WECHT MD, CYRIL H PTH
542 4TH AVE PITTSBURGH PA 15219
WEDDELL MD, HOWARD R FP
3010 MYER BLVD MC KEESPORT PA 15132
WEDEMEYER MD, ANNE L PD
MERCY HEALTH CTR PITTSBURGH PA 15219
WEDEMEYER MD, PHILLIPS P PD
125 DESDTO ST PITTSBURGH PA 15213
WEIGAND MD, FRANKLIN A DS
BOX 7285 PITTSBURGH PA 15213
WEIGEL JR MD, JDHN E OBG
3600 FORBES AVE PITTSBURGH PA 15213
WEIGEL MD, A LINN GS
9066 PERRY HWY PITTSBURGH PA 15237
WEIGEL MD, JESSE A FP
2197 BEN FRANKLIN DR PITTSBURGH PA 15237
WEIGLER MD, RICHARD R IM
3520 5TH AVE PITTSBURGH PA 15213
WEIKERS MD, NDRBERT J N
320 E NORTH AVE PITTSBURGH PA 15212
WEILL JR MD, DAVID R IM
307 5TH AVE PITTSBURGH PA 15222
WEIMER MD, RDBT E P
DIXMDNT STATE HDSP SEWICKLEY PA 15143
WEINBERG MD, RICHARD J OPH
115 SHEFFIELD LA MCMURRAY PA 15317
WEINBERGER MD, IRVING G DPH
493 LDNG DR PITTSBURGH PA 15241
WEINER MD, SIDNEY FP
5825 5TH AVE PITTSBURGH PA 15232
WEINERT JR MD, CARL R DRS
405 SCHARS LANE PITTSBURGH PA 15237
WEINERT MD, DONNA W OPH
405 SCHARS LANE PITTSBURGH PA 15237
WEINSTEIN MD, BARBARA J R
2201 BOND ST PITTSBURGH PA 15237
WEINSTEIN MD, DAVID P R
2201 BDND ST PITTSBURGH PA 15237
WEINTRAUB MD, RICHARD A IM
200 NDRTHWDDD STE 410 GREENSBDRO N C 27410
WEISBAND MD, BENJ J GS
NATIDNAL BANK BLDG MCKEESPORT PA 15132
WEISBERG MD, EDWARD S DTO
2545 MDSSIDE BLVD MDNRDEVILLE PA 15146
WEISS MD, MALCDLM S FP
500 E BRUCETDN RD PITTSBURGH PA 15236
WEISSER MD, C WILLIAM OPH
4401 PENN AVE PITTSBURGH PA 15224
WEITZEL MD, WM K GS
11 HOLLAND RD PITTSBURGH PA 15235
WENDORFF MD, HERMAN J IM
3437 5TH AVE APT 405 PITTSBURGH PA 15213
WENIGER MD, FREDERICK C US
493 WDODLAND RD PITTSBURGH PA 15237
WENIGER MD, FREDERICK L P
3811 OTHARA ST PITTSBURGH PA 15213
WERNER MD, GERHARD US
M-240 SCAIFE HALL PITTSBURGH PA 15261
WETSCHLER MD, STANLEY S IM
3633 REILAND DR PITTSBURGH PA 15227
WHEATLEY MD, EDWARD R R
7 OXFORD RD PITTSBURGH PA 15202
WHITE MD, WM L PS
3500 5TH AVE PITTSBURGH PA 15213
WHITESIDE MD, VIRGINIA E PTH
123 MARION AVE GLENSHAW PA 15116
WHITMAN MD, RDBT S FP
3301 WM PENN HIGHWAY PITTSBURGH PA 15235
WIBLE MD, LEROY C AN
MERCY HOSP PITTSBURGH PA 15219
WICKERHAM JR MD, EARL P OPH
2225 WM PENN HIGHWAY PITTSBURGH PA 15235
WIENER MD, EUGENE S PD
CHILDRENS HOSP PITTSBURGH PA 15213
WILDER MD, BRUCE L NS
151 N CRAIG ST PITTSBURGH PA 15213
WILKINS MD, DANL M IM
4815 LIBERTY AVE PITTSBURGH PA 15224
WILKINSON MD, JOHN H IM
1801 WEST ST HOMESTEAD PA 15120
WILLIAMS JR MD, PHILIP D OPH
9150 PERRY HIGHWAY PITTSBURGH PA 15237
WILLIAMS MD, ANGELD M FP
500 E BRUCETDN RD 725 PITTSBURGH PA 15236
WILLIAMS MD, KENNETH H IM
WPIC - ROOM 957 PITTSBURGH PA 15261
WILLIAMS MD, LEON R IM
5600 PENN AVE PITTSBURGH PA 15206
WILLIAMS MD, NDRMAN S R
MONTEFIDRE HOSP PITTSBURGH PA 15213
WILLIAMS MD, VICTDR A OTD
423 S HIGHLAND AVE PITTSBURGH PA 15206
WILLIAMSON MD, MARK E IM
222 S TRENTON AVE PITTSBURGH PA 15221

WILLISON MD, ROBT W GS
101 BEAVER ST SEWICKLEY PA 15143
WILMDTH MD, CLIFFORD L GS
1035 KING AVE PITTSBURGH PA 15206
WILSON JR MD, CHAS R IM
1704 YORKTOWN PL PITTSBURGH PA 15235
WILSON JR MD, H RANDOLPH OBG
550 GRANT ST PITTSBURGH PA 15219
WILSON MD, GED W GS
532 S AIKEN AVE PITTSBURGH PA 15232
WILSON MD, JOS W FP
9909 FRANKSTOWN RO PITTSBURGH PA 15235
WILSON MD, ROBT J IM
410 S CRAIG ST PITTSBURGH PA 15213
WILSON MD, WALTER N OBG
618 SWISSVALE AVE PITTSBURGH PA 15221
WILSON MD, WM L IM
97 FT COUCH RD PITTSBURGH PA 15241
WINKLER MD, MARTIN OPH
5017 JENKINS ARCADE BLD PITTSBURGH PA 15222
WISHNEV MD, MARTIN A IM
3471 FIFTH AVENUE PITTSBURGH PA 15213
WISSINGER MD, H ANDREW ORS
128 N CRAIG ST PITTSBURGH PA 15213
WITHERSPOON MD, JOHN S FP
704 LINCOLN AVE PITTSBURGH PA 15202
WITTIG MD, ROBT L P
230 N CRAIG ST PITTSBURGH PA 15213
WOJCIAK OD, RAYMOND J US
275 SILVER LN MCKEES ROCKS PA 15136
WOLFF MD, CHAS R CRS
660 LINCOLN AVE PITTSBURGH PA 15202
WOLFF MD, REGIS A IM
550 GRANT ST PITTSBURGH PA 15219
WOLFHOPE MD, BARBARA US
925 1/2 GREENFIELD AVE PITTSBURGH PA 15217
WOLFORD MD, JACK A P
3811 O,HARA ST PITTSBURGH PA 15213
WOLFSON JR MD, SIDNEY K GS
3459 FIFTH AVE PITTSBURGH PA 15213
WOLFSON MD, BERNARD AN
MERCY HOSP PITTSBURGH PA 15219
WOLFSON MD, JEROME H PD
3600 FORBES AVE PITTSBURGH PA 15213
WOLINSKY MD, ARTHUR P PTH
5566 B HIERS ST FT KNOX KY 40121
WOLLMAN MD, MICHAEL R PD
3515 5TH AVE PITTSBURGH PA 15213
WONG JR MD, ALFONSO C IM
2043 SWALLOW HILL RD#12 PITTSBURGH PA 15220
WOOD MD, WM H US
1000 OAKWOOD PL NATRONA HGTS PA 15065
WORLEY MD, CARL M PS
123 CENTRAL SQ PITTSBURGH PA 15228
WORRALL MD, V THOMAS ORS
128 N CRAIG ST PITTSBURGH PA 15213
WRIGHT JR MD, GED J N
4401 PENN AVE PITTSBURGH PA 15224
WRIGHT MD, GED C FP
803 MILLER AVE CLAIRTON PA 15025
WRIGHT MD, L ALAN P
VA HOSPITAL PITTSBURGH PA 15240
WRIGHT MD, RICHARD E FP
4141 BROWNSVILLE OR PITTSBURGH PA 15227
WROBLESKI MD, HARRY F P
552 N NEVILLE ST PITTSBURGH PA 15213
WUNDERLICH JR MD, J ANDREAS PD
634 UNIVERSITY RD PITTSBURGH PA 15228
YANG MD, JAU-HSIN AN
1272 FIRWOOD DR PITTSBURGH PA 15243
YARDS MD, JOHN G FP
APT 101 6315 5TH AVE PITTSBURGH PA 15206
YATES MD, AUDLPH J GS
127 E CUNNINGHAM ST BUTLER PA 16001
YATES MD, ANTHONY P IM
203 WOODRIDGE DR PITTSBURGH PA 15237
YELLENIK MD, ANDREW C FP
812 CEDAR AVE PITTSBURGH PA 15212
YINGVORAPANT MD, SOMCHAD PO
2350 GOLFVIEW DR PITTSBURGH PA 15241
YOCKEY MD, WM B PD
201 PENN CTR BLVD PITTSBURGH PA 15235
YOUNG MD, JAMES L GS
1004 GARFIELD ST TARENTUM PA 15084
YOUNG MD, LIONEL W R
125 DESOTO ST PITTSBURGH PA 15213
YOUNGUE JR MD, EUGENE L P
1772 BEECHWOOD BLVD PITTSBURGH PA 15217
YOUNT MD, JOHN A IM
1000 LIBERTY AVE PITTSBURGH PA 15222
ZACCARDI MD, JAMES P IM
MERCY HOSP PITTSBURGH PA 15219
ZAFAR MD, SYED A IM
4401 PENN AVE PITTSBURGH PA 15224
ZAHORCHAK MD, JOS A DTD
100 WESTCHESTER DR PITTSBURGH PA 15215
ZANGRILLI MD, JAMES G U
1400 CENTER AVE STE 450 PITTSBURGH PA 15219
ZANGWILL MD, DONALD P IM
3600 FORBES AV SUITE 50 PITTSBURGH PA 15213
ZEHEL MD, WENDELL E GS
20 CEDAR BLVD PITTSBURGH PA 15228
ZEILER MD, WM B PTH
778 OSAGE RD PITTSBURGH PA 15216
ZELEZNOCK MD, WM A FP
660 LINCOLN AVE PITTSBURGH PA 15202
ZELKOVIC MD, AUDREY A PD
ST FRANCIS GEN HOSP PITTSBURGH PA 15201
ZELLER MD, HARRY R AN
ALIQUIPPA HOSP ALIQUIPPA PA 15001
ZELLER MD, THEODORE C DPH
2819 MORLOCK AVE MCKEESPORT PA 15132
ZEMEL MD, REUBEN GS
770 PIN OAK RD PITTSBURGH PA 15243
ZIDD MD, ALBERT J FP
9903 FRANKSTOWN RD PITTSBURGH PA 15235
ZIEMIANSKI MD, MATTHEW C OPH
700 HURON AVE #1B-C CAMBRIDGE MA 02138
ZIKRIA MO, EMIR A TS
532 S AIKEN AVE PITTSBURGH PA 15232
ZILLWEGER MD, WM C FP
8199 MCKNIGHT RD PITTSBURGH PA 15237
ZIMMERMAN MO, CHAS W FP
2141 ARDMORE BLVD PITTSBURGH PA 15221
ZIMMERMAN MD, KARL CRS
3500 5TH AVE PITTSBURGH PA 15213
ZIMMERMAN MD, RONALD L PM
2811 ROLLINS DR ALLISON PARK PA 15101
ZISKIND MO, ZELDA FP
121 S HIGHLAND AVE PITTSBURGH PA 15206
ZITNER MD, GED L P
5449 ALBERMARLE ST PITTSBURGH PA 15217
ZUBRITZKY MD, DESIDERIUS I IM
1000 LIBERTY AVE PITTSBURGH PA 15222
ZUBRITZKY MD, PAUL D FP
1767 FOREST GROVE RD MCKEES ROCKS PA 15136
ZUBRITZKY MD, STEPHEN A IM
408 45TH ST PITTSBURGH PA 15201
ZUCK MD, GED A U
902 JAMES ST PITTSBURGH PA 15212
ZURHORST MD, EDWARD W US
GATEWY TOWERS GATEWY CT PITTSBURGH PA 15222
ZWEIG MD, NEAL IM
300 CEDAR BLVD PITTSBURGH PA 15228

Armstrong County

ALLMAN MD, JOHN H FP
260 WHITE OAK DR NEW KENSINGTON PA 15068
BALASH MD, WM R IM
1623 UNION AVE NATRONA HGTS PA 15065
BAUER MD, JAMES E R
902 FREEPORT RD FREEPORT PA 16229
BAUER MD, JOHN A FP
RR 1 BOX 655 VANDERGRIFT PA 15690
BIERER MD, EDWARD D GS
206 N JEFFERSON ST KITTANNING PA 16201
BONO MD, JOHN DTD
125 N MC KEAN ST KITTANNING PA 16201
BORJA MD, ROGELIO I U
ARMSTRONG CO MEM HOSP KITTANNING PA 16201
BRANDON MD, PHYLLIS K AN
2273 CLAIRMONT DR PITTSBURGH PA 15241
BUCK MD, KEITH K FP
P O BOX B KITTANNING PA 16201
BUSH MD, ALTON J FP
RO 1 BOX 146 LEECHBURG PA 15656
CASTANEDA MD, EMILIO E IM
MEDICAL ARTS BLDG #4 KITTANNING PA 16201
CERASO MD, SAML T FP
304 LONGFELLOW ST VANDERGRIFT PA 15690
CHESKO MD, CLEMENT C FP
415 4TH AVE TARENTUM PA 15084
CHOWDHRY MD, ZAFAR I NS
318 SECOND AVE TARENTUM PA 15084
CORDOBA MD, DIEGO R IM
RD 7 COUNTRY CLUB MNR KITTANNING PA 16201
CROSS JR MD, SAML GS
155 MULBERRY ST KITTANNING PA 16201
DAJANI MD, TAHER A GS
320 2ND AVE TARENTUM PA 15084
EDMONSTON MO, GED F DBG
410 E 6TH AVE TARENTUM PA 15084
FAIR MD, JACOB C FP
249 ARCH ST KITTANNING PA 16201
FOX MD, CHAS F FP
BOX 240 VANDERGRIFT PA 15690
FRALEY MD, HENRY W FP
147 MAIN ST LEECHBURG PA 15656
FREDERICK MD, PAUL L IM
RD 3 2 MED ARTS BLDG KITTANNING PA 16201
GALLAGHER MD, JOHN E FP
BOX 305 APOLLO PA 15613
GARROTT MD, JOHN W DBG
R D 2 KITTANNING PA 16201
GREENBAUM MO, JAMES K PD
100 VINE ST KITTANNING PA 16201
HEILMAN MD, HOWARD C US
R D 2 KITTANNING PA 16201
HENRY MD, LELAND T FP
305 S 2ND ST APOLLO PA 15613
JABRI MD, SABAH E DTD
ARMSTRONG CTY MED HOSP KITTANNING PA 16201
KAHN MD, V RAYMOND GS
415 4TH AVE TARENTUM PA 15084
KANG MD, SE-BOO AN
ARMSTRONG MEM HOSP KITTANNING PA 16201
KEIM MD, PETER J FP
ALLEGHENY DR NATRONA HTS PA 15065
KOHL MD, DAVID H GS
3 MED ARTS BLDG RD 3 KITTANNING PA 16201
KOST MD, KENNETH R GS
RD 3 2 MED ARTS BLDG KITTANNING PA 16201
LACE MD, RICHARD E PD
MED ARTS BLDG NATRONA HGTS PA 15065
LEAR MD, BENJ F FP
223 FRANKLIN ST VANDERGRIFT PA 15690
LOSASSO MD, DOMINIC E DPH
BOX 336 VANDERGRIFT PA 15690
MAJEWSKI MD, JERZY U
ARMSTRONG MEM HOSP KITTANNING PA 16201
MCLEOD MO, RODERICK R P
RD 3 1 MED ARTS BLDG KITTANNING PA 16201
MCNUTT MD, FRANK H FP
208 N JEFFERSON ST KITTANNING PA 16201
MILLER MD, CALVIN E FP
R D 7 KITTANNING PA 16201
MINTEER MD, DONALD W R
BOX 99 WORTHINGTON PA 16262
MONTGOMERY MO, ERNEST J GS
327 E 6TH AVE TARENTUM PA 15084
MOORE MD, JAMES P FP
710 FOURTH AVE FORD CITY PA 16226
OWCZYKOWSKY MD, BERNARD J U
1625 UNION AVE NATRONA HGTS PA 15065
PACEK JR MD, JOHN FP
410 4TH AVE TARENTUM PA 15084
PACEK MD, ROBT F FP
135 OAK MANOR DRIVE NATRONA HGTS PA 15065
PITTS MO, WM H FP
825 MAIN ST RURAL VALLEY PA 16249
POLANCO MD, ALFONSO FP
117 WOODLAND DR N KENSINGTON PA 15068
PUGLIESE MD, AUGUST A FP
1107 TENNYSON DR VANDERGRIFT PA 15690
ROBERTSON MD, FRANK D FP
RD 1 FORD CITY PA 16226
SERAFY MD, MICHAEL M FP
119 HAZEL ST KITTANNING PA 16201
SLEASE MD, CYRUS B FP
183 S JEFFERSON ST KITTANNING PA 16201
SOTOS MD, L NICHOLAS ORS
RO 3 4 MED ART BLDG KITTANNING PA 16201
STITT MD, HUGH I US
BOX 305 KITTANNING PA 16201
STOCKDALE MD, ROBT H R
1209 MINNESOTA AVE NATRONA HGTS PA 15065
SUWANSIRIKUL MD, NIPAPAN PD
415 MARKET ST FREEPORT PA 16229
SUWANSIRIKUL MD, SAKDIDEJ FP
415 MARKET ST FREEPORT PA 16229
THOMPSON MD, CHAS W FP
BX346 425 OCONNOR ST FORD CITY PA 16226
THOMPSON MD, HARRY J FP
PO BOX 312 FORD CITY PA 16226
UBINGER MD, WM N FP
415 4TH AVE TARENTUM PA 15084
VEGA MD, ROGELIO E U
PENN OR BRCH HWY RD 6 KITTANNING PA 16201
WHOLEY MD, MARK H R
816 WOODLAND AVE OAKMONT PA 15139
WILSON MD, ARTHUR R FP
10808 CAMELOT CIR SUN CITY AZ 85351
WILSON MD, RICHARD A PM
227 COLE RD SARVER PA 16055
YANG MD, JAE-TAEK GS
326 CLEVELAND ST KITTANNING PA 16201
YOCKEY MD, ROBT H DPH
BOX 192 KITTANNING PA 16201

Beaver County

AKHAVAN MD, JOHN H PD
8 ST ANDREWS DR BEAVER FALLS PA 15010
AMIN MD, VIKRAM MD IM
ALIQUIPPA HOSPITAL ALIQUIPPA PA 15001
ARUMUGHAM MD, PALANIAPPAN PD
2315 MILL ST ALIQUIPPA PA 15001
ATWELL MD, LOYAL P GS
17105 GULF BLVD APT 321 N REDINGTON BCH FL 33708
BACH MD, WM G P
176 VIRGINIA AVE ROCHESTER PA 15074
BAGLIO MD, CORRADO M PTH
175 ELM ST BEAVER PA 15009
BALDWIN MD, THOS M DTD
1015 SEVENTH AVE BEAVER FALLS PA 15010
BALTIC JR MD, CHAS V ORS
1607 3D ST BEAVER PA 15009
BANSIDHAR MD, BHADRASING GS
RD 1 MCCLAIN RD BEAVER FALLS PA 15010
BENNINGHOFF MO, DAVID C IM
2315 MILL ST ALIQUIPPA PA 15001
BERKMAN MD, EUGENE F ORS
1607 3D ST BEAVER PA 15009
BOAL JR MD, JOHN H OBG
385 2D ST BEAVER PA 15009
BOAL MD, ERWIN S FP
1509 STATE ST BADEN PA 15005
BONADIO MD, PETER M FP
110 HILL DR BEAVER PA 15009
BONTEMPO MD, FRANKLIN A OPH
234 ADAMS ST ROCHESTER PA 15074
BORKOVIC MD, EMBRIE J FP
1011 6TH AVE BEAVER FALLS PA 15010
BOYO MD, THOS S FP
830 MIDLAND AVE MIDLAND PA 15059
BRABSON MD, HOWARD W FP
549 STATE ST BADEN PA 15005
BRANDT MD, ROBERT I GS
1520 3RD AVE NEW BRIGHTON PA 15066
BUCK MD, CLARENCE J FP
141 SE BALDWIN CT PT CHARLOTTE FLA 33950
BURGER MD, JOS G OBG
320 COLLEGE AVE BEAVER PA 15009
BURICK MD, WAYNE P R
745 TODD AVE ELLWOOD CTY PA 16117
BUSH MD, HERMAN FP
440 BANK ST BEAVER PA 15009
CAMPBELL MD, G ROBERT D
1607 3RD ST BEAVER PA 15009
CARLSON MD, KENNETH E PTH
157 RIDGEVIEW DR BEAVER PA 15009
CHAMOVITZ MD, DAVID L IM
2370 HOSPITAL DR ALIQUIPPA PA 15001
CHU MD, FELIPE L FP
ALIQUIPPA HOSP ALIQUIPPA PA 15001
COFFEY MD, DAVID H FP
544 STATE ST BADEN PA 15005

CDGHLAN MD, WM P GS
1400 7TH AVE BEAVER FALLS PA 15010
CONRADY MO, WM E R
307 7TH ST EXT BEAVER FALLS PA 15010
CONTE MO, ANTHDNY A IM
255 3RO ST BEAVER PA 15009
CRAIN MO, RICHARD H R
307 MEADOW LANE SEWICKLEY PA 15143
CROZIER MO, OAVID J OBG
302 JEFFERSON ST ROCHESTER PA 15074
CRUMRINE MD, NURMAN R OTO
650 SECONO ST BEAVER PA 15009
CRUMRINE MO, RICHARD S OTO
123 OUNCAN CIRCLE BEAVER PA 15009
CUOOY MD, VINCENT D GS
1400 7TH AVE BEAVER FALLS PA 15010
CULLEY MD, ANOREW W PTH
1450 OUTCH RIOGE RO BEAVER PA 15009
OAMAZU MO, ELPIOIO O FP
619 15TH ST BEAVER FALLS PA 15010
OAMAZO MO, NATIVIOAO S FP
619 15TH ST BEAVER FALLS PA 15010
DAVIS JR MO, EDWARD T FP
402 VERMONT AVE ROCHESTER PA 15074
OAVIS MO, GROVER T FP
628 MARKET ST BRIDGEWATER PA 15009
DEJESUS JR MO, ROMAN Y AN
120 FAIRFIELO OR NEW BRIGHTON PA 15066
OOMJANCIC MO, JOHN T FP
816 SPEYER AVE MONACA PA 15061
OOUOS MD, H EUGENE OPH
1215 8TH AVE BEAVER FALLS PA 15010
DUNN MO, CEORIC E OBG
614 13TH ST BEAVER FALLS PA 15010
DURBIN MO, JOHN P GS
113 WINOY GHOUL BEAVER PA 15009
DURSCHINGER MO, GEORGE M FP
6300 MONGHT PASS RO 711 SARASOTA FL 33581
EMANUEL MO, ABRAHAM O8G
921 8TH AVE BEAVER FALLS PA 15010
EVANGELISTA MO, 8ENILDA P FP
344 MT VERNON OR ELLWOOO CITY PA 16117
EVANGELISTA MO, PRISCO T GS
2 PITTS8URGH CIR ELLWOOD CITY PA 16117
FORTUNA MO, JOSEPH A FP
430 LINCOLN AVE BEAVER PA 15009
FUCHS MO, BERNARO R
224 UNIVERSITY OR ALIQUIPPA PA 15001
FUNKHOUSER MO, JAY L FP
721 5TH AVE NEW BRIGHTON PA 15066
GARCIA MO, JOSE F R
3509 8TH AVE BEAVER FALLS PA 15010
GAYOOS MO, JOHN O FP
1098 KENNEDY OR AMBRIDGE PA 15003
GOGGIN MO, LEON O FP
620 BEAVER AVE MIDLAND PA 15059
GRAY MO, HERBERT M PTH
350 AOAMS ST ROCHESTER PA 15074
GREEN MO, ARTHUR H FP
746 MAPLEWOOO AVE AMBRIOGE PA 15003
GRESSLY MO, ODNALO W IM
PO BOX 189 BEAVER PA 15009
GRIFFIN MO, PERCY W FP
410 5TH ST AMBRIDGE PA 15003
HAOOAO MO, GEO R PO
402 13TH ST NEW BRIGHTON PA 15066
HAGES MO, FOSTER FP
2300 SHEFFIELO RO ALIQUIPPA PA 15001
HALLISEY MO, JOHN G FP
20TH ANO OAVIDSON STS ALIQUIPPA PA 15001
HAMMER MO, SAML F FP
746 MAPLEWOOO AVE AMBRIOGE PA 15003
HARTFORO MO, THOS 8 OPH
816 12TH ST BOX 640 BEAVER FALLS PA 15010
HAVER MO, PAUL M FP
559 MAPLEWOOD AVE AMBRIOGE PA 15003
HEINEMAN JR MO, ARTHUR C IM
719 7TH AVE PATTERSON H BEAVER FALLS PA 15010
HEINLE JR MO, EOWARO W IM
336 COLLEGE AVE BEAVER PA 15009
HELFRICH MO, JOS A FP
201 W EVERGREEN AVE PHILAOELPHIA PA 19118
HELMICK MO, WAYNE W FP
349 NEW YORK AVE ROCHESTER PA 15074
HETZLER MO, NORMAN A GS
1100 WASHINGTON AVE MONACA PA 15061
HINEMAN MO, MARQUIS W GS
812 MIOLANO AVE MIDLANO PA 15059
HORMOZOI MO, FRAYDDON O8G
COLONIAL ARMS APT O-19 MONACA PA 15061
HOYT MO, CREIG S IM
183 GREENLEA OR CORAOPOLIS PA 1510B
JAFARNIA MO, MOHAMEO R OBG
PO BOX 219 BEAVER PA 15009
JAMISON 2NO MD, JAMES 8 U
910 8TH AVE BEAVER FALLS PA 15010
JOHNSON MO, MAX E FP
945 FRANKLIN ST ALIQUIPPA PA 15001
JONES JR MD, HARRY B FP
2114 NEWELL AVE ALIQUIPPA PA 15001
JONES MD, RICHARD E AN
2835 4TH AVE BEAVER FALLS PA 15010
KENNEDY MO, NELSON M FP
R O 2 DARLINGTON PA 16115
KILPATRICK MO, GERTRUOE E FP
1501 6TH AVE BEAVER FALLS PA 15010
KIM MO, WHA S O8G
2315 MILL ST ALIQUIPPA PA 15001
KONRAO MO, MARK G R
437 MAPLE LN SEWICKLEY PA 15143
KRAYER JR MD, NICHOLAS H IM
444 ORAVO AVE BEAVER PA 15009
LEE MO, SEOUP C IM
73GOLON SHOWR S FINEGAY FPO SF 96630
LEHMAN MD, JOHN W ORS
811 13TH ST BEAVER FALLS PA 15010
LEW MO, CHUNG M FP
1302 PENNSYLVANIA AVE MONACA PA 15061
LIAU MO, SHANG C FP
211 VIRGINIA OR BEAVER PA 15009
LUGAR MO, EOWARO R FP
333 FRANKLIN AVE ALIQUIPPA PA 15001
MACKALL MO, MELVERN M FP
381 3RO ST BEAVER PA 15009
MALLINGER MO, SAML H FP
706 HEMLOCK OR ALIQUIPPA PA 15001
MARCUS MO, GARY J PTH
120 RIOGEVIEW OR BEAVER PA 15009
MARINO MO, FREDERICK E O8G
260 CONNECTICUT AVE ROCHESTER PA 15074
MARION MO, ROY H PRM
628 MARKET ST BRIDGEWATER PA 15009
MARKSON MO, VICTOR I IM
1307 6TH AVE BEAVER FALLS PA 15010
MARSHALL MO, JUHN S IM
PO BOX 189 BEAVER PA 15009
MARTSOLF MO, JUHN GS
P O BOX 34 NEW BRIGHTON PA 15066
MARTSOLF MO, PHILIP F US
BOX 244 NEW BRIGHTUN PA 15066
MCCLOSKEY MO, GEO A PO
647 3RO ST BEAVER PA 15009
MCCONNEL MO, CHAS S OPH
1599 3RO ST BEAVER PA 15009
MCCREARY 3RO MO, THUS W IM
BEAVER PROF ARTS BLOG BEAVER PA 15009
MCCREARY MO, THOS W PTH
699 C 2NO ST BEAVER PA 15009
MCGUIRE MO, FRANCIS E GS
215 SHAFER RO CORAOPOLIS PA 15108
MCMILLEN MO, CLARENCE L FP
545 STATE ST BADEN PA 15005
MCPHERSON MO, KENNETH M FP
925 6TH AVE NEW BRIGHTON PA 15066
MERRIMAN MD, W CLAIR PO
190 3RO ST BEAVER PA 15009
MIANO MO, LIOIA FP
1410 3RO AVE NEW BRIGHTON PA 15066
MICHEL MD, JOHN P FP
BOX 439 CLEMENTON NJ 08021
MIN MO, TAE C PTH
106 MAPLEWOOO OR BEAVER PA 15009
MITCHELL MO, JOHN A IM
COLLEGE ORIVE MONACA PA 15061
MITCHELL MO, MICHAEL J D
MITCHL ASSOC 192-6TH ST AMBRIOGE PA 15003
MUNYAK MO, JOHN G GS
199 9TH ST MUNACA PA 15061
NOTARO MO, JOHN FP
2349 MILL ST ALIQUIPPA PA 15001
PALLUNE OO, LESLIE FP
108 LITTLE BEAVER OR BEAVER PA 15009
PANTALONE MO, ALBERT GS
2315 MILL ST ALIQUIPPA PA 15001
PATEL MO, MANOJKUMAR R OPH
2500 HOSPITAL OR ALIQUIPPA PA 15001
PATRICK MO, OAVID R U
262 CONNECTICUT AVE ROCHESTER PA 15074
PETTLER MO, MASHEL F US
PO BOX 720 BEAVER FALLS PA 15010
PIROLI MO, OUILIO D IM
2000 MC MINN ST ALIQUIPPA PA 15001
PUPI MO, PAUL A GS
1400 7TH AVE BEAVER FALLS PA 15010
RADLER MO, JOHN K ORS
265 3RO ST BEAVER PA 15009
RAGODWANSI MO, TULSIOAS N FP
119 CREST OR BEAVER PA 15009
RAO MO, TALLAM J GS
MC8C ROCH UNIT HULL ST ROCHESTER PA 15074
REITZ MO, JOHN O PTH
MEO CTR OF BEAVER CO ROCHESTER PA 15074
REYES MO, SATURIND M GS
152 RIOGEVIEW OR BEAVER PA 15009
RICE MO, WM T R
262 CONNECTICUT AVE ROCHESTER PA 15074
RICHARDSON MO, HARRISON H R
331 COMMERCE ST BEAVER PA 15009
RDCERETO MO, PAUL V FP
1821 CAMPBELL TOPEKA KS 66604
ROOGERS MO, EOSON R FP
335 BEAVER ST BEAVER PA 15009
RDSS MO, MAURICE V FP
RO 2 NEW BRIGHTON PA 15066
RUSH MO, GEORGE B FP
2405 CLUBHOUSE CIR 103 SARASOTA FL 33580
SANPEORO MO, ROMEO S FP
602 W BEAVER ST ZELIENOPLE PA 16063
SEHGAL MO, KULOEEP U
MEO CTR HOSP OR ALIQUIPPA PA 15001
SHAFFER MO, ODNALO Y FP
P O BOX 137 NEW BRIGHTON PA 15066
SHEETS MO, RAYMUND L PO
1125 8TH AVE BEAVER FALLS PA 15010
SHETTY MO, KANOAVAR N IM
2349 MILL ST ALIQUIPPA PA 15001
SHUGERT MO, GUY S FP
290 ADAMS ST ROCHESTER PA 15074
SHUGERT MO, JOHN H GS
262 CONNECTICUT AVE ROCHESTER PA 15074
SIA MO, JOSE K FP
438 CENTER GRANGE RO MONACA PA 15061
SLOSS MO, JAMES O FP
1425 3RO ST BEAVER PA 15009
SMITH JR MO, JAMES W GS
1417 7TH AVE BEAVER FALLS PA 15010
SMITH MO, JAMES W FP
BABCOCK & WILCOX BX 401 BEAVER FALLS PA 15010
SNYOER MO, HARRY I FP
2112 NEWELL AVE ALIQUIPPA PA 15001
SUTTON JR MO, JOHN C FP
417 32NO ST BEAVER FALLS PA 15010
SWICK 2NO MO, J HOWARO FP
1314 8TH AVE BEAVER FALLS PA 15010
TAYLOR MO, MORGAN F U
262 CONNECTICUT AVE ROCHESTER PA 15074
THEL JR MO, HENRY C OPH
930 3RO ST BX204 BEAVER PA 15009
THEL MO, HENRY C OPH
PO BOX 458 BEAVER PA 15009
THOMAS JR MO, HAROLO O FP
2113 IRWIN ST ALIQUIPPA PA 15001
TOMASI MO, SAML J FP
1119 6TH AVE BEAVER FALLS PA 15010
TREIOEL MO, ERNEST E FP
698 MAPLEWOOO AVE AMBRIOGE PA 15003
TRENT MO, OOUGLAS E O8G
614 13TH ST BEAVER FALLS PA 15010
TRITSCHLER MO, JOS P FP
603 4TH AVE NEW BRIGHTON PA 15066
TSUNG MO, WEN-HAN PO
PO BOX 497 BEAVER PA 15009
VOGEL JR MO, JULIUS A PO
336 COLLEGE AVE BEAVER PA 15009
WEIGEL MO, JOS H P
290 W PARK ST ROCHESTER PA 15074
WEYANO MO, JAMES G GS
PT ARUNOEL KENNEBUNKPRT ME 04046
WI8ULOUTAI MO, BUONTERM GS
690 6TH ST BEAVER PA 15009
WILKIE MO, LOUIS J R
MEO CTR OF BEAVER CO BEAVER FALLS PA 15010
WILSON MO, RUTH W IM
647 3RO ST BEAVER PA 15009
WONG DO, HENRY H FP
MEO CTR OF BEAVER CO ROCHESTER PA 15074
YEE MO, RUBT A P
407 13TH ST NEW BRIGHTON PA 15066
YUKEVICH MO, JOHN P FP
701 MAPLEWOOD AVE AMBRIOGE PA 15003
ZALAMEA MD, PETRONIO F PD
216 EVANS OR ELLWOOD CITY PA 16117
ZERNICH JR MO, STEPHEN GS
HOSPITAL OR ALIQUIPPA PA 15001
ZERNICH MO, MICHAEL R ORS
HOSPITAL OR ALIQUIPPA PA 15001
ZERNICH MO, WALLACE FP
HOSPITAL OR ALIQUIPPA PA 15001

Bedford County

COLVIN MO, VICTOR G IM
SCHELLS8URG PA 15559
OELASALAS MO, ERNESTO M IM
207 SOUTH JULIANA ST BEOFORO PA 15522
EYLER MO, J ALBERT FP
112 S BEOFORO ST BEOFORO PA 15522
GEORGE MO, JOHN O FP
60 S ANOERSON ST BEOFORO PA 15522
GOROON MO, JAMES K O8G
602 E PITT ST BEOFURO PA 15522
GRANA MO, PHILIP C OPH
FT BEOFORO INN STE 301 BEOFORO PA 15522
GRIFFITHS MO, CHARLES W GS
RO 5 80X 129 BEDFURO PA 15522
HARTLE MO, JOHN E FP
145 SOUTH ST EVERETT PA 15537
KUTZ MO, EUGENE R R
401 S RICHARO ST BEDFORD PA 15522
MAFFUCCI JR MO, VICTOR FP
P O BOX 650 BEDFORO PA 15222
MCCAHAN MO, WESLEY F FP
39 N SPRING ST EVERETT PA 15537
MYERS MO, JAMES R FP
220 W MAIN ST EVERETT PA 15537
PALIN MO, WM E GS
P O BOX 637 BEOFORO PA 15522
PLAOO MO, QUINTIN M IM
30 N SPRING ST EVERETT PA 15537
RINARO MO, GRAFFIOUS L FP
232 E PENN ST BEOFURO PA 15522
SHIELOS MO, EOWARO A IM
207 S JULIANA ST BEOFORO PA 15522
SIPES MO, OWIGHT R GS
11 W 30 ST EVERETT PA 15537
TORRES MO, ROBIN G O8G
16 RIDGE AVE EVERETT PA 15537
WEIGLE MO, KEITH E R
208 STATE ST EVERETT PA 15337
WHITMORE MO, JOHN T IM
REAR 1068 NATIONAL HWY LAVALE MO 21502

Berks County

AGNEW MO, EOWARO A FP
1544 RDSE VIRGINIA AVE WYOMISSING PA 19610
AGOURIOIS MO, NICHOLAS T O8G
310 N 11TH ST READING PA 19604
AITA MO, PAUL C GS
301 S 7TH AVE W READING PA 19602
ALEXANDER MO, R WILLIAM R
544 ELM ST READING PA 19601
ALLEN MO, ROBI W P
720 N 5TH AVE READING PA 19601
ALLEY MO, SAMIE A GS
1146 ELM ST READING PA 19604
ANDERSON MO, JOHN 8 O8G
1340 W PENN AVE WYOMISSING PA 19610

AURANDT MO, HENRY N OBG
301 S SEVENTH AVE W READING PA 19602
AUSTIN MO, MICHAEL FP
203 BRIGHTON AVE READING PA 19606
AVELLA MO, BERNARD N IM
301 S 7TH AVE W READING PA 19602
BANCOFF MO, CARL IM
12TH & WALNUT STS READING PA 19603
BANEY JR MO, CHAS M FP
239 STATE ST HAMBURG PA 19526
BARRETT MO, JOHN S IM
301 S 7TH AVE WEST READING PA 19602
BARRIOS MO, MARIO F FP
2105 ROSEWOOD CT WYOMISSING PA 19601
BEAR MO, JOHN M FP
239 STATE ST HAMBURG PA 19526
BECKER MO, WARD G FP
341 EAST WALNUT ST KUTZTOWN PA 19530
BEEM MO, JOHN W OPH
206 S 6TH AVE WEST READING PA 19611
BEETEL MO, CHRISTOPHER J TS
301 S 7TH AVE W READING PA 19602
BERTOLET MD, CHAS B FP
39 N 23RD ST READING PA 19606
BERTOLETTE MO, RICHARD O P
810 KENHORST BLVD READING PA 19611
BIALAS MO, HENRY N FP
727 PENN AVE WEST READING PA 19602
BISBING MO, JOHN H IM
517 ELM ST READING PA 19601
BITETTO MO, NICOLA IM
ST JOSEPHS HOSP READING PA 19603
BOWER MO, JOHN R P
840 CENTRE AVE READING PA 19601
BOWER MO, JOHN R OBG
1340 PENN AVE WYOMISSING PA 19610
BRACONARD MO, FRANCIS J IM
301 S 7TH AVE W READING PA 19611
BRICKBAUER MO, ROLAND M OPH
RD 1 BOX 300 MOHNTON PA 19540
BRUBAKER MO, ELWOOD R OBG
301 S 7TH AVE WEST READING PA 19602
BUB MO, BARRY FP
1800 HAMPDEN BLVD READING PA 19604
BUCKLEY MO, JOHN J OBG
250 N 12TH ST READING PA 19604
BURNS MO, DONALD T OPH
1500 PENN AVE WYOMISSING PA 19610
BUSH MO, WM M DBG
8 N 11TH ST READING PA 19601
BUTTERWORTH MO, THOS O
411 WALNUT ST READING PA 19601
CARABELLO MO, CHAS A PO
316 S 5TH ST READING PA 19602
CARUSO MD, PETER V R
746 SUMMIT CHASE DR READING PA 19611
CASSIDY MD, WM J IM
112 N 11TH ST READING PA 19601
CEFARATTI MO, MICHAEL D OPH
232 N 5TH ST READING PA 19601
CHAMBERLIN MO, GEORGE W R
10712 CAMEO DR SUN CITY AZ 85351
CHENSEE MO, JASPER G PTH
2147 PERKIOMEN AVE MT PENN PA 19606
CHETT MD, NICHOLAS J FP
203 NOBLE ST SHOEMAKRSVLLE PA 19555
CHOWDHURY MD, A RAB IM
777 COURT ST 1ST FL READING PA 19601
CHRIST MO, NICHOLAS J FP
141 N WALNUT ST BIRDSBORO PA 19508
CINELLI MO, CLETO G ORS
420 N 5TH ST READING PA 19601
CITRO MO, LAURENCE A R
998 EDGEWOOD DR SPRINGFIELD PA 19064
CLYMER MD, ROBT H U
301 S 7TH AVE WEST READING PA 19602
COHN MO, C HAROLD IM
301 S 7TH AVE READING PA 19602
COMESS MO, RAYMOND R GS
714 N 5TH ST READING PA 19601
COPE MD, DAVID A DTD
301 S 7TH AVE READING PA 19602
COTTRELL MO, JOHN C PTH
407 N TULPEHOCKEN RD READING PA 19601
CRAIG MO, PAUL C OPH
1934 OLD WYOMISSING RD WYOMISSING PA 19610
CRAMP MO, LLOYD L GS
301 S 7TH AVE W READING PA 19602
CRYSTAL MD, HARRY FP
713 N 5TH ST READING PA 19601
DASHE MD, MYER M FP
606 N 10TH ST READING PA 19604
DAVENPORT MO, RICHARD E GS
RT 2 BOX 543 PRINCETON WV 24740
DAVIS MO, ARNOLD V GS
301 S 7TH AVE WEST READING PA 19602
DEACH MD, ROBT A FP
FAMILY MED CENTER READING PA 19606
DEBENEDICTIS MO, KENNETH J IM
600 MUSEUM RD READING PA 19602
DELVECCHIO MO, LEONARD M FP
308 OLD AIRPORT RD DOUGLASSVILLE PA 19518
DEMMY MO, MERLYN R P
1817 BERNVILLE RD READING PA 19601
DENBY MO, ROBT A PO
25 STEVENS AVE WEST LAWN PA 19609
DENGLER JR MO, ROBT E OS
307 S SPRUCE ST BIRDSBORO PA 19508
DERSH MO, JEROME OPH
232 N 5TH ST READING PA 19601
DESANCTIS JR MD, JOS J IM
1506 DAUPHIN AVE WYOMISSING PA 19610
DESJAROINS JR MD, GEORGE P FP
2412 LASALLE DR WEST LAWN PA 19609
DESJARDINS MD, GED P PTH
1415 ALSACE RD READING PA 19604

DIETRICH DO, LEONARD M FP
610 E MAIN ST BX 243 KUTZTOWN PA 19530
DONLY MO, DONOVAN L FP
730 CENTRE AVE READING PA 19601
DONOVAN MO, ROBT S FP
BOX 700 BLANDON PA 19510
DUDA MO, ANDREW M GS
317 BROOKLINE PLAZA READING PA 19611
DUFFY MO, SCOTT S IM
301 S 7TH AVE WEST READING PA 19611
EAGER MD, J MICHAEL OBG
301 S 7TH AVE WEST READING PA 19611
EASTLAND MO, THEODORE W FP
407 W VINE ST FLEETWOOD PA 19522
EISENBERG MD, H GRANT OBG
310 LYNOAK AVE SHILLINGTON PA 19607
EMKEY MO, KENNETH O IM
3473 MIDVALE AVE PHILADELPHIA PA 19129
EMKEY MO, RONALD O IM
1422 OLD MILL RD WYOMISSING PA 19610
ERICKSEN MO, ARTHUR N IM
1836 SALEM RD COLONY PK READING PA 19610
ERMOLD MO, DONALD R IM
425 E LANCASTER AVE SHILLINGTON PA 19607
FARBER MO, DAVID N OPH
134 N 5TH ST READING PA 19601
FARBER MO, HAROLD I IM
308 N 5TH ST READING PA 19601
FAUST MD, DONALD S R
BOX 68 WERNERSVILLE PA 19565
FEICK MD, RALPH H FP
807 N 10TH ST READING PA 19604
FISCHER MO, EDWARD C R
THE READING HOSP READING PA 19602
FOCHT MO, JOHN A FP
260 E WASHINGTON ST WERNERSVILLE PA 19565
FOLDES ROTH MO, ELISABETH FP
105 S 5TH ST READING PA 19602
FRANCO MO, FRANK A IM
102 N 11TH ST READING PA 19601
FRANTZ MD, ROBT C PRM
WESTERN ELECTRIC N11THS READING PA 19604
FRIEDMAN MD, ELLIS F ORS
1424 PENN AVE WYOMISSING PA 19610
FUSCORIPKA MO, GIOVANNA D IM
1216 MEADE ST READING PA 19611
GABLE MO, JOS E FP
2129 N 17TH ST READING PA 19604
GALLEN MD, JOHN H FP
2950 VAN REED RD SINKING SPRING PA 19608
GEHMAN MO, MILTON J FP
38 E LANCASTER AVE SHILLINGTON PA 19607
GEHRIS MD, LEROY A FP
808 N 3RD ST READING PA 19601
GERHART MD, GEO R FP
3351 PERKIOMEN READING PA 19606
GIACCIA MO, AMATO FP
600 SCHUYLKILL AVE READING PA 19601
GILFILLAN MO, A GEORGE PO
1436 PENN AVE WYOMISSING PA 19610
GILMORE MO, IRVIN W FP
5313 ALLENTOWN PIKE TEMPLE PA 19560
GLOSSER MO, WM E GS
1240 DAUPHIN AVE WYOMISSING PA 19610
GOODMAN MO, GERALD A R
1305 OLD MILL RD WYOMISSING PA 19610
GORDON MO, MICHAEL E R
91 GRANDVIEW BLVD WYOMISSING HLS PA 19609
GOTTSHALL MD, SAML C AN
145 N 6TH ST READING PA 19603
GOUGER MO, DALE B P
301 S 7TH AVE W READING PA 19602
GRANADOS MO, NICANOR G IM
1555 SCHUYLKILL AVE READING PA 19601
GRANADOS MD, SUZITA N PO
1555 SCHUYLKILL AVE READING PA 19601
GREENE MO, LUCILLE T FP
412 N 12TH ST READING PA 19604
GREENE MD, RICHARD J IM
1601 PALM ST READING PA 19604
GRIM MO, MARK D FP
MAIN ST OLEY PA 19547
GRUBB MO, WILLARD Y FP
ROUTE 100 BALLY PA 19503
GRUBER MO, JOHN W IM
301 S 7TH AVE W READING PA 19602
GUMINA MO, GUISEPPE G ORS
230 N 6TH ST READING PA 19601
HANGEN MO, NORMAN M FP
3328 PLAZA DR READING PA 19605
HARRIS MO, LAWRENCE K IM
COMMUNITY GENERAL HOSP READING PA 19603
HASSLER MO, CARL W FP
606 WELLINGTON AVE READING PA 19609
HAUPT JR DO, HARVEY R FP
711 N FIFTH ST READING PA 19601
HAUSER MD, RAYMOND J FP
1660 PENN AVE WYOMISSING PA 19610
HEARD MD, W ODN IM
2114 ELDER ST READING PA 19604
HEINBACH MO, WILFRED F IM
313 N 5TH ST READING PA 19601
HEISEY MO, JOHN C IM
39 THOMAS OAKS DR POTTSTOWN PA 19464
HENNINGER MD, WM H AN
ST JOSEPHS HOSP READING PA 19603
HEY JR MO, E BERRY IM
301 S 7TH AVE WEST READING PA 19602
HIEHLE MO, JOHN F R
THE READING HOSP READING PA 19602
HILDRETH MO, EUGENE A IM
READING HOSP & MED CTR READING PA 19603
HILLIG MO, JOHN E DBG
1304 MONROE AVE WYOMISSING PA 19618
HOCH MO, WILLIS S PTH
444 DONALYN LN BERWYN PA 19312

HOLFORD MO, FRED O IM
ST JOSEPHS HOSP READING PA 19603
HORST MO, ELMER L P
715 LAKE AVE WYOMISSING PA 19610
HOUCK MO, E KARL ORS
1324 HAMPDEN BLVD READING PA 19604
HOYT MO, RALPH C IM
RD 1 BOX 428-B BIRDSBORO PA 19508
HUNTER MO, JOHN S FP
117 PHILADELPHIA AVE SHILLINGTON PA 19607
HUNTZBERGER MO, SAML S FP
608 PENNSYLVANIA AVE SINKING SPRING PA 19608
IMBER MO, IRVING IM
428 WALNUT ST READING PA 19601
IMBODEN MO, SAML H FP
810 FARR PL READING PA 19602
IMPINK MO, ROBT R GS
405 OLEY ST READING PA 19601
INNIS MO, PATRICIA A FP
121 WINDSOR ST READING PA 19601
JAY JR MO, WENDELL T IM
600 MUSEUM RD READING PA 19610
JENNINGS MO, WM P PTH
READING HOSP READING PA 19602
JEWELL JR MO, JAMES H TS
301 S 7TH AVE STE230 W READING PA 19602
JIMERSON MO, CEDRIC C GS
234 N 5TH ST READING PA 19601
JOHNSON MO, ALFRED T FP
2240 PENN AVE WEST LAWN PA 19609
JOHNSON MD, HERBERT C NS
601 SPRUCE ST WEST READING PA 19602
JONES MO, IRVING H IM
RD #1 BOX 250 READING PA 19607
KASTENBAUM MO, MICHAEL IM
330 NORTH 5TH ST READING PA 19601
KEARNEY MO, JOHN M GS
120 PROSPECT ST READING PA 19606
KEFFER MO, WM H IM
413 OLEY ST READING PA 19601
KEISER MD, EDWIN L FP
256 W DOUGLASS ST READING PA 19601
KELLER MO, ELI J FP
1101 GREGG AVE READING PA 19607
KELLER MO, JOHN E OTO
939 N 5TH ST READING PA 19601
KELLER MO, LYNWOOD V FP
106 S 4TH ST READING PA 19602
KERSHNER MO, MARILYN S R
RD 1 WERNERSVILLE PA 19565
KERST MD, JOHN C FP
148 W OLEY ST READING PA 19601
KEVENEY MD, JOHN J IM
1019 FRANKLIN ST READING PA 19602
KING MO, WEIR L IM
120 PROSPECT ST READING PA 19606
KLEINER MO, ANTON J OBG
1435 GARFIELD AVE WYOMISSING PA 19610
KLEPPINGER MO, RICHARD K OBG
301 S 7TH AVE WEST READING PA 19602
KOLTON MO, VLADIMIR J FP
1448-50 SPRUCE ST READING PA 19602
KOTZEN MO, HERMAN F PO
301 S 7TH AVE STE 150 W READING PA 19611
KRAMER MO, KENNETH R
855 N PARK RD C-203 WYOMISSING PA 19610
KRAMER MO, RANDALL K FP
226 E WYOMISSING AVE MOHNTON PA 19540
KRIEBEL MO, DOROTHY E FP
FURNACE RD WERNERSVILLE PA 19565
KRING MO, CARROLL S FP
140 W WINDSOR ST READING PA 19601
KURJANOWICZ MO, WADIM FP
623 N 5TH ST READING PA 19601
LADIKA MD, JOS A N
308 WARWICK DR READING PA 19610
LAMBERT MO, KENNETH P OBG
233 W MAIN ST KUTZTOWN PA 19530
LANE MO, C DARRELL PTH
PO BOX 231 BOWMANSVILLE PA 17507
LATMAN MO, STEPHEN F ORS
1432 OLD MILL RD WYOMISSING PA 19610
LATTIN MO, GARY M IM
OT JOSEPHS HOSPITAL READING PA 19601
LEE MO, JUNG-PIL U
318 N 5TH ST READING PA 19601
LEIDY MD, JOHN P FP
122 OLEY ST READING PA 19601
LEINBACH MO, THOS C ORS
301 S 7TH AVE WEST READING PA 19611
LEISAWITZ MO, ELLIOTT G IM
855 N PARK RD L303 WYOMISSING PA 19610
LEISAWITZ MO, PAUL A FP
36 N 11TH ST READING PA 19601
LEDNI MO, JOSEPH U
931 PENN AVE WYOMISSING PA 19610
LEVAN MD, JOHN B IM
8 ELI CT THE MEWS READING PA 19607
LIGNELLI MD, GREGORY J NS
1630 E HIGH ST POTTSTOWN PA 19464
LLOYD MO, EDGAR C AN
READING HOSP ANES DEPT WEST READING PA 19602
LOOER DO, DONALD I FP
143 E WALL ST LEESPORT PA 19533
LOEPER MO, DONALD J FP
BALLY PA 19503
LOHMANN MD, ALBERT E GS
1310 FARR RD READING PA 19602
LONGENECKER MO, BENJ E FP
4301 KUTZTOWN RD TEMPLE PA 19560
LONGENECKER MD, ROGER N FP
EAST PENN MEDICAL CENTE BLANDON PA 19510
LORD MO, WILLIAM H FP
918 ELIZABETH AVE READING PA 19605
LOUGHEAD JR MO, JOHN R OBG
223 E LANCASTER AVE SHILLINGTON PA 19607

LDWRY MD, W NDRWOOD DRS
WERNERSVILLE STATE HDSP WERNERSVILLE PA 19565
LUSCH MD, CHAS J DS
1617 MEADDWLARK RD WYOMISSING PA 19610
MAIDRANA MD, S LERDY DBG
1153 PENN AVE WYOMISSING PA 19610
MALICK MD, GERALD P DBG
301 S 7TH AVE W READING PA 19602
MANALD MD, NDRA N AN
10 IRDN CIR FLYING HLS READING PA 19607
MARCUS MD, JERDME I PTH
1801 CAMBRIDGE AVE B06 WYOMISSING PA 19610
MARSHALL MD, JDHN E FP
RD 1 WDMELSDDRF PA 19567
MATTHEWS MD, GED R R
READING HDSP READING PA 19603
MAZZA JR MD, PATRICK A FP
ST JDSEPHS HDSP READING PA 19603
MCCRAE MD, CHARLES R DRS
606 MUSEUM RD READING PA 19602
MCKINNEY MD, WM L IM
317 N 6TH ST READING PA 19601
MCLEAN MD, JAMES J IM
ST JDSEPHS HOSP READING PA 19603
MCSHANE MD, JAMES R IM
CUAN SLAN BANTRY COUNTY CDRK EIRE
MCTAMMANY MD, J RDBERT OBG
620 WALNUT ST READING PA 19601
MEHARG JR MD, JDHN G IM
1307 SCOTT CRT-WHITFIEL READING PA 19609
MEHARG MD, J GEURGE DBG
855 N PARK RD APT U-203 WYOMISSING PA 19610
MENDELSOHN MD, EUGENE DBG
FAMILY MED CTR ST LAWRE READING PA 19606
MENGES JR MD, JDB F ORS
1424 PENN AVE WYOMISSING PA 19610
MEYERS MD, BARRY E GS
714 N 5TH ST READING PA 19601
MEYERS MD, JOHN L FP
320 E 4TH ST SHILLINGTON PA 19607
MILES MD, MICHAEL A FP
2 COMMUNITY DR L SHILLINGTON PA 19607
MILLER MD, HENRY N IM
233 N 6TH ST READING PA 19601
MOFFITT MD, VINCENT J PD
52 SURREY WAY EXTON PA 19341
MOLL MD, THOS B OPH
301 S 7TH AVE STE 105 WEST READING PA 19611
MONDALA-OCBD MD, ELISA V AN
2 CHIP LANE SHILLINGTON PA 19607
MORRISSEY JR MD, E JAMES ORS
1121 PENN AVE WYOMISSING PA 19610
MORRISSEY MD, E JAMES ORS
1121 PENN AVE WYOMISSING PA 19610
MORROW MD, BERT A GS
301 S 7TH AVE WYOMISSING PA 19602
MOSER MD, MANNY H PS
2812 VAN REED RD READING PA 19609
MUHLENBERG MD, JOHN P PD
1436 PENN AVE WYOMISSING PA 19610
MULLIGAN MD, ROBT L R
READING HOSP READING PA 19603
NAGLE MD, ARLINGTON A FP
RD 1 WDMELSDORF PA 19567
NASE MD, PAUL K OPH
206 S 6TH AVE WEST READING PA 19602
NIEBAUM MD, ALBERT H FP
RD 1 BOX 365A CRESCO PA 18326
NUGENT MD, FRED B OBG
715 OLD MILL RD # F-6 WYOMISSING PA 19610
OPLINGER MD, ARTHUR F FP
2509 PERKIOMEN AVE READING PA 19606
ORQUIZA MD, CLODUALDO S U
931 PENN AVE WYOMISSING PA 19610
PACIULLI MD, RAFFAELE ORS
420 N 5TH ST READING PA 19601
PAN MD, EDWARD L ORS
420 N 5TH ST READING PA 19601
PAOLINI MD, MAURO J PD
1401 ORCHARD RD WYOMISSING PA 19610
PARKER JR MD, JAMES H OPH
1500 PENN AVE WYOMISSING PA 19610
PATADIA MD, CHANDRAKANT FP
230 N 5TH ST SUITE 510 READING PA 19601
PEARAH MD, J DAVID OPH
1517 DURWOOD DR READING PA 19609
PENTA MD, JOHN J OTO
237 S 5TH ST READING PA 19602
PENTA MD, JOHN M OTO
3117 MERRITT PKWY SINKING SPG PA 19608
PERFECT MD, FREDERICK R OTO
BOX 113 RD 1 ROBESONIA PA 19551
PERLMUTTER MD, GORDON S R
1711 READING BLVD WYOMISSING PA 19610
PETERSON MD, HELEN H FP
STATE SCH & HOSP HAMBURG PA 19526
PIFER DO, JOHN F FP
63 NORTH 4TH ST HAMBURG PA 19526
PLYMYER MD, RAY E IM
600 MUSEUM RD READING PA 19611
POLLAK MD, LEWIS OBG
332 N 5TH ST READING PA 19601
POTKONSKI MD, LEOPOLD A P
245 ROSEDALE DR POTTSTOWN PA 19464
PROSERPI MD, SERGIO V PS
301 S 7TH ST W READING PA 19602
PRUZINSKY MD, STEPHEN R FP
120 PROSPECT ST READING PA 19606
PUGLIESE MD, PETER T FP
R D 1 BERNVILLE PA 19506
QUEREAU MD, J VAN DYKE OPH
138 N 5TH ST READING PA 19601
RAMSEY JR MD, HARRY E IM
2211 GRING DR WYOMISSING PA 19610
REBER MD, HOWARD F U
1322 PERKIOMEN AVE READING PA 19602

REED MD, MARK S PTH
READING HDSP READING PA 19603
REED MD, RONALD W IM
312 W 38TH ST READING PA 19606
REICHARD MD, RICHARD C FP
112 S HDME AVE TOPTON PA 19562
REIDENBERG MD, LEON DBG
C-01 1801 CAMBRIDGE AVE WYOMISSING PA 19610
REIFSNYDER MD, WM H IM
612 MUSEUM RD READING PA 19602
REIGH MD, ERNEST E NS
RD 3 BDX B36 MOHNTON PA 19540
REINSEL MD, RICHARD C GS
301 S 7TH AVE W READING PA 19602
RENTSCHLER MD, EDWIN B IM
239 N 5TH ST READING PA 19601
RETTEW MD, PHILIP L IM
612 MUSEUM RD READING PA 19602
REUBEN MD, MARK S PD
720 SUMMIT CHASE DR READING PA 19611
RIGHTMYER MD, JOHN N FP
122 N 4TH ST HAMBURG PA 19526
RIGHTS MD, THEDDORE H PRM
COMM GEN HDSP READING PA 19601
RISSER MD, MARK G P
25 N KEMP ST KUTZTOWN PA 19530
ROBERTSON MD, JOHN J FP
30 E MAIN ST KUTZTOWN PA 19530
RODRIGUEZ MD, ADOLFO E GS
301 S 7TH AVENUE W READING PA 19602
ROEDER MD, JOHN H AN
READING HOSP READING PA 19603
ROMIG MD, RONALD S GS
301 SOUTH SEVENTH AVE WEST READING PA 19611
ROTENBERG MD, LARRY A P
1320 VAN STEFFY AVE READING PA 19610
ROTHERMEL MD, EARL W FP
LUTHERAN HOME TOPTON PA 19562
ROTHERMEL MD, JOHN K FP
STRAUSSTOWN PA 19559
ROWAN MD, NOEL M IM
301 S 7TH AVE W READING PA 19602
ROWAN MD, SANDRA K PO
310 N 11TH ST READING PA 19604
ROZANSKI MD, STANLEY J OBG
941 FRANKLIN ST READING PA 19602
RUBRIGHT MD, GEO L FP
300 S 5TH ST READING PA 19602
RUDOLPH MD, ROBERT I O
400 N 5TH ST READING PA 19601
RUNYEON MD, WM K GS
301 S 7TH AVE WEST READING PA 19602
RUTH MD, JOHN F FP
740 PENN AVE READING PA 19602
SCHAEBLER MD, M LEE FP
701 JEFFERSON BLVD READING PA 19609
SCHARTEL OO, ALBERT P FP
451 DOUGLASS ST READING PA 19601
SCHWARTZ MD, ABRAHAM I FP
1510 ALSACE RD READING PA 19604
SCHWEIZER MD, ROBT R FP
137 E PENN AVE ROBESONIA PA 19551
SCORNAVACCHI MD, JOS M U
2152 PERKIOMEN AVE READING PA 19606
SCULLY MD, JOHN P O
150 N 11TH ST READING PA 19601
SEDA MD, HECTOR J OTO
301 S 7TH AVE READING PA 19602
SEO MD, JIN S AN
215 N 12TH ST READING PA 19603
SEXTON JR MD, GEO L OBG
301 S 7TH AVE WEST READING PA 19602
SHAFFER MD, IRVIN G AN
135 N 6TH ST READING PA 19604
SHAH MD, HARNISHKUMAR PO
230 N FIFTH ST READING PA 19601
SHEFFER MD, M LEONARD FP
3628 ST LAURENCE AVE READING PA 19606
SHEMANSKI MD, CLEM J FP
32 FAIRWAY RD FLYING HL READING PA 19607
SHETTY MD, RATNAKAR S IM
19 CHELTENHAM DR WYOMISSING PA 19610
SHIPPEN MD, EUGENE R FP
730 CENTRE AVE READING PA 19601
SHULTZ MD, BARRY S U
301 S 7TH AVE WEST READING PA 19611
SHULTZ MD, THOS E PTH
5 WENDY RD READING PA 19601
SHUMAN MD, JOHN F IM
301 S 7TH AVE #300 W READING PA 19602
SHUMAN MD, NANCY A IM
1617 FARR RD WYOMISSING PA 19610
SILVERBERG MD, ROBERT L FP
31 HEARTHSTONE DR READING PA 19606
SIMPSON MD, JAMES W FP
2911 BRUNSWICK RD MEMPHIS TN 38134
SLIMMER JR MD, SAML C FP
THE READING HOSP READING PA 19602
SMITH MD, BARTON L IM
301 S 7TH AVE WEST READING PA 19602
SMITH MD, RAYMOND L PS
2210 BRESSLER DR WYOMISSING PA 19610
SOUDERS MD, THOS B OPH
301 S 7TH AVE STE 105 WEST READING PA 19611
SPANGLER OO, MARTIN L FP
900 N 5TH ST READING PA 19601
SPANNUTH MD, JOHN R IM
321 N 5TH ST READING PA 19601
STELMACH MD, W PETER FP
1500 OAK LANE READING PA 19604
STEWART MD, THOMAS A FP
314-1 SPRINGSIDE DR E SHILLINGTON PA 19607
STOLZ MD, JOHN C R
BOX 426 ROUTE 3 FLEETWOOD PA 19522
STOLZ MD, JONATHAN L R
18 JUNCO DR WYOMISSING PA 19610

STOLZ MD, PAUL K R
R D # 1 FLEETWOOD PA 19522
STOUDT MD, DONALD E N
301 S 7TH AVE WEST READING PA 19602
STRAUB MD, RUSSELL E GS
35-21 E KENT AVE LAURELDALE PA 19605
STRAUSE JR MD, HAROLD L DPH
530 CENTRE AVE READING PA 19601
STRAUSE MD, HAROLD L OPH
322 N 5TH ST READING PA 19601
STRAUSS MD, ABRAHAM J R
609 N 26TH ST READING PA 19606
STRUNK MD, HAROLD A AN
1801 N 15TH ST READING PA 19604
SUMMONS MD, HOWARD J U
931 PENN AVE WYOMISSING PA 19610
SWEET MD, WM A GS
301 S 7TH AVE WEST READING PA 19602
SWEITZER MD, CARL E FP
19 S 3RD ST HAMBURG PA 19526
SZARKO MD, FRANK J R
READING HOSPITAL READING PA 19601
TALLMAN MD, EDWIN H FP
OLEY PA 19547
TERRY MD, F LEE IM
600 ELM AVE READING PA 19605
TIETBOHL JR MD, RALPH H FP
25 STEVENS WEST LAWN PA 19609
TOMKIEWICZ MD, THADDEUS J FP
1516 ECKERT AVE READING PA 19602
TOSO MD, GIANFRANCO F DTO
301 S 7TH AVE READING PA 19602
TREXLER MD, ETHAN L FP
15 S FRANKLIN ST FLEETWOOD PA 19522
TREXLER MD, HAROLD L FP
21B S 6TH AVE WEST READING PA 19611
TROYEN MD, HARRY D U
351 N 5TH ST READING PA 19601
URBAITIS MD, PETER W FP
135 W PENN AVE WERNERSVILLE PA 19565
VALENCIA MD, CELEDONIO C FP
357 PENNA AVE SHILLINGTON PA 19607
VANDENBOSCH MD, JOHN T IM
101 WHEATLAND AVE SHILLINGTON PA 19607
VENIER MD, LEON H PM
ST JOSEPHS HOSP READING PA 19603
VERBINSKI MD, TED OBG
1340 PENN AVE WYOMISSING PA 19610
WAGEMAN MD, ROSS L GS
16 CARDINAL PLACE WYOMISSING PA 19610
WAGNER MD, JOHN B FP
301 S 7TH AVE WEST READING PA 19602
WALKER MD, WM W O
150 N 11TH ST READING PA 19601
WANCZYK MD, CASIMIR J OBG
RD 3 BX 455A READING PA 19606
WARING MD, JOHN H FP
325 E PHILADELPHIA AVE BOYERTOWN PA 19512
WEAVER MD, KENT E FP
2509 PERKIOMEN AVE READING PA 19606
WEAVER MD, MARY F FP
BOX 523 RD #3 READING PA 19606
WELSH MD, JAMES F PTH
COMMUNITY GEN HOSP READING PA 19601
WERLEY MD, WALTER W US
720 OLD MILL RD APT C-B WYOMISSING PA 19610
WESTCOTT MD, RICHARD J GS
78 GRANDVIEW BLVD WYO HILLS PA 19609
WESTENDORP MD, ANDRE C FP
135 N 6TH ST READING PA 19601
WIENER MD, STEPHEN G O
1111 PENN AVE WYOMISSING PA 19610
WIEST MD, PHILIP R OTO
238 N 6TH ST READING PA 19601
WILLIAMS MD, HERMAN J FP
1801 CAMBRIDGE AVE WYOMISSING PA 19610
WILLIAMS MD, JOHN J FP
523 CARSONIA AVE READING PA 19606
WILLWERTH MD, JAMES W R
EPHRATA COMMUNITY HOSP EPHRATA PA 17522
WINANS MD, LEWIS E IM
READING HOSP & MED CTR READING PA 19603
WINSTON MD, NORMAN J R
323 N 5TH ST READING PA 19601
WISWESSER MD, GEO A P
301 S 7TH AVE W READING PA 19611
WOLF MD, FRANKLIN M GS
1522 OLD WYOMISSING RD WYOMISSING PA 19610
WONG JR MD, JAMES IM
1019 FRANKLIN ST READING PA 19602
WOODRING MD, LEONARD R FP
1155 PENN AVE WYOMISSING PA 19610
WORNAS MD, CHRISTIAN G IM
227 N 6TH ST READING PA 19601
WOTRING MD, JOHN M OPH
220 N 6TH ST READING PA 19601
WOYNAROWSKI MD, JOHN A FP
826 N 5TH ST READING PA 19601
WUMMER MD, BRIAN A FP
R D 1 WOMELSDORF PA 19567
YEAGLEY MD, HEBER E R
1409 OLD MILL RD WYOMISSING PA 19610
YOH MD, HAROLD N FP
32 LARCHWOOD RD WYOMISSING PA 19610
YOUNOT MD, LUKE B R
EPHRATA COMMUNITY HOSP EPHRATA PA 17522
YUN MD, JAE K R
1845 LORRAINE RD READING PA 19604
YUNO MD, LOWELL C ORS
1424 PENN AVE WYOMISSING PA 19610
ZAJDOWICZ MD, THADDEUS R IM
230 FAIRVIEW DR KUTZTOWN PA 19530
ZIENTEK MD, LEON T OPH
120 PROSPECT ST READING PA 19606
ZOBIAN MD, EDWARD J FP
206 S 6TH AVE WEST READING PA 19602

ZDLGHADRI MD, SIAVASH IM
324 N 5TH ST READING PA 19601

Blair County

ADAMS MD, ANNE K PRM
64 CLOVER DR HOLLIDAYSBURG PA 16648
ADAMS MO, JAMES NS
BLAIR MEDICAL CENTER ALTOONA PA 16601
AIGNER MO, WILLIAM J FP
2301 BROAD AVE ALTOONA PA 16601
AYERS MO, LLOYD R IM
509 ALLEGHENY ST HOLLIDAYSBURG PA 16648
AYRES MO, JOHN A FP
1251 LOGAN AVE TYRONE PA 16686
AZAD MO, MOHAMED N FP
2705 OYSART AVE ALTOONA PA 16602
BENITEZ MO, FRANCISCO W FP
PO BOX 528 ALTOONA PA 16603
BERARDINELLI MD, JOHN L PD
501 HOWARD AVE ALTOONA PA 16601
BIESINGER MO, GEO J OBG
501 HOWARD AVE ALTOONA PA 16601
BISHOP MO, DAVID W PRM
PA RAILROAD COMPANY ALTOONA PA 16603
BLOOM MO, C HENRY FP
1212 15TH ST ALTOONA PA 16601
BOUCHER MO, IRVAN A OTO
218 LOGAN BLVD ALTOONA PA 16602
BOWERS MO, LEROY W FP
TYRONE MED CTR CLAY AVE TYRONE PA 16686
BOWMAN MO, DAVID H OPH
14 WICKLOW CT HOLLIDAYSBURG PA 16648
BOWSER JR MD, EDWARD R OBG
410 FOURTH ST ALTOONA PA 16602
BRADLEY MO, VERNON F OBG
501 HOWARD AVE ALTOONA PA 16601
BRIDENBAUGH MO, ROBT P FP
300 OAKDALE RD MARTINSBURG PA 16662
BULGER MO, RICHARD H FP
NEW ENTERPRISE PA 16664
BURKET MO, DANL G GS
1108 13TH AVE ALTOONA PA 16601
BURKET MO, LOUIS C PD
322 5TH AVE ALTOONA PA 16602
BURKET MO, RAMON C FP
810 GROVE ST ROARING SPRINGS PA 16673
CASSIDY MD, JOS A FP
309 POWELL AVE CRESSON PA 16630
CHEN MD, CHIEN H PTH
V A HOSP ALTOONA PA 16603
CHEUNG MD, HOO J GS
1113 PENN ST HOLLIDAYSBURG PA 16648
CHO MO, DOO W P
ALTOONA HOSP CMHC ALTOONA PA 16603
CHOPRA MO, RAMESH K PD
1901 BELLEMEADE DR ALTOONA PA 16602
CONNOLE MD, JOHN F OPH
319 N LOGAN BLVD ALTOONA PA 16602
COTTLE MD, BETTY L AN
25 SYLVAN DR HOLLIDAYSBURG PA 16648
COTTLE MO, HAROLD R PTH
25 SYLVAN DR HOLLIDAYSBURG PA 16648
CRIDER MO, DONALD B P
501 HOWARD AVE ALTOONA PA 16601
DCRUZ MO, JOSEPH F PD
1220 13TH AVENUE ALTOONA PA 16601
DEKONING MD, JOHANNES L FP
5144 W CHESTNUT ST ALTOONA PA 16601
DELERME MO, AUGUSTO N OTD
958 MAIN ST COALPORT PA 16627
DELOZIER MO, NEIL H FP
1310 7TH AVE DUNCANSVILLE PA 16635
DESANTES MO, FRANK A OTD
1219 14TH AVE ALTOONA PA 16601
DIBERT MO, LAWRENCE W FP
306 PLUM ST WILLIAMSBURG PA 16693
DIETRICK MD, RONALD A DBG
615 HOWARD AVE ALTOONA PA 16601
DLUZANSKY MO, JAMES J U
501 HOWARD AVE ALTOONA PA 16601
DONGELL JR MO, ROBT J FP
406 JACKSON ST GALLITZIN PA 16641
DRASKOCZY MD, STEVEN P IM
BLAIR MED ASSOC ALTOONA PA 16601
DUMEYER MD, WM H R
ALTOONA HOSP ALTOONA PA 16603
EGAN MO, ROBT F IM
501 HOWARD AVE ALTOONA PA 16601
ENGLAND MO, KENNETH B FP
501 CHURCH ST ROARING SPG PA 16673
ENGLISH MO, JAMES B IM
1106 13TH AVE ALTOONA PA 16601
ERVIN MO, LAWRENCE M FP
931 MAIN ST COALPORT PA 16627
FABINYI MO, GEZA T FP
24 MANSION BLVD ALTOONA PA 16602
FALL MO, MICHAEL H U
1209 14TH AVE ALTOONA PA 16601
FEES JR MO, ARCH W U
501 HOWARD AVE ALTOONA PA 16601
FLEMING MD, GEORGE E AN
OAK KNOLL HOLLIDAYSBURG PA 16648
FOCHLER MO, FRANCIS J GS
501 HOWARD AVE ALTOONA PA 16601
FORSE JR MO, DAVID P GS
909 E MAIN ST ROARING SPRING PA 16673
FRAIRE MO, ARMANDO E PTH
MERCY HOSPITAL LAB ALTOONA PA 16603

FRIDAY MD, DANL M DBG
CLAY AVENUE EXT TYRONE PA 16686
GETTEMY MD, RALSTON O IM
449 LAURY RD NEW WILMINGTON PA 16142
GIBBONS MO, WM P PS
1211 14TH AVE ALTOONA PA 16601
GINSBURG MD, HARRY H IM
9 CHARTWELL CT ROCHESTER NY 14618
GOSHORN MO, RDY W P
521 BELLVIEW AVE BELLWOOD PA 16617
GRAB MD, EDMUNDO M OBG
2700 8TH AVE ALTOONA PA 16602
HADUCK MD, LEONARD A FP
RD 4 BX 245 A ALTOONA PA 16601
HARRIS MD, MARTIN E R
ALTOONA HOSP ALTOONA PA 16603
HASABNIS MO, SUHAS P OBG
501 HOWARD AVE ALTOONA PA 16601
HASSEN MO, IRFAN W FP
2500 5TH ST ALTOONA PA 16601
HAYFORD JR MO, HUGH DRS
1309 11TH ST ALTOONA PA 16601
HEATON MO, VINCENT W FP
421 WATER ROARING SPRING PA 16673
HEIMBACH MD, JAMES A IM
607 7TH ST JUNIATA ALTOONA PA 16601
HELFFRICH MO, RICHARD S FP
2323 3RD AVE ALTOONA PA 16602
HENDRICKS MO, CHAS S OBG
404 EAST WOPSY AVE ALTOONA PA 16601
HILL MO, ROBT J ORS
501 HOWARD AVE ALTOONA PA 16601
HIMES JR MO, RALPH F OPH
1216 11TH AVE ALTOONA PA 16601
HOMMER JR MO, J SCOTT FP
2500 5TH ST ALTOONA PA 16601
HOOVLER MD, PHILIP W IM
RD 2 BOX 234 HOLLIDAYSBURG PA 16648
HULL MD, BEN L ORS
3704 EL CENTRO ST PETERSBRG BCH FLA 33736
HURST MO, JOHN W R
501 HOWARD AVE ALTOONA PA 16601
INGOLDSBY MD, EUGENE C IM
1218 13TH AVE ALTOONA PA 16601
ISAKOV MO, ASPARUH O AN
R D 2 BOX 59 HOLLIDAYSBURG PA 16648
JONES MO, LARRY W DPH
704 POPLAR ST ROARING SPGS PA 16673
KACZOR MO, STANLEY F FP
2608 BROAD AVE ALTOONA PA 16601
KARUNARATNE MD, ESIRIWICKREME R
ALTOONA HOSP RAD DEPT ALTOONA PA 16603
KEAGY MO, ROBT M PD
3510 BAKER BLVD ALTOONA PA 16602
KING MD, SAML V ORS
515 26TH ST ALTOONA PA 16602
KRON MD, IRA B IM
604 BEAUMONT DR ALTOONA PA 16602
LEWIS MO, KATHRYN A PD
TYRONE OUTPATIENT CLINI TYRONE PA 16686
LOVELL MD, DONALD R FP
401 MAIN ST BELLWOOD PA 16617
MACEK MD, RALPH C FP
116 UNION AVENUE ALTOONA PA 16602
MAGEE MO, RICHARD B GS
501 HOWARD AVE ALTOONA PA 16601
MALKOFF MO, JACK OTO
501 HOWARD AVE ALTOONA PA 16602
MANETTA MO, ALBERTO OBG
2700 8TH AVENUE ALTOONA PA 16602
MANIGLIA MD, ANGELO J FP
702 18TH ST ALTOONA PA 16602
MATTAS MO, OLIVER E U
1213 14TH AVE ALTOONA PA 16601
MCKINNEY MD, HENRY D O
501 HOWARD AVE ALTOONA PA 16601
MEISNER MO, MARVIN H FP
PENN FARM ESTATES DUNCANSVILLE PA 16635
MELDY MO, JOHN H IM
BOX 246 RD 2 HOLLIDAYSBURG PA 16648
MEYERS MO, ALLAN F FP
501 HOWARD AVE ALTOONA PA 16601
MILES MO, GEO H ORS
1121 26TH AVE ALTOONA PA 16601
MILLER MO, MARLYN W R
R D 2 BOX 325 ALTOONA PA 16601
MOFFITT MO, H FREO OBG
3409 BAKER BLVD ALTOONA PA 16602
MONTANEZ MO, JAIME A GS
805 CHESTNUT AVE ALTOONA PA 16601
MORELLI MD, MARION A FP
223 HIGH ST WILLIAMSBURG PA 16693
MUTHVEERAPPAN MO, VEERAPPAN GS
1212 MADISON AVE ALTOONA PA 16602
OLEARY MO, JAMES M GS
105 31ST ST ALTOONA PA 16602
PARIS MD, MARK F GS
909 E MAIN ST ROARING SPRING PA 16673
PERSING JR MO, HARRY M OPH
2520 BROAD AVE ALTOONA PA 16601
POLLOCK MO, ARTHUR E FP
1217 14TH AVE ALTOONA PA 16601
PROSSER MD, JOHN O FP
408 UNION ST HOLLIDAYSBURG PA 16648
RHEE MO, YOUNG W P
1217 13 AVE ALTOONA PA 16601
RICE MD, DONALD H R
MR 42-A FRANKSTOWN RD HOLLIDAYSBURG PA 16648
RODRIGUEZ MO, JULIO A DRS
515 26TH ST ALTOONA PA 16602
ROSCH MD, JEFFREY M IM
1126 8TH AVE ALTOONA PA 16602
ROSCH MO, JULIUS C IM
2300 BROAD AVE ALTOONA PA 16601
SCHULTZ MO, EDWARD O FP
CLAYSBURG PA 16625

SCHULTZ MD, EDWARD J FP
CLAYSBURG PA 16625
SHAHEEN MD, ROBT G IM
2633 BROAD AVE ALTOONA PA 16601
SHAUB JR MD, HOWARD G PTH
817 PENN ST HOLLIDAYSBURG PA 16648
SHEEDY MD, JOHN G FP
116 UNION AVE ALTOONA PA 16602
SHINDEL MD, JAMES H R
BOX 212 R D 3 ALTOONA PA 16602
SILVERMAN MD, JOS S P
4304 LYNNOALE ROAD ALTOONA PA 16602
SINGH MD, BALDEV AN
2300 PARK BLVD ALTOONA PA 16601
SKRENTNY MO, THOS T FP
1214 13TH AVE REAR ALTOONA PA 16601
SNYDER MD, CLAUDE E US
3800 7TH AVE #21 ALTOONA PA 16602
SPONSLER MO, RODNEY L PD
3109 4TH ST ALTOONA PA 16602
STITZEL MO, ELWOOD W PD
403-409 CENTRAL TRUST B ALTOONA PA 16601
STOKER MO, JOHN W OBG
615 HOWARD AVE ALTOONA PA 16601
STOWELL MO, JOS M GS
501 HOWARD AVE ALTOONA PA 16601
STRASSMAN MO, JACK GS
1119 13TH AVE ALTOONA PA 16601
SUTTON MO, CHAS A R
RD 3 BOX 640 DUNCANSVILLE PA 16635
SWAMI MD, SRI C FP
TYRONE HOSP MED CTR TYRONE PA 16686
THOMAS MO, MERLE J FP
2907 COLUMBIA DR ALTOONA PA 16602
TIPTON OD, MARY E IM
421 6TH AVE ALTOONA PA 16601
TOLIS MO, BASILE O GS
112 UNION AVE ALTOONA PA 16602
TSAI MD, MING C IM
RD 3 PENN FARMS DUNCANSVILLE PA 16635
TUSHIM MO, JOS N FP
1116 13TH AVE ALTOONA PA 16601
VENKATAPPAN MD, RAJ R FP
1200 ADAMS AVE ALTOONA PA 16602
WALKER MO, LEON R FP
311 UNION ST HOLLIDAYSBURG PA 16648
WEBSTER MD, PAUL F R
MERCY HOSP OPT RAD ALTOONA PA 16601
WERTZ MD, ROBT E GS
501 HOWARD AVE ALTOONA PA 16601
WILEY MD, BERT C PM
RD 4 BOX 215 BEDFORD PA 15522
WINGERT JR MD, J PAUL IM
501 HOWARD AVE ALTOONA PA 16601
WINIARSKI MO, JANUSZ AN
2601 8TH AVE ALTOONA PA 16602
WUSTROW MO, HEINZ J PD
4329 6TH AVE ALTOONA PA 16602
YOUSHAW MD, DENNIS G GS
501 HOWARD AVE ALTOONA PA 16601
ZAVAHIR MO, M FEIZAL PD
920 PENN ST REAR HOLLIDAYSBURG PA 16648
ZIMMERMAN MO, A LEONARD DTO
501 HOWARD AVE ALTOONA PA 16601

Bradford County

ARONSTAM MO, ROBT H OPH
GUTHRIE CLINIC LTD SAYRE PA 18840
BAKER MO, DAN R DRS
GUTHRIE CLINIC LTD SAYRE PA 18840
BECK MO, JAN GS
GUTHRIE CLINIC LTD SAYRE PA 18840
BECK MD, WM C GS
GUTHRIE CLINIC SAYRE PA 18840
BLOOD JR MD, JOS B IM
GUTHRIE CLINIC LTD SAYRE PA 18840
BOSELLI MD, BRUCE O IM
GUTHRIE CLINIC SAYRE PA 18840
BRENNER JR MO, SAML S PD
103 GUTHRIE SQ SAYRE PA 18840
BUCKTHAL MD, PAUL E N
203 MAPLE ST SAYRE PA 18840
BUNAO MO, ROMULD M FP
GUTHRIE CLINIC SAYRE PA 18840
CAOY MO, JOS B IM
630 S MAIN ST ATHENS PA 18810
CAMERON MO, DONALD O R
WAYNE CO MEMORIAL HOSP HONESDALE PA 18431
CARPENDER MO, JAMES W R
BX 432 RD 1 CARBONDALE PA 18407
CARSON MO, BARBARA A IM
GUTHRIE CLINIC SAYRE PA 18840
CHADWICK MO, HAROLD H FP
WYSOX PA 18854
CHARLTON MD, BRIAN L GS
230 CANTON ST TRDY PA 16947
CLOUGH MO, DONALD M GS
GUTHRIE CLINIC SAYRE PA 18840
CONKLIN MO, STANLEY O IM
506 S ELM AVE SAYRE PA 18840
CORNER JR MO, GEO W OBG
GUTHRIE CLINIC SAYRE PA 18840
DANZI MD, JOSEPH T IM
GUTHRIE CLINIC LTD SAYRE PA 18840
DESHMUKH MO, NARAYAN GS
GUTHRIE CLINIC LTD SAYRE PA 18840
DIENHART MO, KARL J IM
GUTHRIE CLINIC SAYRE PA 18840

DOWNEY MD, THOS R P
GUTHRIE CLINIC SAYRE PA 18840
DURDCHER MD, FRANCES A IM
GUTHRIE CLINIC SAYRE PA 18840
FALKENBERG MD, K JORG DTO
GUTHRIE CLINIC LTD SAYRE PA 18840
FLOOD MO, JAMES M D
GUTHRIE CLINIC SAYRE PA 18840
GARMAN MD, RAY F IM
GUTHRIE CLINIC SAYRE PA 18840
GERGEN MD, WERNER A DBG
GUTHRIE CLINIC SAYRE PA 18840
GOLSHAN MD, KAZEM DTO
GUTHRIE CLINIC LTD SAYRE PA 18840
HINSMAN JR MD, JOHN A IM
GUTHRIE CLINIC LTD SAYRE PA 18840
JACOBSON MD, HORACE H U
802 S MAIN ST ATHENS PA 18810
JAGOISH MO, KALKUNTE R TS
GUTHRIE CLINIC LTD SAYRE PA 18840
JENNINGS MD, CONDR P AN
GUTHRIE CLINIC SAYRE PA 18840
JOHNSON MD, ELTING C IM
12 WALNUT ST TOWANOA PA 18848
JOHNSON MD, THOS B FP
108 MAIN ST TOWANDA PA 18848
KELLY MD, JOHN A PTH
ROBERT PACKER HOSP SAYRE PA 18840
KERSTING MD, JOHN W P
GUTHRIE CLINIC LTD SAYRE PA 18840
KIELTY MD, JOHN T FP
208 MAIN ST TOWANOA PA 18848
KIKKAWA MD, KAZUTOSHI R
GUTHRIE CLINIC SAYRE PA 18840
KING MD, ARTHUR B NS
GUTHRIE CLINIC SAYRE PA 18840
KULCZYCKI MO, EDWARD DPH
GUTHRIE CLINIC SAYRE PA 18840
LIVELY MD, HENRY S IM
GUTHRIE CLINIC LTD SAYRE PA 18840
LUFT MD, WM C PTH
GUTHRIE CLINIC LTD SAYRE PA 18840
LYNCH MD, JOHN C FP
304 N MAIN ST ATHENS PA 18810
MACKAY MD, BRUCE R IM
GUTHRIE CLINIC SAYRE PA 18840
MACKLER MD, GERALD L IM
GUTHRIE CLINIC LTD SAYRE PA 18840
MAHON JR MD, FRANK B U
GUTHRIE CLINIC LTD SAYRE PA 18840
MCCALLUM MD, JOHN O FP
263 TROY ST BOX 85 CANTON PA 17724
MCCOY MD, ORLO G FP
BOX 195 CANTON PA 17724
MCDERMOTT MD, MARIE M FP
WARREN CENTER RD LITTLE MEADOWS PA 18830
MEIKLE MD, CHAS E FP
417 N MAIN ST ATHENS PA 18810
MEYER MD, KENNETH K GS
GUTHRIE CLINIC SAYRE PA 18840
MURTLAND MD, ALBERT M DRS
GUTHRIE CLINIC LTD SAYRE PA 18840
NAGLE MD, WARREN C U
GUTHRIE CLINIC SAYRE PA 18840
NARAYANAN MD, EDATHIL K PD
208 LAMBERT ST SAYRE PA 18840
NILES JR MD, JOHN S GS
CRYSTAL LAKE RD 1 CARBONDALE PA 18407
NOONE MD, JAMES P FP
MED ARTS BLDG TOWANDA PA 18848
PACANOWSKI MD, JOHN P PD
GUTHRIE CLINIC LTD SAYRE PA 18840
PERRY MD, RAYMOND A IM
BOX 197-B RD 1 N TOWANDA PA 18848
PETERSON MD, KARL R FP
PO BOX 127 WYALUSING PA 18853
RANCK MD, SIDNEY G DBG
GUTHRIE CLINIC LTD SAYRE PA 18840
REDDING MD, WILLIS A FP
206 MAIN ST TOWANDA PA 18848
RENTSCHLER MD, HENRY D DPH
720 SOUTH MAIN ST ATHENS PA 18810
ROCKMAN MD, MANLEY FP
220 S ELMER AVE SAYRE PA 18840
ROYCE MD, PAUL C IM
GUTHRIE CLINIC LTD SAYRE PA 18840
SEWELL MD, WM H TS
GUTHRIE CLINIC SAYRE PA 18840
SHALLENBERGER MD, PAUL L IM
GUTHRIE CLINIC SAYRE PA 18840
SHELLING MD, RICHARD E IM
GUTHRIE CLINIC LTD SAYRE PA 18840
SWEIGART MD, GENE M U
GUTHRIE CLINIC LTD SAYRE PA 18840
TALMAGE MD, EDWARD A AN
GUTHRIE CLINIC LTD SAYRE PA 18840
TAMA MD, LAWRENCE GS
R D 1 TOWANDA PA 18848
THOMAS MD, JOHN M GS
GUTHRIE CLINIC LTD SAYRE PA 18840
TY MD, JAMES S R
GUTHRIE CLINIC LTD SAYRE PA 18840
WANAMAKER MD, JOHN L IM
GUTHRIE CLINIC LTD SAYRE PA 18840
WEAVER MD, DONALD R PTH
GUTHRIE CLINIC LTD SAYRE PA 18840
WERT MD, ROY E DRS
212 N PENNA AVE SAYRE PA 18840
WIDMER MD, BLAISE A IM
GUTHRIE CLINIC LTD SAYRE PA 18840
WILT MD, JOHN W IM
GUTHRIE CLINIC LTD SAYRE PA 18840
WINSTON MD, RALPH B IM
GUTHRIE CLINIC LTD SAYRE PA 18840
ZEHR MD, RALPH D R
GUTHRIE CLINIC LTD SAYRE PA 18840

Bucks County

ABIR MD, ISAAC PD
RICHBORO PROF BLDG RICHBORO PA 18954
ADRID MD, AUGUSTO S GS
1723 WOODBOURNE RD LEVITTOWN PA 19057
AKBARI MD, SAEED U
APT 10G REGENCY WOODS DOYLESTOWN PA 18901
ALDERFER MD, ARTHUR J FP
520 WASHINGTON AVE UPR PROVIDENCE PA 18960
AMSTER DO, NORMAN H AN
11TH ST & PARK AVE QUAKERTOWN PA 18951
ARCILLA MD, JAIME D PS
3505 HEATON RD HUNTINGON VLY PA 19006
ARDIZONE MD, ROMLO A PS
2109 DELANCEY PL PHILADELPHIA PA 19103
BARBERA MD, L STEWART PD
773 SECOND ST PIKE SOUTHAMPTON PA 18966
BARONE MO, FRANCES A PD
131 S 11TH ST QUAKERTOWN PA 18951
BASSERT MO, DAVID E PTH
LOWER BUCKS HOSP BRISTOL PA 19007
BASSETT MD, SAML F US
48 PINEWOOD DR DOYLESTOWN PA 18901
BERNARDINO JR MO, VITALIANO B DPH
3021 GILBERT DR CORNWELLS HGTS PA 19020
BERNARDINO MD, EVELINA A D
3021 GILBERT DR CORNWELLS HGTS PA 19020
BLASBAND MD, RICHARD A P
BOX 27 DTTSVILLE PA 18942
BLUM MD, MATTHEW D DTO
519 S 5TH ST PERKASIE PA 18944
BOCKOL MD, JOEL M DRS
712 OLD ORCHARD LN BRISTOL PA 19007
BOLAND JR MD, FRANCIS B DRS
10 S CLINTON DOYLESTOWN PA 18901
BRENNEMAN MD, PAUL G FP
365 E BUTLER ST NEW BRITAIN PA 18901
BRODIE MD, DONALD E FP
706 BRIARWOOD CT YARDLEY PA 19067
BROWN MD, MICHAEL R PO
RD 2 COLD SPG&CREAMERY ODYLESTOWN PA 18901
BRYAN JR MD, JOHN S DRS
10 S CLINTON ODYLESTOWN PA 18901
BUCHER MD, ROBT G FP
CHERRY LANE WYCOMBE PA 18980
BURMEISTER MD, CHAS W FP
PLUMSTEADVILLE PA 18949
CAHILL MO, JOHN M FP
6 SYCAMORE NEWTOWN PA 18940
CALO MD, ALDO A IM
401 RADCLIFFE ST BRISTOL PA 19007
CAPPIELLO MD, WM A GS
5 LAKESIDE DR LEVITTOWN PA 19054
CAPRIOTTI MD, OCTAVIUS A DPH
404 E BROAD ST SOUDERTON PA 18964
CASALE MD, LOUIS J PD
120-122 GREEN ST DOYLESTOWN PA 18901
CAUFFMAN MO, WM J IM
1723 WOODBOURNE RD LEVITTOWN PA 19057
CEVALLOS MD, EDUARDO A PD
131 S 11TH ST QUAKERTOWN PA 18951
CHAI MD, CHIU L FP
256 TRUMBAUERSVILLE RD QUAKERTOWN PA 18951
CHAMBERLAIN MD, WM H TS
715 OLD ORCHARD LANE BRISTOL PA 19007
CHIN MO, BYOUNG KWON IM
763 GROVE AVE SOUTHAMPTON PA 18966
CHOBY MD, JOHN J OBG
14A MEMORIAL DR DOYLESTOWN PA 18901
CHUNG MO, PING-CHANG C OBG
145 MILL ROAD QUAKERTOWN PA 18951
CLIPP MD, SAML W R
364 OAK DR SOUDERTON PA 18964
COLETTA MD, DANIEL J OBG
730 SPRING VALLEY RD ODYLESTOWN PA 18901
CONAHAN MD, BERNARDIN Q PD
SUGARBOTTOM-MOZART ROS FURLONG PA 18925
CONNOLLY JR MD, JOHN M GS
111 ST MARY MED BLDG LANGHORNE PA 19047
CONNORS JR MD, EARL K FP
118 W RICHARDSON AV LANGHORNE PA 19047
CONRAD MD, JAMES L FP
1301 N 5TH ST PERKASIE PA 18944
CONWELL MD, QUENTIN R O
251 W DEKALB PK D 607 KNG OF PRUSS PA 19406
COVERDALE III MD, EDWARD J IM
WATSON DR RD 2 DOYLESTOWN PA 18901
COVERDALE MD, EDWARD J FP
ROUTE 611 DANBORO PA 18916
COVERDALE MD, PAUL J IM
RTE 611 DANBORO PA 18916
COYNE MD, VERONICA Z IM
RD#2 LANOISVILLE RD DOYLESTOWN PA 18901
CRITTENDEN MD, DONALD W FP
21 TEMPLE AVE SELLERSVILLE PA 18960
CULOTTA MD, DOMINIC A DTO
BOX 105 FEASTERVILLE PA 19047
DANZIS DO, JEFFREY J U
202 N MAIN ST CHALFONT PA 18914
DARNELL MO, RICHARD I FP
130 N MAIN ST NEW HOPE PA 18938
DAVIS MD, HARRIET J PD
BOX 401 BUCKINGHAM PA 18912
DEVINCENT MD, HENRY G DRS
REO LION RD & PHILMONT HUNTINGON VLY PA 19006
DIMOIA MD, FRANK PD
301 W FAIRVIEW AVE LANGHORNE PA 19047
DIMOIA MO, MARGARET M PD
301 W FAIRVIEW LANGHORNE PA 19047
DIRIENZO MD, ENRICO J FP
930 GAINSWAY RD YARDLEY PA 19067
DOBROTA MO, JOHN S IM
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
DOWNS OO, CAROLYN R IM
94 FIELDSTONE RD LEVITTOWN PA 19056
DRAGANOSKY MD, EUGENE A DBG
1801 MEADOWBROOK RD FEASTERVILLE PA 19047
OREZNER MO, MALCOLM E GS
TAYLORSVILLE RO WASH CROSSING PA 18977
DUANE MO, JULIA M PO
BEDMINSTER PA 18910
DUNKLE MO, OAVIO B FP
20 HEIGHTS LANE FEASTERVILLE PA 19047
EFFINGER MO, GEROLD J IM
142 BELLEVIEU AVE BX 17 PENNDEL PA 19047
ELLIN MD, VICTOR B FP
100 UNION ST MORRISVILLE PA 19067
ERLICHMAN MD, I FULTON IM
2 SHADYWOOD RD LEVITTOWN PA 19056
EVANS MD, ROBT J U
1115 GLORIA LANE YARDLEY PA 19067
EVES MO, JOHN H OTO
GREEN ACRES DUBLIN PIKE FOUNTAINVILLE PA 18923
FALCO MD, FRANK G IM
801 PEBBLE HILL RD DOYLESTOWN PA 18901
FANNIN MD, THOS S FP
725 RADCLIFFE ST BRISTOL PA 19007
FARR MO, NASSER A FP
806 ROUTE 413 BRISTOL PA 19007
FAST MD, WILLIS B GS
155 WILLOW OR LEVITTOWN PA 19054
FAUNCE III MO, JAMES G OBG
117 CHESTNUT DR N DOYLESTOWN PA 18901
FEIGLEY MD, DONALD M FP
32 S 10TH ST QUAKERTOWN PA 18951
FIELD MD, HAROLD C ORS
242 THORNRIDGE DR LEVITTOWN PA 19054
FITZPATRICK MO, FRANCIS T PO
72 EAST STATE ST DOYLESTOWN PA 18901
FLACCO MD, ALBERT J PD
53 PINEWOOD DR LEVITTOWN PA 19054
FORSYTH MD, ALICE J GS
601 E SEDGWICK ST PHILADELPHIA PA 19119
FORTNUM MD, WALTER G FP
1554 PRINCETON AVE TRENTON N J 08638
FREDRICKSON MD, VICTOR J FP
40 E COURT ST ODYLESTOWN PA 18901
FREEBORN MD, WM P US
R D 1 NEW HOPE PA 18938
FRIEDMAN MD, PHILLIP FP
131 S BELLEVUE AVE LANGHORNE PA 19047
GALIETTA MD, MARYANN C FP
RD 1 LOT 44 WASH CROSSING PA 18977
GANZ MD, MICHAEL A P
BROAD MEADOWS PERKASIE PA 18944
GARNER MO, BLAINE R FP
309 E WASHINGTON AVE NEWTOWN PA 18940
GATES MD, THOS N FP
132 SANDYWOOD DR DOYLESTOWN PA 18901
GEETTER MD, PHILIP H DPH
711 LAWN AVE SELLERSVILLE PA 18960
GILLEN MO, DENNIS R FP
247 N MAIN ST NEW HOPE PA 18938
GIRONE MD, JOS A PD
LAWN AVE PROF BLDG SELLERSVILLE PA 18960
GOOSHALL MO, RICHARD W DRS
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
GOLDBERG MD, HARVEY E IM
508 GREENE ST NEWTOWN PA 18940
GOLOSMITH MO, DONALD P IM
1202 STRATFORO AVE MELROSE PK PA 19126
GONZALES MD, ALBERT FP
1321 NE 41ST ST FT LAUDERDALE FL 33308
GOODWIN MD, STANLEY L GS
BX 320 RR 1 VALLEY RD FURLONG PA 18925
GRAHAM MD, HOWARD D GS
2131 BETHEL RD LANSDALE PA 19446
GREEN MD, BRADFORD OBG
ROYAL OAK MD 21662
GREEN MD, RUSSELL P FP
GREEN ACRES PROF BLDG FOUNTAINVILLE PA 18923
GRIBB MO, JOHN J OBG
14A MEMORIAL DR DOYLESTOWN PA 18901
GUPTA MD, MAHESH C PO
4700 ANACONOA RD CORNWELLS HGTS PA 19020
HAECKLER MD, WM S FP
BRISTOL-STUCKERT ROS WARRINGTON PA 18976
HALE MD, ROBERT H IM
148 MEMORIAL DR ODYLESTOWN PA 18901
HANSEN MD, CARL A ORS
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
HARRIS MD, WM T OBG
46 RED RIDGE RO LEVITTOWN PA 19056
HARTMANN MD, OAVID B ORS
3471 5TH AVENUE PITTSBURGH PA 15213
HAUPT MD, LAMAR E FP
119 VIRGINIA AVE PERKASIE PA 18944
HAYMAN MD, HARRY B OBG
81 CRABTREE DR LEVITTOWN PA 19055
HEDRICK MD, GERALD W FP
1733 DIAMOND ST SELLERSVILLE PA 18960
HELZNER MD, RICHARD C R
3668 OAK LANE FURLONG PA 18925
HIDALGO MD, HORACIO A FP
1 SUGAR MAPLE LANE LEVITTOWN PA 19055
HIPP MO, THOMAS J PD
LAWN AVE PROF CTR SELLERSVILLE PA 18960
HORWITZ MD, MILTON R OTO
10 S CLINTON ST DOYLESTOWN PA 18901
HOUGAARD MD, JOHN P FP
28 FLAME HILL RO LEVITTOWN PA 19056
HUNTER MD, MARVIN T PS
P S ASSN 10 S CLINTON S DOYLESTOWN PA 18901
JAKABCIN MD, JOHN A AN
1333 BUCK RO FEASTERVILLE PA 19047
JAMBRO MD, ROBT O IM
1321 LANG-NEWTOWN RO LANGHORNE PA 19047
JARMAN MD, MARTHA L FP
RICHBORO PA 18954

JAVIAN JR MD, THOMAS A DRS
ST MARY MEDICAL BLDG LANGHORNE PA 19047
JAZAYERY MD, ALI PTH
GRANDVIEW HOSPITAL SELLERSVILLE PA 18960
KALMAR MD, OSCAR R FP
3559 HULMERVILLE RD CORNWELLS HGTS PA 19020
KAPLAN MD, GERALD F GS
WARMINSTER GEN HOSP C WARMINSTER PA 18974
KARDISH MD, THOS J FP
S CHERRY BLDSSOM DR SOUTHAMPTON PA 18966
KAUFMAN MD, ALAN C IM
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
KENNY MD, ROSE M PTH
ODYLESTOWN HOSP ODYLESTOWN PA 18901
KETELS MD, ERK A D8G
1228 NEW RDDGERS RD LEVITTOWN PA 19056
KIM MD, HAK R O8G
81 CRABTREE OR LEVITTOWN PA 19055
KIM MD, YOUNG W AN
36 SUTPHIN RD YARDLEY PA 19067
KIM MD, YUNG S FP
490 TEMPLE PL QUAKERTOWN PA 18951
KITTLEBERGER MD, WM C D8G
520 WASHINGTON AVE SELLERSVILLE PA 18960
KNOUSE MD, ALBERT B FP
1 SUGAR MAPLE LANE LEVITTOWN PA 19055
KNOWLES MD, CHARLES A FP
2136 BRISTOL PIKE CORNWELLS HTS PA 19020
KOCH MD, JOS C PRM
U S STEEL CO FAIRLESS HILLS PA 19030
KOELSCH MD, ROBERT R D
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
KOO MD, JA K O8G
GRAND VIEW HOSP SELLERSVILLE PA 18960
KRATZ MD, VERNON H P
407 SCHOOL HOUSE RD SELLERSVILLE PA 18960
KRESSLEY MO, CLAIRMONT A FP
1667 S W 32ND ST ALLENTOWN PA 18103
LAMBROS MD, JOHN E DPH
1568 WOOD BOURNE RD LEVITTOWN PA 19057
LANOES MD, RAY P IM
540 HARLEYSVILLE PIKE SOUDERTON PA 18964
LANE MD, JOHN D FP
1202 POND ST BRISTOL PA 19007
LAUDENSLAGER MD, ELMER C FP
10 S CLINTON ODYLESTOWN PA 18901
LAVIN MD, ROBERT J FP
GRANDVIEW HOSPITAL SELLERSVILLE PA 18960
LEDIS MD, SEYMOUR PD
2 WISTERIA LANE LEVITTOWN PA 19054
LEE MD, CHANCHI U
11829-A ACADEMY RD PHILADELPHIA PA 19154
LEE MD, JENNIFER C AN
1031 KEYSTONE DR SELLERSVILLE PA 18960
LEIBY MD, DAVID K FP
9 S MAIN ST NEW HOPE PA 18938
LEISTER MD, HOWARD A FP
400 WASHINGTON AVE NEWTOWN PA 18940
LEVIN MD, GENE D DRS
LANOMARK BLDG ODYLESTOWN PA 18901
LEVIN MD, MORRIS R
1437 FT WASHINGTON AVE AMBLER PA 19002
LEVIN MD, RICHARD L D
1723 WOOD BOURNE RD LEVITTOWN PA 19057
LIEBMAN MD, IRVIN M D
59 PINEWOOD DR LEVITTOWN PA 19054
LINDEMUTH MD, EDMUND K DS
BUCKS CO DEPT OF HEALTH ODYLESTOWN PA 18901
LIPSON MO, M BARRY DRS
BX 297 505 WASHINGTON A NEWTOWN PA 18940
LOEV MD, MARVIN D8G
1339 WOOD BOURNE RD LEVITTOWN PA 19057
LOUX MD, NORMAN L P
COMPATH RO SOUDERTON PA 18964
LYONS MD, WILBERT A P
PA FOUNDATION MENTL HLT SELLERSVILLE PA 18960
MADANY MD, BAHIJ H U
715 OLD ORCHARD LANE BRISTOL PA 19007
MADOEN MD, FRANCIS P IM
2ND ST & MERRY DELL DR CHURCHVILLE PA 18966
MAGRO MD, FRANCESCO P FP
BOX H MILFORD N J 08848
MAKETA MO, JOHN E FP
515 S OLDS BLVD FAIRLESS HILLS PA 19030
MANN MD, HAROLD J D8G
80 2NO STREET PIKE SOUTHAMPTON PA 18906
MAZAHERI MD, AHMED U
ODYLESTOWN HOSP ODYLESTOWN PA 18901
MAZIARZ MD, DENNIS M PD
99 HEDGEROW DR MORRISVILLE PA 19067
MCFADDEN MO, JOHN F IM
102 WOODEN BRIDGE RD HOLLAND PA 18966
MCGARRY MD, THOS F IM
9301 FRANKFORD AVE PHILADELPHIA PA 19114
MCGARVEY MD, JOSEPH F IM
14 B MEMORIAL OR ODYLESTOWN PA 18901
MCGRAW JR MD, JOHN J PTH
828 GALER ROAD NEWTOWN SQ PA 19073
MCGUCKIN MO, JOSEPH M ORS
339 PEPPER RD HUNTINGON VLY PA 19006
MCILVAINE MO, PAUL W FP
218 MULBERRY ST BRISTOL PA 19007
MEARS MD, ELMER E FP
1 POST LANE LEVITTOWN PA 19054
MEHTA MD, MANILAL B U
9400 E ROSECRANS AVE BELLFLOWER CA 90706
MELTZER MD, RONALD S U
13 RELIANCE CT TELFORD PA 18969
METZGER MO, WALTER S P
918 PUTNAM DR YARDLEY PA 19067
MILLER MO, ALAN M DTD
833 DURHAM RD PENNDELL PA 19047
MILLER MD, DAVID H DPH
57 STREET RD SOUTHAMPTON PA 18966
MINEHART MD, CHARLES R IM
140 A SOUTH MAIN ST YAROLEY PA 19067

MISKIEL JR DO, EDWARD J IM
244 GOLDENRIDGE DR LEVITTOWN PA 19057
MONROE MO, MELVIN PTH
GRANDVIEW HOSP SELLERSVILLE PA 18960
MONTEITH JR MD, WM E GS
10 S CLINTON ODYLESTOWN PA 18901
MORRISON JR MO, DAVID P DPH
875 N EASTON RO ODYLESTOWN PA 18901
MOYER MO, DENNIS L GS
711 LAWN AVE PO BOX 209 SELLERSVILLE PA 18960
MOYER MD, LEROY GS
52 W BROAD ST SOUDERTON PA 18964
MOYER MO, PAUL R IM
264 W STATE ST ODYLESTOWN PA 18901
MOYER MO, STANLEY M FP
519 JUNIPER ST QUAKERTOWN PA 18951
MULLIN MO, RAYMOND J GS
155 WILLOW DRIVE LEVITTOWN PA 19054
NADAL MD, RAMON B IM
1723 WOOD BOURNE RD ST LEVITTOWN PA 19057
NAJI MO, MOHAMMED H AN
APT 1-149 WOODBOURNE AP LEVITTOWN PA 19056
NAPLES MD, JERRY F D8G
2222 TRENTON RD LEVITTOWN PA 19056
NASE MD, DONALD F IM
PENN-RIDGE MED ARTS BLD SELLERSVILLE PA 18960
NASE MD, PAUL M FP
HILLTOWN PIKE LINE LEXINGTON PA 18932
NELSON MD, MORTIMER T D8G
1288 NEW RDDGERS RD LEVITTOWN PA 19056
NESI MD, DANL A DTD
10 S CLINTON ST ODYLESTOWN PA 18901
NEWSOM MD, JOHN H FP
CARDALLS CORNER YARDLEY PA 19067
NOE JR MD, WILLIAM L US
1267 PLYMOUTH PL DAYTONA BEACH FLA 32014
NUSCHKE MD, JOHN O FP
205 W RELIANCE RD SOUDERTON PA 18964
OMANA MD, JESUS E D8G
118 N MAIN ST SELLERSVILLE PA 18960
OMBAD MD, JOSE R GS
618 HOOD BLVD FAIRLESS HILLS PA 19030
ONDERKA MD, JAMES D R
169 SPRING GROVE MILL DR NEWTOWN PA 18940
ORT MD, W FREDERICK FP
RD 2 BOX 314A COOPERSBURG PA 18036
PACLISANU MD, ZENO G P
6 FULLTURN RD LEVITTOWN PA 19056
PARLEE MD, DONALD E R
75 FOXCROFT DR ODYLESTOWN PA 18901
PAULEY MO, LOIS P PD
RD 2 PINEVILLE RD NEWTOWN PA 18940
PAULEY MD, WM G IM
MEDICAL ARTS BLDG LEVITTOWN PA 19054
PERSHING MD, HUGH S FP
CHERRY LANE WYCOMBE PA 18980
PETERS MD, MICHAEL IM
FAIRHILL RD RD 1 HATFIELD PA 19440
PETERS MD, STANLEY F FP
PLUMSTEADVILLE PA 18949
PFROMMER MD, JAMES H FP
CHURCH RD TELFORD PA 18969
PITKOW MO, RONALD B DRS
8117 HAWTHORNE LN ELKINS PARK PA 19117
PREIS MD, FRANCIS J FP
705 STATE RD CROYDON PA 19020
PRESS JR MD, RICHARD A FP
5000 BENSALEM BLVD CORNWELLS HGTS PA 19020
PRICE MO, RICHARD T FP
1301 N 5TH ST PERKASIE PA 18944
PRICKETT MD, JOHN A R
1574 EASTON RD WARRINGTON PA 18976
PRYOR JR MO, CHAS A GS
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
RADOFF MD, MARVIN L OTD
833 DURHAM RO PENNOEL PA 19047
RAIFORO MO, JOHN W O8G
1339 WOOD BOURNE RD LEVITTOWN PA 19057
REAVEY-CANTWELL MD, NELSON H IM
BOX 258 FURLONG PA 18925
REINHART MD, RAYMOND B R
BX 97AA R D 2 NEW HOPE PA 18938
RICHARDS MO, JOHN C P
1405 TOWNSHIP LINE RD CHALFONT PA 18914
RICHIE MD, A THOMAS FP
ROUTE 263 BUCKINGHAM PA 18912
RICKER MD, ARTHUR J FP
36 S MAIN ST NEW HOPE PA 18938
RINGOLO MD, MURRAY H FP
71 PINEWOOD DR LEVITTOWN PA 19054
RISING MD, DAVID C DRS
599 DIAMOND ST SELLERSVILLE PA 18960
RIVERA MD, VICTOR C PD
104 ST MARY MED BDG LANGHORNE PA 19047
ROEDER MO, KATHLEEN M FP
1144 SECOND ST SOUTHAMPTON PA 18966
ROMANO MO, VINCENT E D8G
256 RADCLIFFE ST BRISTOL PA 19007
ROSEN MD, JOHN N P
OAKOENVILLE PA 18926
ROTHSTEIN MD, EDWARD P PD
LAWN AVE PROF BLDG SELLERSVILLE PA 18960
RUEBEL MD, ARMIN A U
76 W COURT ST ODYLESTOWN PA 18901
RUEBEL MD, CATHERINE D PD
RD 1 GORDON RD ODYLESTOWN PA 18901
RUFE MO, REGOING H FP
BOX 275 CHALFONT PA 18914
SABOL MD, WM J FP
313 GOLDENRIDGE DR LEVITTOWN PA 19057
SANTOS MD, RODOLFO J IM
ST MARYS MED BLDG 109 LANGHORNE PA 19047
SCHILLER MD, RUTH P PO
LAWN AVE PROF BLOG SELLERSVILLE PA 18960
SCHLACKMAN MO, NEIL PO
LAWN AVE PROF BLOG SELLERSVILLE PA 18960

SCHULTZ MD, HERBERT W IM
3002 SATURN DR GRIFFISS AFB NY 13441
SCHUMACHER MO, LEWIS R IM
16 ODNALOSON ST ODYLESTOWN PA 18901
SCHWARTZ MO, MILTON A FP
85 MAKEFIELD RO MORRISVILLE PA 19067
SHAFFER MD, GEORGE W FP
14 BRIGHTON CT GAITHERSBURG MO 20760
SHAH MD, RAJNIKANT S IM
1723 WOOOBOURNE RO STE LEVITTOWN PA 19057
SHANKAR MO, RAM G OTD
355 RICHARD RD YAROLEY PA 19067
SHETZLEY MD, CARL M FP
BUCKINGHAM PA 18912
SHOEMAKER JR MD, LESTER E R
HONEYHOLLOW RD RD 2 ODYLESTOWN PA 18901
SHOEMAKER MO, DAVID M FP
256 TRUMBAUERSVILLE RD QUAKERTOWN PA 18951
SHOENTHAL MD, WM J FP
80 W BRIDGE ST NEW HOPE PA 18938
SIEGEL MD, WM IM
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
SIEGER MD, JOS P R
FOUNTAINVILLE PA 18923
SIMONS MD, CARL I DRS
44 SWEETBRIAR LANE LEVITTOWN PA 19055
SIMPSON MD, ZACHARY A GS
10 S CLINTON ODYLESTOWN PA 18901
SINAIKO MD, PETER A U
1723 WOOD BOURNE RD LEVITTOWN PA 19057
SMITH MD, WALTER M FP
119 S MAIN ST RICHLANDTOWN PA 18955
SMUKLER MD, ARTHUR J P
PENNSBURY PROF CTR MORRISVILLE PA 19067
SNYDER MD, ALAN I U
ST MARY MED BLDG STE 11 LANGHORNE PA 19047
SNYDER MO, RALPH E P
378-A PINE RIDGE DR WHSPRNG PINES NC 28389
SONG MD, SANG W PTH
179 BUCKSHIRE DR HULLAND PA 18966
SOUDER MD, FRANCIS R FP
27 N MAIN ST TELFORD PA 18969
SOUILLIARD MD, DONALD H PTH
1652 JANNEY TERR LANGHORNE PA 19047
SPEAR MD, BARBARA A P
NEW BRITAIN RD R D 3 ODYLESTOWN PA 18901
SPEERS MD, HERBERT K O8G
1339 WOOD BOURNE RD LEVITTOWN PA 19057
SPIVACK MD, JACK DRS
44 SWEETBRIAR LN LEVITTOWN PA 19055
SPRATT MD, ROBT H PRM
44 CAMERON RD HUNTINGON VLY PA 19006
STIBLER MD, MARY G P
4 DEER DALE DR E LEVITTOWN PA 19056
STRAUSS MD, RICHARD E D
205 RADCLIFFE ST BRISTOL PA 19007
STROUSE MD, J WILLARD FP
BELLEVILLE AND GREEN ST HULMEVILLE PA 19047
SUGDEN MD, WM A FP
BX 278 BUCKINGHAM PA 18912
SWEETSER JR MD, ARTHUR A FP
1 N FIFTH ST PERKASIE PA 18944
SZETO MO, DNWARO FP
2285 OAKFIELO RD WARRINGTON PA 18976
TATEM 3RO MD, HENRY R R
415 MANOR DR DUBLIN PA 18917
TE MD, TOMAS T OPH
1532PARK AVE PROF BLDG QUAKERTOWN PA 18951
THOMAS JR MD, HOWARD P PO
LAWN AVE PROF BLDG SELLERSVILLE PA 18960
TIBBELS MD, EWING W DTD
332 BRENDWOOD DR LANGHORNE PA 19047
TICE MD, WALTER R FP
PO BOX 101 QUAKERTOWN PA 18951
TOLENTINO MD, PABLITO L AN
LOWER BUCKS HOSP BRISTOL PA 19007
TOREKI MO, WILLIAM FP
449 N PENNA AVE MORRISVILLE PA 19067
TRANSUE MD, MARY A IM
MIDDLETOWN TRACE APT 15 LANGHORNE PA 19047
TREDICI MD, LUIS M P
131 WESTBURY CT ODYLESTOWN PA 18901
TREIMAN MD, HARRIS I FP
20 HEIGHTS LANE FEASTERVILLE PA 19047
TRUE MD, A CURTIS DS
YORKSHIRE RO RD 4 ODYLESTOWN PA 18901
VANDERBEEK MO, RICHARD R IM
14-B MEMORIAL DR ODYLESTOWN PA 18901
VASSALLUZZO MD, FRANCIS J FP
20 HEIGHTS LANE FEASTERVILLE PA 19047
VASSALLUZZO MD, JULIO E FP
1749 FITE TERRACE LANGHORNE PA 19047
VLESSING MD, ELIAS IM
15 LAKESIDE DR LEVITTOWN PA 19054
WAGNER MD, KENNETH L P
1517 DURHAM RO PENNDEL PA 19047
WALTON MD, JOSEPH H DS
45 HEDGES AVE CHATHAM NJ 07928
WANG MD, ANDREUS IM
26 PEPPERELL DR LANGHORNE PA 19047
WARRENDER MD, WILLIAM F IM
781 2NO ST PIKE SOUTHAMPTON PA 18966
WEISBERG MO, ROBT A FP
85 MAKEFIELD RO MORRISVILLE PA 19067
WEISEL JR MO, WM F FP
230 TOHICKON AVE QUAKERTOWN PA 18951
WENGER MD, JAY A R
GRAND VIEW HOSP SELLERSVILLE PA 18960
WESTCOTT MD, WM I IM
465 E STATE ST ODYLESTOWN PA 18901
WHITE MO, ALBERT E FP
1711 MAKEFIELO RO YAROLEY PA 19067
WILLARO MO, SAML B FP
10 S CLINTON ST ODYLESTOWN PA 18901
WILLIAMS JR MD, GOMER T FP
2531 OARK HOLLOW RD JAMISON PA 18929

WINN JR MD, CHAS L GS
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960
WOLF MD, STEPHEN H PD
2 WISTERIA LANE LEVITTOWN PA 19054
WOODMAN MD, THOS J P
32 N BRDAD ST DDYLESTOWN PA 18901
ZANKMAN MD, NATHAN PD
1339 WDODBDURNE RD LEVITTOWN PA 19057
ZANNI MD, ANTHONY L P
111 N 49TH ST PHILADELPHIA PA 19139
ZENOUZI MD, SIRUS AN
34 GLEN DR DOYLESTOWN PA 18901
ZUCKERMAN MD, NATHAN DBG
885 WEBER OR YAROLEY PA 19067

Butler County

ARMSTRONG MO, WM J IM
342 N MAIN ST BUTLER PA 16001
ASHBAUGH MD, WM H PO
210 CENTRAL DR BUTLER PA 16001
BANGHART MD, HARRY E IM
EAST BROADWAY SALEM NY 12865
BARRERA JR MO, A ROOOLFD DBG
423 S MAIN ST BUTLER PA 16001
BEAN MD, CARL B R
195 HAVEN HILL OR BUTLER PA 16001
BELLA MD, RDMEO H AN
BUTLER CD MEM HDSP BUTLER PA 16001
CAMERON MD, LAURA M IM
586 WHITESTOWN RD BUTLER PA 16001
COHEN MD, ARCHIBALD C IM
900 BAY DR APT 423 MIAMI BEACH FL 33141
COTTINGTON MO, GORODN M ORS
165 BRUGH AVE BUTLER PA 16001
CRIBBS MD, DELMAS L OPH
124 W CUNNINGHAM BUTLER PA 16001
DANIELSON MD, CARL L GS
233 FAIRWAY LN BUTLER PA 16001
DICUCCIO MD, WILLIAM A FP
208 EDGEWOOD RO BUTLER PA 16001
DIESS MO, RDBT G US
1025 E BRADY ST BUTLER PA 16001
DONALDSON MD, JAMES O FP
128 WOODRIDGE RD BUTLER PA 16001
DRENNEN JR MO, JAMES K GS
101 GROSVENOR OR BUTLER PA 16001
DUDECK MO, CARL R GS
184 OAK HILLS HEIGHTS BUTLER PA 16001
DUSTER MD, AMIL M FP
305 1/2 CENTER AVE BUTLER PA 16001
ECKERT MD, ROBT T IM
300 N MC KEAN ST BUTLER PA 16001
EISLER MD, WM L FP
330 N MAIN ST BUTLER PA 16001
FITZSIMMONS MO, WM R OBG
319 W JEFFERSON ST BUTLER PA 16001
FLEMING MD, WM H OTO
129 S MC KEAN ST BUTLER PA 16001
FOX MD, DONALD C PD
301 N MC KEAN ST BUTLER PA 16001
GABRIEL MD, LUZ G P
530 N MAIN ST APT 802 BUTLER PA 16001
GARCIA MO, ALFREDO J IM
312 W JEFFERSON ST BUTLER PA 16001
GOEHRING MD, DONALD E OTO
106 S MAIN ST BUTLER PA 16001
GREGG MO, THOS S R
BUTLER COUNTY MEM HOSP BUTLER PA 16001
HAN MO, SAMUEL I IM
314 N WASHINGTON ST BUTLER PA 16001
HINCHBERGER MD, PAUL A FP
121 E CUNNINGHAM ST BUTLER PA 16001
HOCH MO, VINCENT A FP
100 S MAIN ST BUTLER PA 16001
HUNT MD, ROBT E FP
124 W PEARL ST BUTLER PA 16001
HUST MD, FREDERICK S R
104 WOODLAND RD BUTLER PA 16001
IMBRIE MD, DAVID E FP
327 N MAIN ST BUTLER PA 16001
JENNEY MD, FLORENCE S PTH
1813 TULANE AVE ALAMOGOROO NM 88310
JOHNSON JR MD, NELSON E FP
337 E PENN ST BUTLER PA 16001
KERR MO, WM F FP
2120 CAROL DR R D 2 SAXONBURG PA 16056
KIM MD, YANG K PTH
BUTLER CO MEM HOSP BUTLER PA 16001
KRAF MD, ANASTASIA FP
MARS PA 16046
LAUREANO MD, REYNALOO E IM
944 MERCER RD BUTLER PA 16001
LUCAS MD, RUBT S IM
425 N WASHINGTON ST BUTLER PA 16001
LUTTON MD, EDWARD C GS
304 BEECH RD BUTLER PA 16001
LYNN MD, CHARLES A R
600 N MAIN ST 27 BUTLER PA 16001
MAUST MD, PAUL E GS
165 BRUGH AVE 205 BUTLER PA 16001
MCCORRY MD, ROBT C ORS
165 BRUGH AVE BUTLER PA 16001
MCKEE MD, RUBT E GS
305 UNION NATL BANK BLO BUTLER PA 16001
MIRANDA MD, CESAR P IM
PSC 3 BX 15893 HOSP CLR APO SAN FRAN CA 96432
MOLCHANY MD, ERNEST P FP
CHICORA MED CTR CHICORA PA 16025
MOORE MD, ERNEST E FP
165 BRUGH AVE 305 BUTLER PA 16001
NALLATHAMBI MD, HELGA N PTH
202 W DIAMOND ST BUTLER PA 16001
NALLATHAMBI MO, SWAMIKKAN A IM
202 W DIAMOND ST BUTLER PA 16001
NAST MD, MAX S FP
510 E LDCUST ST BUTLER PA 16001
NEY MD, FRANCIS G R
108 GRDSVENOR OR BUTLER PA 16001
NUNNA MO, NAGABHUSHANAM IM
230 S WASHINGTUN ST BUTLER PA 16001
PARK MD, BOYD N AN
126 GREEN HILL DR BUTLER PA 16001
PHERSDN MD, WM J GS
435 E HOLYDKE RD BUTLER PA 16001
PIRRELLD MO, ANTHDNY M PTH
BUTLER CD MEM HOSP BUTLER PA 16601
PURDUM MD, FREDERICK P US
P D BDX 461 PURDUM ST EAST BRADY PA 16028
PURVIS JR MD, JDS D IM
371 N MAIN ST BUTLER PA 16001
RUFF MD, CURTIS C GS
305 UNION BANK BLDG BUTLER PA 16001
SEGU MD, SUBRAMANYAM DPH
350 WEST 10TH ST ERIE PA 16502
SEKARAN MD, KAMALESH K PO
416 UNIDN NATL BANK BUTLER PA 16001
SEKARAN MO, SOMASUNDARAM K GS
416 UNIDN BANK BUTLER PA 16001
SETHI MD, SURENORA K IM
230 S WASHINGTON ST BUTLER PA 16001
SHADLE MD, JOHN W IM
400 N MAIN ST BUTLER PA 16001
SHANNDN MD, DEAN R OBG
127 E CUNNINGHAM ST BUTLER PA 16001
SPINA MD, CARMEN M FP
127 E CUNNINGHAM ST BUTLER PA 16001
STANDEN MO, CALVIN W US
GRANO AVE MARS PA 16046
STEWART MD, ARTHUR I FP
HARMONY PA 16037
SUTTON JR MD, EDWARD L D
21 MED ARTS BLDG BUTLER PA 16001
TIBURCIO JR MD, ALBINO F FP
165 BRUGH AVE BUTLER PA 16001
TOLENTINO MD, JULIAN C OBG
127 E CUNNINGHAM ST BUTLER PA 15116
TOLOFF MD, EDWARD M FP
12 BUTLER TOWERS BUTLER PA 16001
TREDENNICK MO, CHAS N OPH
110 E DIAMOND BUTLER PA 16001
TSAI MD, MING-SHANG FP
P O BX 145 VA HOSP BUTLER PA 16001
TURNBLACER MD, CHAS B OTO
340 N MAIN ST BUTLER PA 16001
WAHL MD, DAYNE F FP
835 EDMOND ST HARMONY PA 16037
WEISSMAN MD, JERRY OPH
3018 STURBRIDGE CT ALLISON PARK PA 15101
WELLMAN MD, RICHARD H IM
V A HOSPITAL BUTLER PA 16001
WICK MO, JOHN L OPH
25 RED OAK RD BUTLER PA 16001
WYMER MO, RALPH M OBG
348 N MC KEAN ST BUTLER PA 16001

Cambria County

AGUILERA MD, BONIFACIO T TS
609 SOMERSET AVE WINDBER PA 15963
ALLEN JR MD, HERBERT V FP
2472 BEOFORD ST JOHNSTOWN PA 15904
ANTEMANN MO, RICHARD W R
1101 R FRANKLIN ST JOHNSTOWN PA 15905
ARSENOVIC MO, ALEXANDAR I PD
PUB 179 SUMMER HILL PA 15958
ASHMAN MD, GEO S OPH
503 TIOGA ST JOHNSTOWN PA 15905
ASHMAN MD, PHILIP IM
1949 BATES DRIVE JOHNSTOWN PA 15905
AZER MO, MAGDI S TS
8B OSBORNE ST JOHNSTOWN PA 15905
BANTLY MD, VICTOR S FP
715 OAK ST JOHNSTOWN PA 15902
BEERMAN MD, CURTIS A PO
1141 FRANKLIN ST JUHNSTOWN PA 15905
BENKO MD, STEPHEN T PS
1020 FRANKLIN ST #202 JOHNSTOWN PA 15905
BENSHOFF MD, ALBERT M PTH
1020 FRANKLIN ST JOHNSTOWN PA 15905
BENSHOFF MD, ARTHUR M FP
1302 SOMERSET AVE WINDBER PA 15963
BERGER MD, KARL PD
225 VINE ST JOHNSTOWN PA 15901
BLOOM MD, MEYER IM
1111 FRANKLIN ST JUHNSTOWN PA 15905
BONDY MD, THOS J AN
545 GOUCHER ST AP58 JOHNSTOWN PA 15905
BORECKY MD, DAVID C IM
353 MARKET ST JOHNSTOWN PA 15901
BOYER MD, EDWIN C FP
917 SUNNEHANNA DV JOHNSTOWN PA 15905
BRADLEY MD, SAML M IM
1135 FRANKLIN ST JUHNSTOWN PA 15905
BREMER MD, HARRY J FP
237 LINCOLN ST JOHNSTOWN PA 15901
BRISINI MD, PATRICK D U
CENTRETOWN MALL JOHNSTOWN PA 15901
BURGBACHER MO, JAMES S P
1020 FRANKLIN ST 300 JOHNSTOWN PA 15905
BURKETT MD, DONALD E FP
813 JEFFERSON AVE PORTAGE PA 15946
BUSH MD, STEPHEN T PTH
320 MAIN ST JOHNSTOWN PA 15901
CALDERDN MD, CELIA S PO
MEM HDSP-PULM FUNC LAB JOHNSTOWN PA 15905
CALDERDN MD, DOMINADDR C IM
MEM HDSP-PULM FUNC LAB JOHNSTOWN PA 15905
CAPRIDTTI MD, ROBT J DTD
300 MARKET ST JOHNSTOWN PA 15901
CARDELLIND MD, THUS J IM
1157 FRANKLIN ST JOHNSTOWN PA 15905
CARNEY MD, FRANK T U
1111 FRANKLIN ST JOHNSTOWN PA 15905
CAROFF MD, ROMUALO J FP
2451 BEDFORO ST JUHNSTOWN PA 15904
CASALE MD, LAWRENCE F DRS
88 OSBORNE ST JOHNSTOWN PA 15905
CASTELLON-VOGEL MO, CARLOS H FP
LEE HOSP 320 MAIN ST JOHNSTOWN PA 15901
CERIMELE MO, NICHOLAS A GS
300 MARKET ST JOHNSTOWN PA 15901
CHIANESE MD, FRANK A P
353 MARKET ST JOHNSTOWN PA 15905
CHOBY MD, JOS P FP
520 E COURT ST DOYLESTOWN PA 18901
COBERN MD, CHAS B R
1020 FRANKLIN ST JOHNSTOWN PA 15905
COHEN MD, JEROME H DPH
326 PENN AVE JOHNSTOWN PA 15905
COREY MD, WILLIAM T GS
OAKWOOD HILL APT 14 LIGONIER PA 15658
CORSON MD, HAMPTON P DBG
1111 FRANKLIN ST JOHNSTOWN PA 15905
CWIK MO, JOHN C AN
1086 FRANKLIN ST JOHNSTOWN PA 15905
DANDREA MD, RAYMOND L FP
BIGLER AVE SPANGLER PA 15775
DAVIS MD, JAMES K FP
142 ALGONQUIN ST JOHNSTOWN PA 15904
DAVISON MD, WM R ORS
1111 FRANKLIN JOHNSTOWN PA 15905
DHAWER MO, VIRENDER P IM
230 TALL TIMBER DR JOHNSTOWN PA 15904
DOYLE MD, ALBERT F U
218 FRANKLIN ST JOHNSTOWN PA 15901
DUGAN MD, THOS M P
100 PALLISER ST JOHNSTOWN PA 15905
DUKE MO, BRUCE E GS
1111 FRANKLIN ST JOHNSTOWN PA 15905
DUNN MD, ROBERT E AN
2367 WOODCREST DR JOHNSTOWN PA 15905
DVORCHAK MD, GEO E FP
BOX 37 HASTINGS PA 16646
EARLEY MO, MORTON J FP
HASTINGS PA 16646
ECKENROOE MO, JAMES A US
73 ENT DR BIG SPRINGS TX 79720
EOELSTEIN MD, ABE J D
1401 LUZERNE ST EXT JOHNSTOWN PA 15905
EPERJESSY MD, ERNEST Z US
1315 MIDWAY WINDBER PA 15963
EVANS MO, HILARY PTH
320 MAIN ST JOHNSTOWN PA 15901
FADEN MD, GERSON FP
218 W HIGH ST EBENSBURG PA 15931
FEES MD, ARCHIBALD W FP
BIGLER AVE SPANGLER PA 15775
FIKRI MD, ERDEN GS
353 MARKET ST JOHNSTOWN PA 15901
FLORA MD, WM K OTO
1138 CONFER AVE JOHNSTOWN PA 15905
FURIGAY MD, RODOLFO L GS
609 SOMERSET AVE WINDBER PA 15963
FURNARY MD, JAMES S GS
353 MARKET ST JOHNSTOWN PA 15901
GALBRAITH MO, DAVID J PO
1900 BAUMGARDNER AVE WINOBER PA 15963
GALLUCCI MD, CHAS L OTO
353 MARKET ST JOHNSTOWN PA 15901
GANNON MD, REYNALDO T AN
1086 FRANKLIN ST JOHNSTOWN PA 15905
GOLDBLATT MD, SIDNEY A PTH
1086 FRANKLIN ST JOHNSTOWN PA 15905
GRADY MD, JAMES W GS
2150 HILLHOLM AVE JOHNSTOWN PA 15905
GRESS MD, GORDON A IM
1111 FRANKLIN ST JOHNSTOWN PA 15905
GRESS MD, WM W FP
120 S MAIN ST OAVIOSVILLE PA 15928
GRIFFITH MD, GLENN G GS
1111 FRANKLIN ST JOHNSTOWN PA 15905
GVOZDEN MO, ROBT GS
128 FAIRFIELD AVE JOHNSTOWN PA 15906
HAMATY MO, RONALD M OBG
CENTRE TOWN MALL JOHNSTOWN PA 15901
HANZEL MD, GEO O IM
1020 FRANKLIN ST STE 30 JOHNSTOWN PA 15905
HARRIGER MD, CLYDE E FP
636 SCALP AVE JUHNSTOWN PA 15904
HARTNETT MO, ROBT W FP
243 VINE ST JOHNSTOWN PA 15901
HASBUN MD, ELIAS IM
501 MAGEE AVE PATTON PA 16668
HEDRICK MD, THOS A PD
506 JOHNS B&T BLOG JOHNSTOWN PA 15901
HENRIQUES MO, ERROL D FP
213 S MARION ST EBENSBURG PA 15931
HILL MD, EDWARD ORS
1111 FRANKLIN ST JOHNSTOWN PA 15905
HIROKAWA MD, RONALD H US
QTRS F-11 US NAVAL HOSP PHILADELPHIA PA 19145
HIRSCH MO, WM P FP
MERCY HOSP JOHNSTOWN PA 15905
HOFFMAN MD, CHAUNCEY FP
150 MACRIDGE AVE JOHNSTOWN PA 15904
HOLM MD, ERIC K NS
1626 SHELBURNE DR JOHNSTOWN PA 15905

HDRNER MD, 8ARBARA A US
97 DARTMOUTH JDHNSTDWN PA 15905
HDRWIN MD, SAML R
568 ELKNUT LANE JDHNSTDWN PA 15905
HUDSDN MD, GED H FP
1084 8EDFDRD ST JDHNSTDWN PA 15902
HUEBNER MD, JDHN J FP
PO BDX 188 JDHNSTDWN PA 15907
HUGHES MD, WM L GS
721 VIEWMDNT AVE JDHNSTDWN PA 15905
HUNS8ERGER MD, CHAS L DPH
406 MAIN ST JDHNSTDWN PA 15901
ISLAMDFF MD, 1GDR I GS
128 WALNUT ST JDHNSTDWN PA 15901
KATTER MD, GED W IM
803 U S 8ANK BLDG JDHNSTDWN PA 15901
KEVENK MD, KERIM C R
1086 FRANKLIN ST JDHNSTDWN PA 15905
KIM MD, HWAN Y AN
320 MAIN ST JDHNSTDWN PA 15901
KIRBY MD, CLAUDE W FP
815 2ND ST CRESSDN PA 16630
KITSKD MD, WM T P
P-60INDIAN LAKE RD 1 CENTRAL CITY PA 15926
KLEMENS MD, RD8T F IM
19 RDSE ST JDHNSTDWN PA 15905
KDSCD MD, GEDRGE M R
1038 HAVERFDRD ST JUHNSTDWN PA 15905
KREGER MD, SPENCER P
770 VIEWMDNT AVE JDHNSTDWN PA 15905
KRESAK MD, GEO F FP
1278 FRANKLIN ST JDHNSTDWN PA 15905
LANTDS MD, RAYMDND J IM
1111 FRANKLIN ST JDHNSTDWN PA 15905
LAVELLE MD, PAUL E P
433 DEPDT ST LATRDBE PA 15650
LEWINE MD, YALE S FP
1814 MENDHER 8LVD JDHNSTOWN PA 15905
LDNGWELL JR MD, 8ENTON E FP
US NATL 8NK BLDG RM 813 JDHNSTDWN PA 15901
LDVETTE MD, JDHN B GS
353 MARKET ST JDHNSTDWN PA 15901
LUNO MD, PEERE C AN
1086 FRANKLIN ST JDHNSTOWN PA 15905
LUTHER MD, RDBERT J FP
839 STANFDRD AVE JDHNSTDWN PA 15905
MAGLEY MD, RO8T C FP
300 W HIGHLAND AVE E8ENS8URG PA 15931
MAHAN MD, RO8T G FP
353 MARKET ST JOHNSTDWN PA 15901
MARAVALLI MD, CAMILLE J DPH
406 MAIN ST JOHNSTDWN PA 15901
MATHUR MD, DINESH P IM
1020 FRANKLIN ST JOHNSTDWN PA 15905
MAYER MD, WM F PD
420 DRCHARD ST JOHNSTDWN PA 15905
MCANENY MD, JAMES L FP
1041 CAPE MAY AVE CAPE MAY N J 08204
MCANENY MD, JOHN B R
1210 SANDY LANE #143 RIVERA BEACH FL 33404
MCCLDSKEY MO, JDHN P DPH
514 LUZERNE ST JOHNSTDWN PA 15905
MCDDNALD MD, LARRY V PD
501 23RD P O BDX 176 WINDBER PA 15963
MCKENNA MD, THOS J DPH
902 U S 8ANK BLDG JOHNSTDWN PA 15901
MEYERS MD, PAUL T DTD
333 THE ESPLANADE A-201 VENICE FL 33595
MEYERS MD, S 8ENJAMIN US
110 BLISS ST JDHNSTOWN PA 15905
MICHAUD MO, JDS E PD
1141 FRANKLIN ST JUHNSTDWN PA 15905
MIHALICK MO, PETER J GS
504 WAYNE ST JDHNSTOWN PA 15905
MIKESIC MD, MICHAEL G US
449 WDDDMDNT RD JOHNSTOWN PA 15905
MILLER MD, JAMES E IM
609 SOMERSET AVE WINDBER PA 15963
MILLER MD, WILLIAM I FP
8DX 50 FLEET PD SAN FRANCISCO CA 96680
MITAL MD, MDHAN S IM
1461 PAULTDN ST JOHNSTDWN PA 15905
MITAL MD, NIRMAL G R
1461 PAULTDN STKEET JOHNSTDWN PA 15905
MITCHELL MD, DONALD D DBG
1111 FRANKLIN ST JDHNSTOWN PA 15905
MONTELEDNE JR MD, PAUL N PTH
755 LUZERNE ST JOHNSTDWN PA 15905
MDRGAN MD, DWEN K OPH
JOHNSTDWN 8NK TRUST 8LD JDHNSTDWN PA 15901
MDRRISON JR MD, RALPH W FP
434 GROVE AVE JOHNSTDWN PA 15902
MDSES MD, JAMES M DRS
1111 FRANKLIN ST JDHNSTDWN PA 15905
MDYER MD, JDHN H IM
1086 FRANKLIN ST JUHNSTDWN PA 15905
MRKICH MD, RDBT FP
911 CALDWELL AVE PORTAGE PA 15946
MURPHY MD, GERALD L D8G
LEE HOSPITAL JDHNSTOWN PA 15901
MURRAY MD, RICHARD C FP
720 S 5TH AVE PATTDN PA 16668
MUSSIO MD, JDHN A NS
444 WAYNE ST JOHNSTOWN PA 15905
NIDD MD, MICHAEL P R
LEE HDSP JDHNSTOWN PA 15901
NDRDBERG JR MD, RU8ERT E GS
200 8IGLER AVE SPANGLER PA 15775
NOVAK MD, AL8ERT A FP
148 ZINNIA LA ASTATULA FL 32705
PALMER JR MD, WM E R
320 MAIN ST JDHNSTDWN PA 15901
PANEK MO, 8ERNARO S FP
353 MARKET ST JOHNSTDWN PA 15901
PARCINSKI DD, RICHARD E IM
1020 FRANKLIN ST JDHNSTOWN PA 15905
PARK MD, NEIL I H D8G
609 SOMERSET AVE WINDBER PA 15963
PAVICH MD, RUDDLPH W PRM
1128 DITHRIDGE DR JDHNSTDWN PA 15905
PLUMMER MD, RDBT A FP
R D 2 8DX 86 WINDBER PA 15963
PDNTEJDS MD, SERGIO O R
136 MAIN ST BX 438 CARROLLTOWN PA 15722
PDST MD, JARVIS H DPH
500 SWANK BLDG JOHNSTDWN PA 15901
PDTE JR MD, HARRY H IM
845 LUZERNE ST JDHNSTDWN PA 15905
PRICE MD, RICHARD E IM
90 LULAY ST JOHNSTDWN PA 15915
PRUCHNIC MD, WILLIAM F IM
1157 FRANKLIN ST JDHNSTDWN PA 15906
QUINN MD, JOHN H AN
320 MAIN ST JDHNSTDWN PA 15901
RAYMDNO MD, EUGENE E GS
634 SOMERSET ST JUHNSTDWN PA 15905
RAYMONO MD, JUS W DPH
US NATL BNK BLDG RM 907 JDHNSTDWN PA 15901
RAYMDND MD, PAUL A US
312 CHERRY LA JOHNSTDWN PA 15904
REDDY MD, WM J GS
824 SUNNEHANNA DR JOHNSTDWN PA 15905
REEDER MD, CHARLES F FP
724 SCALP AVE JUHNSTDWN PA 15904
REESE MO, JACK W GS
213 10TH ST BARNESBDRD PA 15714
RESPET MD, PATRICK 8 DRS
1111 FRANKLIN ST JDHNSTOWN PA 15905
REYES MD, ALFREDD M FP
E8ENS8URG STATE HOSP EBENS8URG PA 15931
RHDADS MD, HARRY M FP
436 PARK AVE JDHNSTOWN PA 15902
RIDDLES MD, PAUL W US
R D 1 8EDFDRO PA 15522
RITTER MD, MAKID IM
307 VINE ST JOHNSTOWN PA 15901
RDCK MD, JAMES A PTH
320 MAIN ST JOHNSTDWN PA 15901
RODGERS MD, LEROY A FP
CONEMAUGH VLY MEM HOSP JOHNSTDWN PA 15905
RDGERS MD, GED E FP
1766 LYTER DR JUHNSTDWN PA 15905
RDSEN8AUM MD, ARON FP
506 15TH ST WINDBER PA 15963
SA8O MD, JDSEPH R FP
FOURTH AVE HASTINGS PA 16646
SAHLANEY MD, GEO FP
109 CHANDLER AVE JOHNSTDWN PA 15906
SAHLANEY MD, WM J FP
SEWARD PA 15954
SAMII MO, ALI M TS
201 LUZERNE ST JOHNSTDWN PA 15905
SCHAEFER MD, THDS J GS
300 MARKET ST RM 301 JOHNSTDWN PA 15901
SCHILLER MD, HARVEY J US
609 SDMERSET AVE WINDBER PA 15963
SCHROCK MO, LAURA J GS
R O 4 8DX 253 A JDHNSTOWN PA 15905
SCHULTZ MO, SAML K D8G
524 GRDVE AVE JOHNSTDWN PA 15902
SEE8ER MD, JOHN J PM
913 ST CLAIR RD JOHNSTDWN PA 15901
SEIFERT MD, THOS E D8G
353 MARKET ST JDHNSTDWN PA 15901
SEWAK MD, MICHAEL E FP
268 MAIN ST CONEMAUGH PA 15909
SHAR8AUGH MD, DDNALD G FP
CARROLLTDWN PA 15722
SHERIDAN DD, JOSEPH F PO
1020 FRANKLIN ST STE 30 JDHNSTDWN PA 15905
SHERWIN MD, LYSLE W D8G
609 SOMERSET AVE WINDBER PA 15963
SHOPE MO, EARL S PTH
RD 1 ALUM 8ANK PA 15521
SINHA MD, ASDK K GS
CARRIAGE HILL APTS #50 JDHNSTOWN PA 15905
SIVULICH MD, MICHAEL J DPH
406 MAIN ST JOHNSTOWN PA 15901
SLDAN MD, GERALD H U
R O 1 MINERAL PDINT PA 15942
SMITH MD, VICTORIA T PM
R O 2 8DX 255A EBENS8URG PA 15931
SMITH MO, WM P FP
116 W HIGH ST EBENSBURG PA 15931
SMDYER MD, RDNALO L FP
233 MIFFLIN ST JOHNSTDWN PA 15905
SDISSDN JR MD, FERDINAND L D8G
353 MARKET ST JDHNSTDWN PA 15901
SRIVASTAVA MD, SHEONATH P IM
223 COLLEGIATE DR JDHNSTDWN PA 15904
STONE MD, JDHN P US
849 PARK AVE WINOBER PA 15963
STOVER MD, DDNALD L FP
120 S MAIN ST DAVIOSVILLE PA 15928
STRAU8 MO, PAUL M OTD
300 MARKET ST JOHNSTDWN PA 15901
STRUNK MD, THOS J U
1111 FRANKLIN ST JDHNSTDWN PA 15905
TAN JR MO, RAMON N AN
417 DEVON DR JOHNSTOWN PA 15904
TAYLDR MD, JAMES T GS
530 LUZERNE ST JOHNSTDWN PA 15905
TEMPLIN JR MD, WM B GS
300 MARKET ST RM 301 JDHNSTOWN PA 15901
THDMAS MD, NATHAN O US
349 MAIN ST MEYERSDALE PA 15552
THDMPSDN MD, RDBERT E R
1086 FRANKLIN ST JDHNSTDWN PA 15905
TOMHAVE MO, RDBT H D8G
1111 FRANKLIN ST JOHNSTDWN PA 15905
TREDENNICK MD, CHAS K US
127 CHANOLER AVE JOHNSTDWN PA 15906
TREDENNICK MD, JDHN T PTH
300 MARKET ST JOHNSTDWN PA 15901
TUKANOWICZ MD, STANISLAW A NS
203 GREENE ST JDHNSTDWN PA 15905
TURNER MD, VERNA V FP
417 MARGARET AVE JOHNSTDWN PA 15905
VDYTKD MD, RICHARD E FP
TIDGA ST JDHNSTDWN PA 15905
WARIKDD MD, SHIBAN K U
1111 FRANKLIN ST JDHNSTDWN PA 15905
WAY MD, GED E FP
769 PARK AVE JDHNSTOWN PA 15902
WERTZ MD, RDBT R R
1086 FRANKLIN ST JUHNSTOWN PA 15905
WHEELING MD, GED F GS
WINDBER HDSP WIND8ER PA 15963
WHEELING MD, GED H DRS
722 FRANKLIN ST JDHNSTDWN PA 15905
WHITE MD, WARREN F D
1111 FRANKLIN ST JDHNSTDWN PA 15905
WILDER MD, DAVID W R
1271 LAUREL VIEW DR JDHNSTDWN PA 15905
WILSDN MD, JOHN W R
1086 FRANKLIN ST JDHNSTDWN PA 15905
WINEY MD, WILFRED H IM
1111 FRANKLIN ST JDHNSTDWN PA 15905
WINSTANLEY MD, RD8T A DPH
500 SWANK 8LDG JDHNSTDWN PA 15901
WINT MD, SAMUEL J FP
125 WDRK DR JOHNSTOWN PA 15904
WRIGHT MD, RAY FORD E FP
RD 2 BDX 287 NORTH EAST MD 21901
YATES MD, WM A GS
300 MARKET ST JDHNSTDWN PA 15901
YERGER MD, JOHN F PTH
2250 MENDHER BLVD JDHNSTDWN PA 15905
ZIMMERMAN MD, RICHARD P GS
1111 FRANKLIN ST JOHNSTOWN PA 15905
ZD8EL MD, ARTHUR C FP
920 DREXEL AVE JDHNSTDWN PA 15905

Carbon County

ASD MO, DRLANDD A GS
2710 SCHOENERSVILLE RD 8ETHLEHEM PA 18017
8ATCHELOR MD, RDGER P US
117 CDLUM8IA AVE PALMERTDN PA 18071
BDNNER MO, WM R OPH
3 W WHITE ST SUMMIT HILL PA 18250
CDPE MD, EDWIN S IM
374 HARVARD AVE PALMERTON PA 18071
OAIT MD, JDSE E U
128 MEADOWCREST PK LEHIGHTON PA 18235
OIAZ MO, FLDRIEL P GS
R D 2 LEHIGHTDN PA 18235
DDUGHERTY MD, JOS J FP
55 E PHILLIPS ST CUALDALE PA 18218
EVANS MO, JOHN J FP
36 W CATAWISSA ST NESQUEHONING PA 18240
FARR MD, JAMES D8G
180 N 12TH ST LEHIGHTDN PA 18235
FRANTZ MD, RD8T R FP
415 MAHONING ST LEHIGHTDN PA 18235
FRITZINGER MD, GEO D FP
415 MAHONING ST LEHIGHTDN PA 18235
GLADDING MO, RICHARD M FP
RO 4 LEHIGHTON PA 18235
GDPLERUD MO, ELIZABETH J D8G
PALMERTON HOSP PALMERTDN PA 18071
GOUW MD, CHRISTDPHER 8 R
GNADDEN HUETTEN HDSP LEHIGHTON PA 18235
GRYNKEWICH MO, SERGE E IM
RD 2 LEHIGHTON PA 18235
HOUSER MO, 8ENJ P OTD
8DX 97 AIRPDRT DR SUMMERLND KEY FL 33042
KUPP MD, JDHN H DTD
582 DELAWARE AVE PALMERTDN PA 18071
LAIGDN MD, EUGENE E IM
135 E RIDGE ST CDALDALE PA 18218
LENTZ MD, SYLVESTER E FP
RD 1 BX 354-A LEHIGHTON PA 18235
LESHDCK MD, LEON E IM
355 CDLUM8IA AVE PALMERTON PA 18071
MACDM MO, VORRIE B FP
134 W RIDGE ST LANSFDRO PA 18232
MARDUN MO, WM J R
HUETTEN MEM HOSP LEHIGHTDN PA 18235
MEDINA MD, RODRIGD D FP
336 KIDDIE LN BX 66 WALNUTPDRT PA 18088
MICHAEL MD, SAMI I P
GNADEN HEUTTEN HOSP LEHIGHTON PA 18235
MDNTES MD, MANUEL Y FP
THE PALMERTDN HDSPITAL PALMERTDN PA 18071
MOSER MO, FLOYO R
R D 1 ANDREAS PA 18211
RAZA MD, HYOER S GS
124 IRDN ST RM 206 LEHIGHTON PA 18235
RHODES MD, JDHN F R
GNADEN HUETTEN HOSP LEHIGHTDN PA 18235
SALAZAR MO, EDGARDD P FP
135 LAFAYETTE AVE PALMERTDN PA 18071
SMITH MD, CHAS F PD
RD 6 BX 63 LEHIGHTON PA 18235
SNYDER MD, MARVIN C FP
846 MAHDNING ST LEHIGHTDN PA 18235
STEELE MD, JDHN E IM
2ND & SDUTH STS LEHIGHTDN PA 18235
THOMAS JR MD, GEO P FP
72 BROADWAY JIM THDRPE PA 18229
THOMAS MD, GED P GS
135 LAFAYETTE AVE PALMERTON PA 18071

VISPERAS MO, MARID F GS
1280 GASPAR ST BETHLEHEM PA 18017
WEIDAW MD, HARDLO R FP
R D 3 TAMAQUA PA 18252

Centre County

8A8CDCK MO, JOHN R GS
421 N ALLEGHENY ST BELLEFDNTE PA 16823
8AKER MD, ROY F FP
MADERA PA 16661
8ARNES MO, WM T GS
111 S ALLEN ST STATE COLLEGE PA 16801
BATORY MO, KATHERINE H PO
157 W JEFFERSON ST PHILADELPHIA PA 19122
BENDER MO, GEO E PRM
254 S BARNARD ST STATE COLLEGE PA 16801
BENSON MO, DAVID R FP
527 WILLOW8ANK BELLEFONTE PA 16823
BISHOP MO, WAYNE E PO
611 UNIVERSITY DR SUTE STATE CDLLEGE PA 16801
CAMPBELL JR MD, JAMES M OPH
233 EASTERLY PARKWAY STATE CDLLEGE PA 16801
CARNEY MD, PAUL L FP
233 EASTERLY PKWY STATE COLLEGE PA 16801
CARRIER MO, RALPH E FP
574 S TRANSIT ST APT 7 LOCKPORT NY 14094
CHUBB MD, NICHOLAS C FP
4212 DUNWOODY RD MARTINEZ GA 30907
CLAIR MO, GERALD F OBG
232 S BURROWS ST STATE COLLEGE PA 16801
COLEMAN MO, ERNEST H IM
705 SUNSET RD STATE COLLEGE PA 16801
CORMAN MO, PAUL M FP
214 N ALLEGHENY ST BELLEFONTE PA 16823
COVEY MO, JOHN K OPH
115 S SPRING ST BELLEFONTE PA 16823
CULLEN MO, ESKER W GS
138 E BEAVER AVE STATE COLLEGE PA 16801
DALE MO, H THOMPSON FP
138 W COLLEGE ST STATE COLLEGE PA 16801
DANNEKER MO, DALE A GS
213 W BEAVER AVE STATE COLLEGE PA 16801
DEAROORFF MO, JOHN E PTH
233 EASTERLY PKWY STATE COLLEGE PA 16801
DENARI MD, GREGORY A FP
PENNS VLY MED CTR RD 2 SPRING MILLS PA 16875
DIXON MO, RICHARD H IM
137 S PUGH ST STATE COLLEGE PA 16801
DRANOV MD, JONATHAN IM
R D 1 BOX 532 A2 BALLSBURG PA 16827
OREIBELBIS MO, WM H FP
SNOW SHOE PA 16874
DUNNE MD, GAY O O
137 S PUGH ST STATE COLLEGE PA 16801
DUNNE MD, JAMES H O
314 NIMITZ AVE STATE COLLEGE PA 16801
DURGIN MD, BERNICE E IM
221 N ALLEGHENY ST BELLEFONTE PA 16823
FEIR MO, TERENCE C P
801 E BRANCH RD STATE COLLEGE PA 16801
FERRIER MO, MELVIN C FP
BOX 409 R D 3 PHILIPSBURG PA 16866
FISHER MO, JOHN T DPH
507 LOCUST LN STATE COLLEGE PA 16801
FLEAGLE MD, GENEVRA S FP
HARRIS ACRES 508 OR STATE COLLEGE PA 16801
FLEAGLE MD, SAML B FP
HARRIS ACRES 508 OUTR D STATE COLLEGE PA 16801
FORCEY MO, CLARKE M R
BOX 509 PHILIPSBURG PA 16866
FRANCO MO, ALEXANDER OBG
R D 3 BOX 355 BELLEFONTE PA 16823
GARCIA MO, MARIAN US
233 EASTERLY PKWY STATE COLLEGE PA 16801
GIANOPOULOS MD, PATRICK L FP
P O BOX 508 PHILIPSBURG PA 16866
GRASLEY MO, WM C PRM
938 S SPARKS ST STATE COLLEGE PA 16801
GRIESS MO, ALFRED H US
241 E MC CORMICK AVE STATE COLLEGE PA 16801
GUILLARO MO, PETER M FP
PO BOX 687 PHILIPSBURG PA 16866
HALL MO, ROBT L IM
251 EASTERLY PARKWAY STATE CDLLEGE PA 16801
HARGLEROAD MO, JOHN A PRM
RITENOUR MED CENTER STATE CDLLEGE PA 16801
HARRY MO, HARRIET M FP
BOX 617 STATE CDLLEGE PA 16801
HARVEY MO, JAMES S FP
MVMA MED CTR OR PHILIPSBURG PA 16866
HARVEY MO, WM O FP
BOX 687 MEDICAL CTR OR PHILIPSBURG PA 16866
HAYTHORNTHWAITE MD, B MARY PO
1137 ODRUM AVE STATE CDLLEGE PA 16801
HENDRICKS JR MO, GILBERT L TS
111 S ALLEN ST STATE CDLLEGE PA 16801
HENNINGER MO, FRANK M FP
PENN ST MILLHEIM PA 16854
HRICKO MO, MICHAEL J AN
258 DSMOND ST STATE COLLEGE PA 16801
INGRAM JR MO, ALBERT L P
121 W MARYLYN AVE STATE COLLEGE PA 16801
ISHLER MD, H RICHARD FP
227 S BURROWS ST STATE COLLEGE PA 16801
JONE MO, SEN-HSIUNG GS
403 HAMPTON ST PHILIPSBURG PA 16866
JONES MO, J ALFRED IM
7132 ASHWOOD CIRCLE FAYETTEVILLE N C 28303
KEIM MO, EDWARD L PRM
485 CRICKLEWOOD DR STATE COLLEGE PA 16801
KISH MD, ROBT S U
211 W BEAVER AVE STATE CDLLEGE PA 16801
KNERR MD, RICHARD A FP
2046 PINE CLIFF RD STATE CDLLEGE PA 16801
KRAUS MO, JOHN J GS
870 CRICKLEWOOD OR 221 STATE CDLLEGE PA 16801
KRUG MO, EDGAR S R
120 HUBLER RD STATE COLLEGE PA 16801
LIGHT MD, JOHN H IM
426 S ALLEN ST STATE CDLLEGE PA 16801
LIN MO, MEI-PU DBG
PO BOX 687 PHILIPSBURG PA 16866
MACARANAS MD, RENATO R U
PO BOX 687 PHILIPSBURG PA 16866
MAGNANI MO, THOS J PTH
119 HARRIS OR STATE COLLEGE PA 16801
MATEER MO, EUGENE H IM
245 S BURROWES ST STATE COLLEGE PA 16801
MAYERS JR MO, STANLEY P PRM
648 WILTSHIRE OR STATE COLLEGE PA 16801
MAYLOCK MO, JOHN H PTH
603 PAULINE ST PHILIPSBURG PA 16866
MCCORMICK MO, GEORGE M PO
238 OLD MILL RD STATE COLLEGE PA 16801
MCOERMOTT MO, HARRY M PO
720 WESTERLY PARKWAY STATE COLLEGE PA 16801
MCGUIRE MO, RICHARD J IM
251 EASTERLY PKWY STATE COLLEGE PA 16801
MEBANE III MO, TOM S OBG
251 EASTERLY PKWY STATE COLLEGE PA 16801
MEBANE MD, TOM S PD
942 ROBIN RD STATE COLLEGE PA 16801
MDNTAL8O MD, ANTDNID A OPH
253 EASTERLY PKWAY STATE COLLEGE PA 16801
MULHATTEN MO, DONALD E FP
611 UNIVERSITY DR STATE CDLLEGE PA 16801
NARTATEZ MO, PEDRD C GS
PD BOX 687 PHILIPSBURG PA 16866
NICHOLAS MO, W CHANNING OPH
734 JACKSON ST STATE CDLLEGE PA 16801
NICOLAS MD, RUOY J R
1244 SOUTH GARNER ST STATE CDLLEGE PA 16801
OLNEY MO, FRANKLIN B R
945 W FAIRMDUNT AVE STATE COLLEGE PA 16801
PALMER JR MD, DALE H P
1651 GLENWDDD CIRCLE STATE CDLLEGE PA 16801
PARAGAS SR MO, LAMBERTO S GS
818 BAYBERRY DR STATE COLLEGE PA 16801
PARKS JR MD, LYTLE R FP
1133 S ALLEN ST STATE COLLEGE PA 16801
PATRICK MO, NICHOLAS E FP
349 TOFTREES AVE STATE COLLEGE PA 16801
PERSIC MO, LOUIS A R
1224 MAYBERRY LA STATE COLLEGE PA 16801
PILGRAM JR MD, RALPH E FP
RITENOUR HEALTH CTR UNIV PARK PA 16802
PDTTER 3RO MO, WM W DBG
211 W BEAVER AVE STATE COLLEGE PA 16801
REED MO, ELMER M OTO
2021 FAIRWOOD LANE STATE CDLLEGE PA 16801
REICHARD MO, JAMES L FP
KYLERTDWN PA 16847
REIDELL MO, JOHN S GS
213 W BEAVER AVE STATE COLLEGE PA 16801
RDBERTS JR MO, PHILIP G ORS
911 UNIVERSITY OR STATE CDLLEGE PA 16801
ROCKOWER MO, ROGER A R
617 WEST FAIRMONT AVE STATE COLLEGE PA 16801
ROGERS MD, HUGH J FP
115 S SPRING ST BELLEFONTE PA 16823
ROHRBECK MD, CHAS W DBG
251 EASTERLY PKWY STATE COLLEGE PA 16801
SCHWARTZ MO, WM J FP
527 WILLOW BANK BELLEFONTE PA 16823
SCOTT MO, JAMES P GS
P O BOX 99 PHILIPSBURG PA 16866
SEVICK MO, MYRON E DRS
911 UNIVERSITY OR STATE COLLEGE PA 16801
SHOFF MO, JOHN F GS
10 W PRESQUEISLE ST PHILIPSBURG PA 16866
STEPHENS MO, MARILYN H FP
284 OAKLEY OR STATE COLLEGE PA 16801
STRICKLER MD, JANE M R
P O BOX 59 BALLSBURG PA 16827
TRINIDAD MO, TITO B IM
MEDICAL CENTER OR PHILIPSBURG PA 16866
WENGROVITZ MD, PAUL H OBG
251 EASTERLY PKWY ST COLLEGE PA 16801
WEST MO, EDWARD FP
511 N BURROWS ST STATE COLLEGE PA 16801
WHEELOCK MO, GLENNIS R FP
RITENOUR HEALTH CTR UNIV PARK PA 16802
WHITE MO, GEO S FP
140 W HIGH ST BELLEFONTE PA 16823
WINGERT JR MO, CHAS H O
253 EASTERLY PKWY STATE COLLEGE PA 16801
WONG MO, LING G FP
728 WESTERLY PARKWAY STATE COLLEGE PA 16801
WOOLLEY JR MO, PAUL O FP
115 HUMAN DEVELOP BLDG UNIV PARK PA 16802

Chester County

ABBOTT MO, JOS L OBG
502 E MARSHALL ST WEST CHESTER PA 19380
ABERNETHY MO, HUGH C PO
511 N HIGH ST WEST CHESTER PA 19380
ACOSTA MO, AUGUSTO C P
1100 POWELL ST NORRISTOWN PA 19401
ADAMTHWAITE MO, MYRA E IM
100 FIRST AVE PHOENIXVILLE PA 19460
ALARCON MD, J EDGAR IM
SUMMIT HOUSE 134 WEST CHESTER PA 19380
ALCID MD, FELIZA A FP
1404-A ROLLING GLEN DR BOOTHWYN PA 19061
ALDERFER MD, HAROLD H PD
224 E BIDDLE ST WEST CHESTER PA 19380
ALLAN MO, MARY B IM
SWALLOWTAIL FARM WESTTOWN PA 19395
ALLAN MO, WM L P
SWALLOWTAIL FARM WESTTOWN PA 19395
ARAYATA MO, FELIXBERTO R FP
3302 NORMA DR THORNDALE PA 19372
ASPEN MD, NELSON P DRS
104 PAOLI MEM MED BLDG PAOLI PA 19301
ATKINSON MO, WHITTIER C FP
824 CHESTNUT ST COATESVILLE PA 19320
BACACZ MD, TEOFIL OPH
450 GAY ST PHOENIXVILLE PA 19460
BAMBERGER MO, GRANT W FP
HONEY BROOK PA 19344
BARENBERG MO, PAUL A P
12 FOX CHASE RD MALVERN PA 19355
BARRY MO, WM J R
CHESTER CO HOSP XRAY OP WEST CHESTER PA 19380
BATTAFARANO MD, NICHOLAS C FP
1110 W VALLEY RD WAYNE PA 19087
BEEKLEY MO, WM H GS
RD 2 LINE ROAD MALVERN PA 19355
BELL MO, GERALD OTO
206 BELL ST PHOENIXVILLE PA 19460
BELL MO, ROBT L NS
51 S 12TH ST COATESVILLE PA 19320
BELLIS MO, JOHN A FP
1776 6TH ST N W APT 309 WINTER HVN FL 33880
BENINATI MO, DANIEL O OBG
14 BLUFF RD THORNDALE PA 19372
BENTLEY JR MO, EUGENE A PTH
701 E MARSHALL ST WEST CHESTER PA 19380
BERNBERG MO, LAWRENCE AN
605 GAGES LN W CHESTER PA 19380
BINDER MO, MARTIN G DBG
234 N PDTTSTOWN PIKE EXTON PA 19341
BITMAN MO, KENNETH L GS
PADLI MEM BLDG STE 102 PAOLI PA 19301
BOCHER MD, JACK ORS
E MARSHALL RD WEST CHESTER PA 19380
BOLSTER MO, RICHARD H FP
1410 RUSSELL RD PAOLI PA 19301
BOWER MO, ROBT J IM
2052 WATERLOO RD BERWYN PA 19312
BOYLE MO, DENIS A PM
300 STROOE AVE COATESVILLE PA 19320
BRADFORD MD, JOHN D GS
36 W LANCASTER AVE DOWNINGTOWN PA 19335
BRAY MO, JOS B OTO
1217 POWELL ST NORRISTOWN PA 19401
BRINGHURST MO, LOUIS S R
506 STORY RD WEST CHESTER PA 19380
BROOER MO, HAROLD M ORS
CHESTER COUNTY MED BLOG WEST CHESTER PA 19380
BRDWN JR MO, FRANK E PD
403 VALLEY FORGE RD PHOENIXVILLE PA 19460
BROWN MO, NATHAN FP
701 MAIN ST PHOENIXVILLE PA 19460
BRUND MO, MARIA A FP
116 W OEAN ST APT C W CHESTER PA 19380
BRUTON MD, CHAS W US
403 E LANCASTER AVE DOWNINGTOWN PA 19335
BURGET JR MO, OEAN E PS
W MEADOW FARM RD 2 CHESTER SPRINGS PA 19425
BUTLER MD, CHAS H FP
134 N FOURTH ST COATESVILLE PA 19320
BYLER MO, ARTHUR B FP
P O BOX 259 DOWNINGTOWN PA 19335
BYRNE MO, ROBT N R
969 N PENN OR WEST CHESTER PA 19380
CAGGIANO MO, JOHN D ORS
RD 4 WEST CHESTER PA 19380
CARLOW MO, JOS F FP
404 W UNION ST WEST CHESTER PA 19380
CATTON MO, RAYMOND M P
45 RIDGE RD PHOENIXVILLE PA 19460
CHAPPELL MD, LESLIE E GS
BOX 314 OXFORD MD 21654
CHERASHORE MO, RALPH R OBG
215 MAIN ST PHOENIXVILLE PA 19460
CHRISTIE MO, THOS OS
328 ST OAVIDS WAYNE PA 19087
CIACCI MD, VINCENT W FP
PHNXVL HOSP NUTT RD PHOENIXVILLE PA 19460
CINCO MO, VICTORIO B FP
7 BLUFF RD THORNOALE PA 19372
CLARK MO, JOS G FP
712 N WALNUT ST WEST CHESTER PA 19380
CLAY MO, BETTIE W IM
G-5 BLACK HAWK APTS DOWNINGTOWN PA 19335
CLAYTON MO, THOS D FP
5715 JEFFERSON ST PHILADELPHIA PA 19131
COATES JR MD, JOHN B FP
932 VALLEY FORGE RD PHOENIXVILLE PA 19460
CUTLER MO, ROBT S OTD
606 E MARSHALL ST STE 3 WEST CHESTER PA 19380
DABBACK MO, DEWITT T FP
17 N 4TH AVE ROYERSFORD PA 19468
DAMIANO MO, ROBT E AN
216 CHURCH ST DEVON PA 19333
DAVIS MO, TOYE G FP
205 LOCUST ST OXFORD PA 19363
DECOLLI MO, JOS A PTH
PAOLI MEM HOSPITAL PADLI PA 19301
DELLEVIGNE MO, WILLIAM M GS
321 N HIGH ST WEST CHESTER PA 19380
DEMIRANDA MO, EDWARD G AN
PD BOX 5604 JACKSONVILLE FL 32207
DEMPSHER MO, JOHN FP
833 MAPLEWOOD AVE WAYNE PA 19087

DEUTSCH JR MD, E THOMAS FP
122 LANCASTER PIKE MALVERN PA 19355
DISHMAN MD, LEONARDD PTH
CDATESVILLE HDSP COATESVILLE PA 19380
DONOFRID MD, ROMED R FP
325 S 8RDAD ST KENNETT SQUARE PA 19348
DODLEY MD, MICHAEL 8 R
PHOENIXVILLE HDSP PHOENIXVILLE PA 19460
DOYLE MD, FAYE R FP
133 LOCUST ST OXFORD PA 19363
DOYLE MD, RUSSELL G FP
133 LOCUST ST OXFORD PA 19363
DUFFY MD, RUTH E FP
750 OLD LANCSTR RD C101 8ERWYN PA 19312
DUNSMORE MD, LILLIAN D IM
15 GREEN ST DOWNINGTOWN PA 19335
DUNSMORE MD, RICHARD A IM
15 GREEN ST DOWNINGTOWN PA 19335
DURNING MD, CLIFTON M FP
R F O 2 KENNETT SQUARE PA 19348
DVORKIN MD, DANIEL D
231 E LANCASTER AVE DOWNINGTOWN PA 19335
DZMURA MD, THOS L P
PADLI MEM MED BLDG PADLI PA 19301
EFTYCHIADIS MD, ANGELA S PTH
25-10 VALLEY RD DREXEL HILL PA 19026
EISNER MD, JOEL W R
702 MAIN ST PHOENIXVILLE PA 19460
EMES MD, WM R FP
832 OAK ST ROYERSFORD PA 19468
EWING MD, AGNEW R FP
102 EVERGREEN ST WEST GROVE PA 19390
FANFERA MO, FRANCIS J GS
1440 RUSSELL RO PAOLI PA 19301
FAUST MO, HERBERT A N
PAOLI MEM MED BLOG PADLI PA 19301
FISHER MD, JOHN A PD
20 S VALLEY RO PADLI PA 19301
FORD MO, JOHN J IM
305 N HIGH ST WEST CHESTER PA 19380
FOXX MO, WM F R
1417 CARROLL BROWN WAY WEST CHESTER PA 19380
FREEMAN MO, LEO C P
WESTTOWN RO RO3 WEST CHESTER PA 19380
FUKUI MD, PAUL T N
CHESTER CO MED BLOG WEST CHESTER PA 19380
GALAMAGA MD, D PETER IM
8 RUSTIC LANE MALVERN PA 19355
GARCIA MO, DOMINADOR I AN
46 WOODRIDGE RD THORNTON PA 19373
GARONER MO, ALAN M P
1607 W LYNN OR WEST CHESTER PA 19380
GAZEK MO, MIGUEL G IM
323 E MARSHALL ST WEST CHESTER PA 19380
GEMIL MD, CORAZON G OBG
602 E MARSHALL ST W CHESTER PA 19380
GIANNOPOULOS MO, PETER H FP
750 MAIN ST PHOENIXVILLE PA 19460
GIUNTA OO, LEONARD C FP
304 E LANCASTER AVE DOWNINGTOWN PA 19335
GOEBERT MD, HERBERT W FP
418 WOODWARD RO CDATESVILLE PA 19320
GOLDBERG OO, MURRAY E AN
26 ANTHONY OR WEST CHESTER PA 19380
GOLDEN MO, MICHAEL F P
415 EAST LINCOLN HWY COATESVILLE PA 19320
GOLDFINE MD, ALAN OBG
1601 ROBIN RD COATESVILLE PA 19320
GOLOSTEIN MO, NORMAN A OTO
808 VALLEY FORGE RO PHOENIXVILLE PA 19460
GOROON MD, ISADORE IM
601 MAIN ST PHOENIXVILLE PA 19460
GRASBERGER MD, JOS C P
848 PARKSIDE AVE W CHESTER PA 19380
GROSS MD, RICHARO H GS
PADLI MEM MED BLOG PAOLI PA 19301
GROSSMAN MD, PERRY PO
620 VALLEYFORGE RO PHOENIXVILLE PA 19460
HALL JR MO, EOGAR M IM
750 OLD LANCASTER A208 BERWYN PA 19312
HANACHE MO, JEANNE A P
11 HORSESHOE LANE PAOLI PA 19301
HANNA MO, ROBERT H FP
46 W BARNARO ST WEST CHESTER PA 19380
HANSON MO, TERESA S OBG
R D 1 BOX 254 COATESVILLE PA 19320
HARKINS MD, FRANCIS A IM
367 E CHESTNUT ST COATESVILLE PA 19320
HARROP MD, DONALO E FP
750 S MAIN ST PHOENIXVILLE PA 19460
HARTMANN JR MD, RICHARO W PO
BOX 358 PADLI PA 19301
HAYMAN MO, HARRIS R IM
122 LANCASTER AVE MALVERN PA 19355
HECKER MO, AUTHUR D P
ELK FOREST RO RD 2 ELKTON MD 21921
HERLEY MD, PAUL J FP
519 E CHESTNUT ST CDATESVILLE PA 19320
HEWSON MD, WM C FP
ASHBRIOGE ST WEST CHESTER PA 19380
HILLYER MD, PETER N IM
204 PADLI MEM MED BLOG PAOLI PA 19301
HNELESKI JR MO, IGNATIUS S OPH
11 N FIVE POINTS RO WEST CHESTER PA 19380
HOBERMAN MO, MAURY OTO
931 BRIOLE LA RD 6 WEST CHESTER PA 19380
HOLCOMBE JR MO, GUY T FP
57 N 4TH ST OXFORO PA 19363
HODBLER MD, JAMES L FP
KENNETT MED CTR KENNETT SQ PA 19348
HUNTER MD, HARRY H FP
HGHLNO & PERKIDMEN AVES OAKS PA 19456
HUTCHINSON 3O OO, HARRY J IM
601 E MARSHALL ST W CHESTER PA 19380
IMPERATO MO, PASCAL J O
1555 SUGARTOWN RO PADLI PA 19301

JACKSON MD, MERWIN R OBG
RFD #2 KENNETT SQUARE PA 19348
JACOBS MD, FRANCIS PD
224 E BIDDLE ST WEST CHESTER PA 19380
JEFFREY MD, MARY E R
PHOENIXVILLE HDSP PHOENIXVILLE PA 19460
JOHNSON MD, EDITH M FP
519 N HIGH ST WEST CHESTER PA 19380
JOHNSTON MD, THOS S OPH
11 N FIVE POINT RD WEST CHESTER PA 19380
JOPLIN MD, ROBERT J ORS
HIGHLAND ORTH CTR RD 2 COCHRANVILLE PA 19330
JORDAN MD, WM J OPH
130 NUTT RD PHOENIXVILLE PA 19460
JUNCOS MD, GUILLERMO R IM
231 E LANCASTER AVE DOWNINGTOWN PA 19335
KALEMBA MD, JOHANNA M R
523 COLDSTREAM DR BERWYN PA 19312
KELLY JR MD, EDWARD A FP
203 LOUIS DR EXTON PA 19341
KENT MD, RICHARO B OPH
11 N FIVE POINT RD WEST CHESTER PA 19380
KERN IV MD, GEO W PD
1154 W CHESTER PIKE W CHESTER PA 19380
KESTER MD, WALTER L FP
524 S WALNUT ST WEST CHESTER PA 19380
KESZELI MD, ALEXANDER R AN
701 E MARSHALL ST WEST CHESTER PA 19380
KIM MO, JOONG J GS
435 E 70TH ST 21-A NEW YORK NY 10021
KISTLER MO, PHILIP E FP
302 N HIGH ST WEST CHESTER PA 19380
KITELE MD, FRANCIS J FP
828 E CHESNUT ST COATESVILLE PA 19320
KOEPKE MD, HANS H P
504 JEROMA LA WEST CHESTER PA 19380
KORBONITS MO, CHAS W OBG
322 N HIGH ST WEST CHESTER PA 19380
KRAMM OO, HERMAN R FP
305 E LANCASTER AVE OOWNINGTON PA 19335
KRISHNA MO, BHUPENORA OTO
APT C-2 812 W GOSHEN RO WEST CHESTER PA 19380
KRISHNA MO, NARENDRA OPH
584 E CHESTNUT ST CDATESVILLE PA 19320
LABOCETTA MD, ALFREO C PO
326 N WALNUT ST WEST CHESTER PA 19380
LANSING MO, ODROTHY I OBG
20 STATE RO PADLI PA 19301
LASOTA MO, GEORGE L P
11 HORSE SHOE LN PADLI PA 19301
LATOFF MO, THOS J GS
533 E LINCOLN HIGHWAY COATESVILLE PA 19320
LEE MO, HOWARO G FP
53 MEADOW8ROOK LA PHOENIXVILLE PA 19460
LEMERT MO, MICHAEL R OBG
799 GAY ST PHOENIXVILLE PA 19460
LEWIS MO, EARL T IM
BOX 8299 PHILADELPHIA PA 19101
LEWIS MD, L CLIFFORD FP
421 MONUMENT AVE MALVERN PA 19355
LEWIS MD, SCOTT B OBG
1015 N NEW ST WEST CHESTER PA 19380
LIMBERGER MO, WM A IM
LENAPE & BIRMINGHAM ROS WEST CHESTER PA 19380
LINOER MD, NORBERT N FP
STUDENT HEALTH SERVICES LINCOLN UNIV PA 19352
LISS MD, GILBERT A OBG
799 GAY ST PHOENIXVILLE PA 19460
LOTZ MD, ANOREW J FP
12 FAIRWAY RD PAOLI PA 19301
LOVRINIC MO, WM S OTO
7 N FIVE POINT RD WEST CHESTER PA 19380
LUCINE JR MO, ALBERT A OBG
988 GARRETT MILL RD NEWTOWN SQ PA 19073
LYNCH MO, ROBT E R
491 ALLENDALE RD KNG OF PRUSS PA 19406
MACKENZIE MO, NORMAN D FP
441 E LANCASTER AVE OOWNINGTOWN PA 19335
MARGOLIES MO, MICHAEL IM
567 E CHESTNUT ST COATESVILLE PA 19320
MARGOLIS MO, JULIUS FP
418 MAIN ST COATESVILLE PA 19320
MARK MO, WM S IM
BOX A PAOLI PA 19301
MAURIELLO II MD, ALFREO J OTO
1524 RICHARO DR WEST CHESTER PA 19380
MCCAUSLAND MO, DREW D
620 E MARSHALL ST WEST CHESTER PA 19380
MCCHESNEY JR MD, CHAS T GS
313 CHESTNUT ST COATESVILLE PA 19320
MCCLURE MD, CARROLL R US
126 ROYAL PALM DR LEESBURG FL 32748
MCKINSTRY MO, ROBT B FP
KENNETT MEOICAL CENTER KENNETT SQUARE PA 19348
MERSON MO, ERICH R FP
1622 W LYNN OR W CHESTER PA 19380
MICHAELSON MO, THOS C IM
RO 2 BARTLETT LN CHESTER SPRGS PA 19425
MILLER MO, CHAS F GS
710 S MAIN ST PHOENIXVILLE PA 19460
MILLER MD, STANLEY J FP
675 LANCASTER AVE BERWYN PA 19312
MINEO MO, CYRUS L OPH
286 GRIFFEN ST PHOENIXVILLE PA 19460
MONASTERIO MO, JOSE R GS
1506 EAGLE RIDGE RO OOWNINGTOWN PA 19335
MORGAN MD, PAUL W OPH
PO BOX 489 WEST CHESTER PA 19380
MORTON JR MD, WM A U
26 E WASHINGTON ST WEST CHESTER PA 19380
MUNRO MO, ROSS F FP
ELVERSON PA 19520
MURPHY MO, JAMES A R
THE CHESTER CO HOSP W CHESTER PA 19380
MURRAY MD, AUOREY US
1012 LITTLE SHILO RO WEST CHESTER PA 19380

NEWMAN MD, RICHARD A P
PADLI MEM HOSP MED BLDG PADLI PA 19301
NICHINI MD, FRANCO M R
24 RABBIT RUN RD MALVERN PA 19355
ORVIS MD, HAROLD H IM
401 W PLEASANT GROVE RD WEST CHESTER PA 19380
PALMER MD, KARL A ORS
24 ATTERBURY OR MALVERN PA 19355
PARKER MD, ALBERT F GS
130 NUTT RO PHOENIXVILLE PA 19460
PARKER MD, ELEANOR K OBG
319 CHESTNUT ST COATESVILLE PA 19320
PATUKAS MD, PETER C FP
10TH & OLIVE STS COATESVILLE PA 19320
PENMAN MD, WM R OBG
20 STATE RD PADLI PA 19301
PEREIRA OGAN MO, JORGE A P
231 E LANCASTER AVE OOWNINGTON PA 19335
PITT MD, LELOON P GS
811 SPRUCE ST PHILADELPHIA PA 19107
PLOTZKER MD, RICHARD I IM
10TH & OLIVE ST COATESVILLE PA 19320
PLUMMER 3RD MD, WM FP
419 N FRANKLIN ST WEST CHESTER PA 19380
POOLE MD, ROBT FP
419 N FRANKLIN ST WEST CHESTER PA 19380
PORTER MO, EDGAR L P
350 WALNUT AVE WAYNE PA 19087
POTTER JR MO, HOWARO P IM
MEM MEO BLOG LINCLN HWY PADLI PA 19301
POTTS MO, ASA W IM
502 E MARSHALL ST WEST CHESTER PA 19380
PRASAO MO, AJIT K ORS
10TH AVE&OLIVE ST COATESVILLE PA 19320
PRATT 2NO MD, JOHN W GS
313 CHESTNUT ST COATESVILLE PA 19320
PRESSMAN MO, EDMUND N AN
1515 MONTICELLO DR GLADWYNE PA 19035
PRUTZMAN MO, L OONALD GS
115 W MINER ST WEST CHESTER PA 19380
RABIN MD, SIONEY C OBG
502 E MARSHALL ST WEST CHESTER PA 19380
RAJAN MO, SANOA GS
RO 1 CHESTNUT TREE HONEYBROOK PA 19344
REEO MO, LOLA S PO
620 VALLEY FORGE RD PHOENIXVILLE PA 19460
RIDGLEY MD, FRANK H GS
415 N FRANKLIN ST WEST CHESTER PA 19380
RIVIELLO MO, MICHAEL S GS
10TH AVE & OLIVE ST COATESVILLE PA 19320
ROGERS MD, PAUL H IM
702 MAIN ST PHOENIXVILLE PA 19460
ROGOWSKI MO, RAYMONO A PTH
51 WOODRIOGE RD THORNTON PA 19373
ROHRMAYER JR MD, FRANCIS P FP
549 N WALNUT ST WEST CHESTER PA 19380
ROMINGER MO, C JULES R
MISERICOROIA HOSP RAO O PHILAOELPHIA PA 19143
ROURKE III MO, JOHN H N
108 CHESTER CO MED BLOG WEST CHESTER PA 19380
ROSATO MO, ONALO J FP
176 E CONESTOGA RO DEVON PA 19333
ROSENBLUM MO, MARCUS P N
3404 WINOSOR LN THORNOALE PA 19372
ROSENFELO MD, KARL ORS
74 STATE RO PAOLI PA 19301
ROTHROCK JR MD, HENRY A PTH
1113 QUEENS WAY WEST CHESTER PA 19380
ROWAND MO, ROBERT E IM
17 CLUB ORIVE SUMMIT N J 07901
ROWGHANI MO, MOHAMMAD I OBG
370 CHESTNUT ST COATESVILLE PA 19320
RUGGIERO MO, ROBT A ORS
PAOLI MEM MED BLOG PAOLI PA 19301
RUHT MO, JOS C GS
500 GAY ST PHOENIXVILLE PA 19460
SACHOEVA MD, RAJEEV PTH
700 ARDMORE AVE APT 603 AROMORE PA 19003
SANOLER MO, KENNETH R P
2015 WELSH VALLEY RD VALLEY FORGE PA 19481
SANT RAM MO, OEEPAK IM
CDMM MEM HOSP WEST GROVE PA 19390
SCHINDLER MO, PETER O P
1528 OENTON HOLLOW RD WEST CHESTER PA 19380
SCHLESS MO, ARTHUR P P
COATESVILLE HOSP CDATESVILLE PA 19320
SCHWARTZ MO, OONALO S PD
10TH AVE & OLIVE ST COATESVILLE PA 19320
SCOTT MO, J CLIFFORD P
PO BOX 501 MALVERN PA 19355
SILVERIO MO, JOHN PD
856 FARRAGUT RO BERWYN PA 19312
SKWEIR MO, LEON A P
1675 OEVONSHIRE ROAO ALLENTOWN PA 18103
SMITH MO, RICHARD H FP
341 E LANCASTER AVE OOWNINGTOWN PA 19335
SOLOMON MD, MACY 8 FP
100 1ST AVE PHOENIXVILLE PA 19460
SPECTOR MO, SAMUEL S FP
4200 HILLCRESSOR APT214 HOLLYWOOO FL 33021
SPENCER MO, ODUGLAS M PD
361 CASTLEWOOD OR DEVON PA 19333
SPICER MD, ALDINE R FP
340 SHARPLESS ST W CHESTER PA 19380
SPYROPOULOS MO, NICHOLAS G PO
519 E CHESTNUT ST COATESVILLE PA 19320
STOKES MD, LOUIS C FP
345 E CHESTNUST ST COATESVILLE PA 19320
STONE MD, CHAS H FP
590 E CHESTNUT ST CDATESVILLE PA 19320
STROOE MD, MARSHALL D AN
1219 SYLVAN RO W CHESTER PA 19380
STROUO III MO, MORRIS W IM
450 N CREEK RO RD 1 W CHESTER PA 19380
THEURKAUF JR MO, EDWARO A TS
933 HAVERFORO AVE BRYN MAWR PA 19010

THOMSON MD, ALVERNON H FP
1238 SURREY RD WEST CHESTER PA 19380
THORNE MD, CHAS G FP
370 CHESTNUT ST COATESVILLE PA 19320
TRAIMAN MD, RICHARD G DRS
WOODMONT N APTS E-5 DOWNINGTOWN PA 19335
TRUITT MD, GED W IM
RING RD CHADDS FORD PA 19317
TUCKER MD, THOS W FP
245 NEW ST SPRING CITY PA 19475
TWADDELL MD, DONALD N P
EMBREEVILLE STATE HOSP COATESVILLE PA 19320
TYSON MD, RUSSELL R GS
606 E MARSHALL ST WEST CHESTER PA 19380
UHLMAN MD, RICHARD C U
139 MARSHALL WEST CHESTER PA 19380
VANDERMEER MD, HERMAN P
107 CANBRIA COURT ST DAVIDS PA 19087
VERNON MD, WALTER G PRM
LUKENS STEEL CO COATESVILLE PA 19320
VIEK MD, NICHOLAS F U
139 E MARSHALL ST WEST CHESTER PA 19380
VINUEZA MD, TIRSO L P
176B QUARRY RD VALLEY FORGE PA 19481
VLACHOS MD, VASILIOS A IM
RD 1 POTTSTOWN PA 19464
WADE MD, GED R US
PADLI MEM MED BLDG PADLI PA 19301
WAGGONER MD, IRVING M IM
23 S CHURCH ST WEST CHESTER PA 19380
WARNER MD, NORMAN M PRM
P O BOX 98 HEALTH CTR PARKESBURG PA 19365
WARREN MD, WM L D
435 E LANCASTER AVE WAYNE PA 19087
WEDEEN MD, ROBT S DRS
BOX 411 R D 3 COATESVILLE PA 19320
WELLER MD, RUSSELL W FP
1150 LAKE DR WEST CHESTER PA 19380
WHITE MD, JACK C GS
MEMORIAL MED BLDG PADLI PA 19301
WHITE MD, JOS G U
139 E MARSHALL ST W CHESTER PA 19380
WILLENS MD, JOHN S AN
PADLI MEM HOSP PADLI PA 19301
WILLNER MD, DAVID L DRS
601 MAIN ST PHOENIXVILLE PA 19460
WITKOWSKI MD, JOS L P
V A HOSP COATESVILLE PA 19320
WOLF MD, CHAS R DRS
CHESTER CO MED BLDG WEST CHESTER PA 19380
WRIGHT MD, ELEANORE R P
ELK FOREST RD RD 2 ELKTON MD 21921
YOXTHEIMER MD, ROBT L GS
EAST PHILLIP DR PHOENIXVILLE PA 19460
ZELLER MD, ERWIN R R
240 W MINER ST W CHESTER PA 19380
ZERNE MD, GUSTAVE E DTD
CHESTER MED BLDG 111 W CHESTER PA 19380
ZIEGLER MD, ANNA E DBG
45 MANOR AVE DOWNINGTOWN PA 19335

Clarion County

ACKERMAN DO, MARK I FP
PO BOX 43 MARIENVILLE PA 16239
AMADIO DO, ANGELO E FP
P O BOX 25 FRYBURG PA 16326
BHATNAGAR MD, YUDHISHTER M DBG
58 SOUTH 7TH AVE CLARION PA 16214
BROOKS DO, FRANK J FP
180 GREENVILLE AVE CLARION PA 16214
BROOKS DO, JOHN E AN
180 GREENVILLE AVE CLARION PA 16214
BROOKS DO, JOHN M FP
180 GREENVILLE AVE CLARION PA 16241
BUCKLEY DO, RONALD L AN
214 S 7TH AVE CLARION PA 16214
CHRISTY MD, MICHAEL G GS
395 MAIN ST BROOKVILLE PA 15825
CLARK MD, LAWRENCE M GS
137 W MAIN ST CLARION PA 16214
CLARK MD, SANDRA M FP
137 W MAIN ST CLARION PA 16214
COULTER MD, CLINTON R FP
BOX 354 PARKER PA 16049
ERICKSON MD, RAY B DS
2655 CALLE DEL ORO DR LA JOLLA CA 92037
GREENBERG MD, STEVEN M DPH
130 PICKERING ST BROOKVILLE PA 15825
HARVEY MD, PAUL E FP
COOLSPRING PA 15730
HUSTON MD, CHAS C FP
MAIN ST KNOX PA 16232
KAHLE MD, GAIL W FP
MARIENVILLE PA 16239
KETNER DO, WILLIAM A FP
513 MAIN ST CLARION PA 16214
KOENIG MD, THEODORE R FP
BOX T KNOX PA 16232
KREBS MD, MICHAEL A FP
324 GILL LN 4K ISELIN NJ 08830
KUTZ MD, CHAS M GS
395 MAIN ST BROOKVILLE PA 15825
MCKINLEY MD, WM M GS
395 MAIN ST BROOKVILLE PA 15825
MICKLE JR MD, JAMES D FP
ACV MED CTR FOXBURG PA 16036
MILKS MD, CARL J PD
P O BOX 200 LEEPER PA 16233
MILLER MD, DAVID L FP
239 BROAD ST NEW BETHLEHEM PA 16242
NABATCHI MD, AHMAD IM
BROOKVILLE HOSP BROOKVILLE PA 15825
REDDY MD, JAIVEER T U
BROOKVILLE HOSP BROOKVILLE PA 15825
STAHLMAN MD, FREDERICK B FP
72 S 4TH AVE CLARION PA 16214
STEARLEY MD, JOHN S FP
BOX 325 FOXBURG PA 16036
WALLIA MD, TEGENDRA S IM
138 MERLE ST CLARION PA 16214
WONG MD, HON-YUEN FP
1302 E MAIN ST CLARION PA 16214

Clearfield County

ARNOLD MD, JOHN J FP
CURWENSVILLE PA 16833
AUGHINBAUGH MD, THOS H FP
507 OGDEN AVE CLEARFIELD PA 16830
BACHARACH MD, HERBERT J DPH
1212 TURNPIKE AVE CLEARFIELD PA 16830
BELL MD, THOS G IM
105 S 2ND ST CLEARFIELD PA 16830
BORON MD, ROBT J R
127 W PAULINE DR CLEARFIELD PA 16830
BOYKIW MD, YAROSLAV A FP
115 E CHERRY ST CLEARFIELD PA 16830
CLARKE MD, EDWARD H GS
809 TURNPIKE AVE CLEARFIELD PA 16830
CORCINO JR MD, BALTAZAR L IM
1306 JOSEPH RD CLEARFIELD PA 16830
COVALLA MD, GED C IM
207 E CHERRY ST CLEARFIELD PA 16830
DOTSEY MD, MICHAEL T GS
1212 TURNPIKE AVE CLEARFIELD PA 16830
EARLEY MD, SAML L GS
CHERRY TREE PA 15724
ERHARD MD, ELMO E GS
211 N 2ND ST CLEARFIELD PA 16830
ERHARD MD, LORAINE H PD
211 N 2ND ST CLEARFIELD PA 16830
GILMORE MD, FREDERICK R R
809 TURNPIKE AVE CLEARFIELD PA 16830
HAMDY MD, ALICE G IM
11 APPLE ST CLEARFIELD PA 16830
HAMDY MD, GEORGE L GS
11 APPLE ST CLEARFIELD PA 16830
HENDERSON MD, JONATHAN K US
P O BOX 129 PHILIPSBURG PA 16866
HIPOLITO MD, AURORA T IM
PO BOX 127 CLEARFIELD PA 16830
HIPOLITO MD, ERNESTO A AN
PO BOX 127 CLEARFIELD PA 16830
HOWE MD, WM L FP
602 WILLIAMS ST CLEARFIELD PA 16830
HUGHES MD, ROGER L FP
BOX 247 CLEARFIELD PA 16830
KENNARD MD, JOHN F PTH
P O BOX 1088 CLEARFIELD PA 16830
LUGUE JR MD, AMADO B DRS
CLEARFIELD HOSP CLEARFIELD PA 16830
LUGUE MD, CARMELA S PD
914 SOUTH 2ND ST CLEARFIELD PA 16830
LUNA MD, FREDESVINDA PD
RD 3 LAWRENCE TWP CLEARFIELD PA 16830
LUNA MD, ROBERTO S DBG
RD 3 LAWRENCE TWP CLEARFIELD PA 16830
MALDONADO MD, BENJ A DBG
807 DOCTORS DR CLEARFIELD PA 16830
MCCLURE MD, DOROTHEA F PTH
CLEARFIELD HOSP CLEARFIELD PA 16830
MURPHY MD, JAMES H FP
442 STATE ST CURWENSVILLE PA 16833
PEASE MD, FRED DBG
207 E CHERRY ST CLEARFIELD PA 16830
SCHICKLING MD, LEONARD F IM
707 TURNPIKE AVE CLEARFIELD PA 16830
YINGLING MD, NATHANIEL D GS
1212 TURNPIKE EXTENSION CLEARFIELD PA 16830

Clinton County

ADAMS MD, WM R FP
262 HOGAN BLVD MILL HALL PA 17751
ADVINCULA MD, RIZALITO B FP
405 IRWIN STREET LOCK HAVEN PA 17745
BOWER MD, SAML C FP
269 MAIN ST MILL HALL PA 17751
BRANDT MD, JOHN P DPH
316 N GROVE ST LOCK HAVEN PA 17745
BRICKLEY MD, KENNETH S FP
35 W MAIN ST LOCK HAVEN PA 17745
BROWN MD, JOHN L FP
312 N GROVE ST LOCK HAVEN PA 17745
CRISANTI MD, JOHN W FP
PO BOX 707 LOCK HAVEN PA 17745
DELGRIPPO MD, GERARD A GS
7 E WATER ST LOCK HAVEN PA 17745
DICUCCIO MD, NICHOLAS W GS
6 HEMLOCK DR LOCK HAVEN PA 17745
DOLAN III MD, JAMES J DS
119 N FAIRVIEW ST FLEMINGTON PA 17745
DREWERY MD, ROBT E FP
MAIN ST BEECH CREEK PA 16822
DWYER MD, JOHN M FP
820 HURON AVE RENOVO PA 17764
ENGLISH JR MD, WALTER E PTH
MACKEYVILLE PA 17750
GREENBERG MD, MICHAEL R US
P O BOX 751 LOCK HAVEN PA 17745
HEID MD, CHAS E IM
535 GUARD LOCK DR LOCK HAVEN PA 17745
HOBERMAN MD, EDWARD GS
P O BOX 28 LOCK HAVEN PA 17745
LONG JR MD, WM C FP
53 W MAIN ST LOCK HAVEN PA 17745
LYTLE MD, LARRY H GS
23 HEMLOCK DR LOCK HAVEN PA 17745
MANDRACCIA MD, ROBT V GS
3109 BENJ RUSH CT CORNWELLS HGTS PA 19020
MCDONOUGH MD, GERARD F IM
209 WATER ST LOCK HAVEN PA 17745
MCKEOWN MD, HENRY G FP
243 6TH ST RENOVO PA 17764
MEYER JR MD, CARL A AN
23 HEMLOCK DR LOCK HAVEN PA 17741
MOLLER MD, GED A R
29 HEMLOCK RD LOCK HAVEN PA 17745
NICKLAS MD, GILBERT L FP
CENTRAL AVE AVIS PA 17721
PARKER DO, FRANK W FP
BOX 748 LOCK HAVEN PA 17751
ROMEO MD, VICTORIA J FP
200 S JONES ST LOCK HAVEN PA 17745
THOMAS JR MD, DAVID W GS
112 W MAIN ST LOCK HAVEN PA 17745
TREIRES MD, GED J FP
9 W CHURCH ST LOCK HAVEN PA 17745
TUSHIM MD, GED A FP
BX 285 MILL HALL PA 17751
WERTS MD, RAYMOND A US
1002 HURON AVE RENOVO PA 17764
WHITMAN MD, JOHN C FP
9 PARKWOOD LOCK HAVEN PA 17745
WINNER MD, FORNEY D GS
217 E WATER ST LOCK HAVEN PA 17745

Columbia County

ALAGIRISWAMI MD, KRISHNASWAMI PD
1601 MULBERRY ST BERWICK PA 18603
ALLEY MD, ALI A FP
109 MULBERRY BERWICK PA 18603
ALMASHAT MD, ALA A GS
531 E FRONT ST BERWICK PA 18603
BALDIA MD, LIVED B GS
C/O BERWICK HOSP BERWICK PA 18603
CAMPBELL MD, DAVID R US
1741 FOWLER AVE BERWICK PA 18603
CAMPBELL MD, ROBT J FP
501 3D ST NESCOPECK PA 18635
CHOPRA MD, RAJ P U
326 MARKET ST BLOOMSBURG PA 17815
CLARK MD, GRANT C FP
PO BOX 390 BENTON PA 17814
CLEAVER MD, CLARENCE P FP
250 MAIN ST CATAWISSA PA 17820
CLEMENS MD, FREDERICK B FP
501 E 2D ST BERWICK PA 18603
CORSON MD, THOS C DBG
10 PENN ST BLOOMSBURG PA 17815
CORTEZA MD, BENJAMIN A IM
3745 RED MAPLE LN BLOOMSBURG PA 17815
CRETELLA MD, THOS S FP
301 E FRONT ST BERWICK PA 18603
FEAR MD, JESSE G FP
1105 MARKET ST BERWICK PA 18603
FERRIGNO JR MD, CARMEN J R
BERWICK HOSP BERWICK PA 18603
FUNKE MD, ALVIN H U
326 MARKET ST BLOOMSBURG PA 17815
GEGWICH MD, JOSEPH F IM
701 E FRONT ST BERWICK PA 18603
GORMLEY MD, JAMES B GS
835 E 3RD ST BERWICK PA 18603
HARASYM JR MD, EMIL L GS
GLENN ST & PENN AVE BLOOMSBURG PA 17815
HUNTER MD, ROBT G PTH
701 E 16TH ST BERWICK PA 18603
IREY JR MD, PHILIP M IM
904 MARKET ST BLOOMSBURG PA 17815
KLEIN MD, ROBT FP
229 MARKET ST BLOOMSBURG PA 17815
KNEPLEY MD, DAVID W R
110 ROBIN LN BLOOMSBURG PA 17815
KRISHNARAJ MD, K N P PD
RD 2 LIGHTSTREET RD BLOOMSBURG PA 17815
KULBASKI MD, FRANK E R
25 MARY ST ASHLEY PA 18706
KUPREVICH DO, WILLIAM J FP
PENN&GLENN AVE BLOOMSBURG PA 17815
MANUEL MD, LAUREANO M IM
540 E 11TH ST BERWICK PA 18603
MARTIN MD, JOHN C PTH
BLOOMSBURG HOSP BLOOMSBURG PA 17815
MELDRUM MD, ROBT W FP
E 5TH & PARK ST BLOOMSBURG PA 17815
PATRICK MD, THOS E FP
210 E MAIN ST MIFFLINVILLE PA 18631
PERRIGO MD, WM M GS
2 OAK LANE BLOOMSBURG PA 17815
PRATT MD, RUSSELL J FP
211 MAIN ST CATAWISSA PA 17820
REESE MD, FRED W FP
404 MARKET ST BLOOMSBURG PA 17815
REVAK DO, DAVID J FP
RD 3 BLOOMSBURG PA 17815

REVAK MD, BLAIRANNE H FP
PENN ST & GLENN AVE BLODMSBURG PA 17815
RINGAWA MD, PETER E R
145 FRIAR RD BLDDMSBURG PA 17815
RDSS MD, JDS V DPH
1215 E FRDNT ST BERWICK PA 18603
RDWLAND MD, GED A FP
BDX 117 MILLVILLE PA 17846
SARAC MD, F IBRAHIM IM
96 N SECDND ST HUGHESVILLE PA 17737
STEVENS MD, GRANT G PD
701 E FRDNT ST BERWICK PA 18603
SZABD MD, FERDINAND F GS
1505 LAUREL DR BERWICK PA 18603
SZABD MD, RUDDLPH G FP
303 MULBERRY ST BERWICK PA 18603
TANRIBILIR MD, ABDUL K IM
600 E 16TH ST BERWICK PA 18603
TSDUTSDPLIDES MD, GEDRGE C DBG
1601 MULBERRY ST BERWICK PA 18603
TURNER MD, WAYNE E DTD
PD BDX 774 CONYNGHAM PA 18219
WEDDE MD, THEDDDRE S PTH
R D 2 NDRTHAMPTDN PA 18067
WINSKI MD, LEDNARD A FP
MILLVILLE PA 17846
WITT MD, DANL E FP
5TH AND PARK STS BLDDMSBURG PA 17815
WRIGHT MD, WM C GS
PENN ST & GLENN AVE BLDDMSBURG PA 17815
YDST MD, CHAS S FP
5TH AND PARK STS BLDDMSBURG PA 17815
YDUNGKIN MD, JAMES F AN
214 W 2ND ST BERWICK PA 18603

Crawford County

ANDERSDN MD, HJALMAR S GS
110 N FRANKLIN ST TITUSVILLE PA 16354
ASLAM MD, AZAR GS
764 KENNEDY ST MEADVILLE PA 16335
BAILEY JR MD, JDHN H IM
968 S MAIN ST MEADVILLE PA 16335
BATES MD, RICHARD L FP
848 PARK AVE MEADVILLE PA 16335
BRDDKS MD, GERALD M FP
BDX 376 SAEGERTDWN PA 16433
CHALLENER MD, RDBT C PTH
580 CHESTNUT ST MEADVILLE PA 16335
CHDI MD, KWANG Y PD
505 PDPLAR ST MEADVILLE PA 16335
CDNNDR MD, EDWARD H FP
RT 9 BDX 302 MDRGANTDWN WV 26505
CDRTES JR MD, CANDIDD T GS
LAKESIDE SQUARE CDNNEAUT LAKE PA 16316
DAVIS MD, JDHN C FP
764 KENNEDY ST MEADVILLE PA 16335
DEININGER MD, ARTHUR G IM
390 PARK AVE MEADVILLE PA 16335
DEKRUIF MD, HENDRIK IM
505 PDPLAR ST MEADVILLE PA 16335
DUNN MD, DAVID W FP
RD 6 MEADVILLE PA 16335
EWING MD, FRED L AN
203 MEADDW ST MEADVILLE PA 16335
FARMATI MD, OSCAR AN
SPENCER HDSPITAL MEADVILLE PA 16335
FERER MD, WALTER C DPH
231 CHESTNUT ST MEADVILLE PA 16335
FINE MD, EDWARD M FP
714 CHESTNUT ST MEADVILLE PA 16335
FISHER MD, WM K OTD
729 MAPLE ST MEADVILLE PA 16335
GALE MD, TRISTAN M R
SPENCER HOSPITAL MEADVILLE PA 16335
GILARDI MD, RDBT J OBG
231 CHESTNUT ST MEADVILLE PA 16335
GDDD MD, RALPH D FP
285 PARK AVE MEADVILLE PA 16335
GDTTLIEB MD, SAML FP
505 PDPLAR ST MEADVILLE PA 16335
GUANZDN MD, DANILD L U
505 PDPLAR ST MEADVILLE PA 16335
HALL MD, JACK R FP
227 MASDNIC BLDG MEADVILLE PA 16335
HAMSHER MD, JAMES R DRS
176 N MAIN ST MEADVILLE PA 16335
HAZEN MD, S FRANK DPH
208 DEVDRE DR MEADVILLE PA 16335
HENDRICKS MD, RDBT T GS
773 N MAIN ST MEADVILLE PA 16335
HIBBARD MD, ALANSDN D PRM
838 PARK AVE MEADVILLE PA 16335
HDLLAND JR MD, WM T DPH
899 GRDVE ST MEADVILLE PA 16335
HDMA OD, DANIEL J FP
9260 8 LINCDLN ELLSWDRTH AFB SD 57706
KIRKPATRICK JR MD, DAVID D IM
279 WALNUT ST MEADVILLE PA 16335
KIRKPATRICK MD, RDBT L GS
1058 S MAIN ST MEADVILLE PA 16335
LEWIS MD, PAUL M DTD
BDX 31 R D 1 CONNEAUT LAKE PA 16316
MANNING MD, HARRY J R
SPENCER HDSP MEADVILLE PA 16335
MARSHALL MD, LUTHER M GS
764 KENNEDY ST MEADVILLE PA 16335
MARTIN MD, JAMES W FP
WATER ST CONNEAUT LAKE PA 16316
MCLAMB MD, JAMES R DRS
766 LIBERTY ST MEADVILLE PA 16335
MESA MD, GDNZALA N P
751 LIBERTY ST MEADVILLE PA 16335
MDUTSDS MD, SPERD E IM
370 CHESTNUT ST MEADVILLE PA 16335
MDYERS MD, RDBERT N FP
764 KENNEDY ST MEADVILLE PA 16335
NESBITT MD, JDHN B IM
279 WALNUT ST MEADVILLE PA 16335
ORDINARID JR MD, VICENTE R R
LAKESIDE SQS CDNNEAUT LAKE PA 16316
DWENS DD, EDWARD J FP
118 RAILRDAD ST CAMBRIDGE SPGS PA 16403
PAGNIELLD MD, LUCIA FP
788 PARK AVE MEADVILLE PA 16335
PARK MD, JHDNG D DBG
505 PDPLAR ST MEADVILLE PA 16335
PIRDCH MD, JDSEPH G IM
RD 4 8RDDKS RD MEADVILLE PA 16335
PDNGSDMBDDN MD, CHAVALIT U
461 PINE ST MEADVILLE PA 16335
PDUX MD, PAUL T FP
GUYS MILLS PA 16327
SAAVEDRA MD, DIDGENES A GS
664 HIGHLAND AVE MEADVILLE PA 16335
SANTDRA MD, RDBT A DPH
505 PDPLAR ST MEADVILLE PA 16335
SARAIN MD, ANTDNID N FP
FRANKLIN ST LINESVILLE PA 16424
SMART MD, LAWSDN C DRS
766 LIBERTY ST MEADVILLE PA 16335
STDLAR MD, JDHN P
532 CDLE OR MEADVILLE PA 16335
TAYLDR JR MD, JDHN D GS
843 PARK AVENUE MEADVILLE PA 16335
THDMAS MD, CHRISTDPHER W IM
244 JEFFERSDN ST MEADVILLE PA 16335
THDMAS MD, WILBUR C PTH
LESLIE RD R D 1 MEADVILLE PA 16335
TURKER MD, SAIP E DBG
505 PDPLAR ST MEADVILLE PA 16335
WULFMAN MD, WM A R
RD 6 MEADVILLE PA 16335
ZINNAMDSCA DD, JDHN B FP
505 PDPLAR ST MEADVILLE PA 16335

Cumberland County

ALLWEIN MD, JDS W FP
51 PARSDNAGE ST NEWVILLE PA 17241
ARMSTRONG MD, THDS S DRS
64 S WEST ST CARLISLE PA 17013
BEACHY MD, IVAN E DBG
816 BELEVEDERE ST CARLISLE PA 17013
BLACKSMITH JR MD, GARY L FP
BDX 250 RD 7 CARLISLE PA 17013
BRANSCUM MD, GEDRGE P FP
850 WALNUT BDTTDM RD CARLISLE PA 17013
BRAZEL MD, JDS F IM
313 S HANDVER ST CARLISLE PA 17013
BRYAN JR MD, FRANK S DRS
850 WALNUT BDTTDM RD CARLISLE PA 17013
BRYANT MD, DAVID W GS
850 WALNUT BDTTDM RD CARLISLE PA 17013
CASTRINA JR MD, FRANK P IM
313 S HANDVER ST CARLISLE PA 17013
CDX MD, PAUL A DPH
313 S HANDVER ST CARLISLE PA 17013
DAVIS MD, H RDBERT FP
112 4TH ST BDILING SPGS PA 17007
DEMUTH JR MD, WM E TS
M S HERSHEY MED CTR HERSHEY PA 17033
DDDRLY MD, THDMAS J PD
B04 BELVEDERE ST CARLISLE PA 17013
EHLY MD, GED W FP
R D 1 EAST BERLIN PA 17316
EVANS MD, DAVID B OBG
850 WALNUT BDTTDM RD CARLISLE PA 17013
FISHER MD, EDWARD J DBG
36 S PITT ST CARLISLE PA 17013
GASULL JR MD, H RDBERT FP
850 WALNUT BDTTDM RD CARLISLE PA 17013
GRAHAM III MD, WM P PS
804 BELVEDERE ST CARLISLE PA 17013
GREEN 3RD MD, JDS E IM
850 WALNUT BDTTDM RD CARLISLE PA 17013
GREEN MD, JDS E FP
52 S PITT ST CARLISLE PA 17013
GREEN MD, THDS J DRS
615 W SDUTH ST CARLISLE PA 17013
GUISTWITE MD, KENNETH R US
B CUMBERLAND DR CARLISLE PA 17013
HANLDN MD, JDHN J FP
400 W MAIN ST MECHANICSBURG PA 17055
HARRIS JR MD, JDHN H R
BDX 310 CARLISLE PA 17013
HARTZEL MD, DAVID L DPH
156 PDMFRET ST CARLISLE PA 17013
HAYS MD, E BLAINE DBG
900 GLENDALE CT CARLISLE PA 17013
HERSPERGER MD, WEBB S OTD
800 BELVEDERE ST CARLISLE PA 17013
HDERNER MD, DSCAR G FP
400 W MAIN ST MECHANICSBURG PA 17055
HDLLEN MD, RDBT A FP
850 WALNUT BDTTDM RD CARLISLE PA 17013
HDUGH MD, RDDNEY K FP
323 YDRK RD CARLISLE PA 17013
JDHNSTON 3RD MD, JAMES R GS
850 WALNUT BDTTDM RD CARLISLE PA 17013
JURGENSEN MD, JDHN C IM
850 WALNUT BDTTDM RD CARLISLE PA 17013
KEITHAN MD, JDHN F GS
DUNHAM ARMY CLINIC CARLISLE PA 17013
KEMPFE MD, KONRAD M DBG
218 YORK RD CARLISLE PA 17013
KRETZING MD, HARDLD G FP
850 WALNUT BDTTDM RD CARLISLE PA 17013
LENTDN MD, HERBERT P IM
10 W PDMFRET ST CARLISLE PA 17013
LINE MD, DENNIS E IM
BDX 535 RD #2 PALMYRA PA 17078
LDEFFLER JR MD, JDHN G PD
804 BELVEDERE ST CARLISLE PA 17013
LDH MD, CHARLES K R
PD BDX 310 CARLISLE PA 17013
MASLAND MD, DAVID S IM
313 S HANDVER ST CARLISLE PA 17013
MCCDNAGHIE MD, RDBT J PTH
CARLISLE HDSP CARLISLE PA 17013
PERLMAN MD, HERBERT C R
1104 FLEETWDDD DR CARLISLE PA 17013
RAND MD, EMMETT G IM
110 S PITT ST CARLISLE PA 17013
RANKIN MD, LARRY S IM
1115 FLEETWDDD DR CARLISLE PA 17013
RDE MD, HANS S AN
PD BDX 310 CARLISLE PA 17013
RDEDER MD, DDNALD K TS
850 WALNUT BDTTDM RD CARLISLE PA 17013
RDTZ JR MD, CLIFFDRD T R
245 GLENDALE CARLISLE PA 17013
RDYAL MD, DAVID R R
PD BDX 310 CARLISLE PA 17013
SHELLEY MD, WM L GS
B04 BELVEDERE ST CARLISLE PA 17013
SHDRT MD, WM J FP
RD 1 NEWVILLE PA 17241
SMITH MD, JAMES M PTH
CARLISLE HDSP CARLISLE PA 17013
STACKS JR MD, JACDB C P
B90 PDPLAR CHURCH RD CAMP HILL PA 17011
THDMPSDN MD, DAVID I PD
804 BELVEDERE CARLISLE PA 17013
THDMPSDN MD, RDBT L DPH
RD 5 BDX 476A CARLISLE PA 17013
TDWNSEND MD, JAY A US
100 S HIGH ST NEWVILLE PA 17241
URBAN MD, DDNALD G FP
100 S HIGH ST NEWVILLE PA 17241
WEST MD, WM J DBG
850 WALNUT BDTTDM RD CARLISLE PA 17013
WHITCDMB MD, LUTHER M FP
PD BDX 310 CARLISLE PA 17013
WILSDN MD, G MCCLELLAND P
RDUTE 7 MECHANICSBURG PA 17055
WISS MD, RAYMDND J DTD
800 BELVEDERE ST CARLISLE PA 17013
YEAGER MD, JAMES P FP
400 W MAIN ST MECHANICSBURG PA 17055
ZIERDT MD, DAVID K U
850 WALNUT BDTTDM RD CARLISLE PA 17013

Dauphin County

ABER MD, RDBERT C IM
HERSHEY MED CTR HERSHEY PA 17033
ABT MD, ARTHUR B PTH
MILTDN S HERSHEY MED CT HERSHEY PA 17033
ACKERMAN MD, LARRY L P
HERSHEY MED CTR PSYCH HERSHEY PA 17033
ADAMS MD, D LESLIE DBG
1300 MARKET ST LEMDYNE PA 17043
ALBRIGHT 3RD MD, WM J FP
225 BRDAD ST HIGHSPIRE PA 17034
ALDDUS MD, THDMAS W FP
1135 E CHDCOLATE AVE 2F HERSHEY PA 17033
ALLEN MD, RICHARD PD
4601 DEVDNSHIRE RD HARRISBURG PA 17109
ALLYN MD, RUSSELL E U
803 N 2D ST HARRISBURG PA 17102
ALTAKER MD, LAWRENCE L P
812 CONDDDGUINET DR CAMP HILL PA 17011
ALTHDUSE JR MD, LEMUEL B IM
425 N 21ST ST PLAZA 21 CAMP HILL PA 17011
ALVEAR MD, DDMINGD T GS
504 SPRINGHDUSE RD CAMP HILL PA 17011
ALVEAR MD, VENERANDA B AN
504 SPRINGHDUSE RD CAMP HILL PA 17011
AMUSD MD, SAML J DRS
2B00 GREEN ST HARRISBURG PA 17110
ANDERSDN MD, WM M IM
HARRISBURG HDSP HARRISBURG PA 17101
ANDREWS MD, A THOMAS IM
HARRISBURG HDSP HARRISBURG PA 17101
ANDREWS MD, PERCY J FP
3600 LDGAN ST A-2 CAMP HILL PA 17011
ANKER MD, PETER M DPH
2B06 GREEN ST HARRISBURG PA 17110
ARNDLD MD, GDRDDN C GS
890 PDPLAR CH RD 501 CAMP HILL PA 17011
AZIZKHAN MD, REZA G GS
EPPLEY RD R D 2 MECHANICSBURG PA 17055
BABB MD, JDS D IM
HERSHEY MED CTR HERSHEY PA 17033
BACKENSTDSE MD, DANL L FP
218 W GDVERNDR AVE HERSHEY PA 17033
BADDER MD, ELLIDTT M GS
HERSHEY MED CTR HERSHEY PA 17033
BADMAN MD, FRED S FP
2746 N 2ND ST HARRISBURG PA 17110
BAIR MD, EDWARD H FP
2418 N 2D ST HARRISBURG PA 17110

BALKANY MD, ANDREW F PRM
433 PARKVIEW CRT CAMP HILL PA 17011
BALSBAUGH MD, GEO T R
2310 WILLIAM VIEW DR HARRISBURG PA 17110
BALTZ MD, RICHARD D PD
3028 MARKET ST CAMP HILL PA 17011
BANK MD, R STANLEY IM
2810 GREEN ST HARRISBURG PA 17110
BANUGON MD, MARIETTA A OBG
4339 UNION DEPOSIT RD HARRISBURG PA 17111
BANZHOFF MD, GORDON K DBG
113 LOCUST ST HARRISBURG PA 17101
BARDIN MD, C WAYNE IM
MS HERSHEY MED CTR HERSHEY PA 17033
BARENDS MD, FRANS J IM
1900 CHESTNUT ST CAMP HILL PA 17011
BARNOSKI MD, JOHN F FP
105 E ROOSEVELT AVE MIDDLETOWN PA 17057
BARTLETT MD, GLEN S PD
HERSHEY MED CTR HERSHEY PA 17033
BAUM MD, SHELDON R
HERSHEY MC DIV N M HERSHEY PA 17033
BEALE MD, BENJ R FP
225 HUMMEL AVE LEMDYNE PA 17043
BEANE MD, HOWARD C U
789 POPLAR CH RD CAMP HILL PA 17011
BEITTEL JR MD, CHAS R OBG
2814 GREEN ST HARRISBURG PA 17110
BENNETT MD, JOHN J FP
4300 DEVONSHIRE RD HARRISBURG PA 17109
BENTZ MD, MICHAEL S PTH
M S HERSHEY MED CTR HERSHEY PA 17033
BENTZ MD, RALPH A NS
890 POPLAR CHURCH RD CAMP HILL PA 17011
BERGER MD, MARK IM
4341 UNION DEPOSIT RD HARRISBURG PA 17109
BERKHEIMER MD, GEO A ORS
325 N FRONT ST HARRISBURG PA 17101
BERKHEIMER MD, PARK US
1015 AZALEA RD DELRAY BEACH FLA 33444
BERKHEISER MD, SAML W PTH
POLYCLINIC HOSP HARRISBURG PA 17105
BERLIN JR MD, CHESTON M PD
M S HERSHEY MED CTR HERSHEY PA 17033
BERMAN JR MD, WILLIAM PD
HERSHEY MED CTR HERSHEY PA 17033
BESSELMAN MD, DAVID M PD
4601 DEVONSHIRE RD HARRISBURG PA 17109
BHARGAVE MD, USHA A PO
116 BUNKER HILL RD NEW CUMBERLAND PA 17070
BHARUCHA MD, SHERNAVAZ D AN
6353 STEPHENS CROSSING MECHANICSBURG PA 17055
BIERI MD, JOHN W AN
809 CONODGUINET DR CAMP HILL PA 17011
BITNER MD, WALTER P R
1501 N FRONT ST HARRISBURG PA 17102
BITTENBENDER MD, JDS N
SOUTH FRONT ST HBG HOSP HARRISBURG PA 17101
BIXLER JR MD, LESTER G GS
890 POPLAR CHURCH RD CAMP HILL PA 17011
BIXLER SR MD, LESTER G FP
500 N UNION ST MIDDLETOWN PA 17057
BLAZINA MD, WM M FP
25 N ENOLA DR ENOLA PA 17025
BLOOM MD, JAMES IM
BOX 826 HARRISBURG PA 17105
BOLTON MD, J COLLIER GS
1531 N 2ND ST HARRISBURG PA 17102
BONAFEDE MD, PETER L FP
3525 WALNUT ST HARRISBURG PA 17109
BOWER MD, HARRY B FP
2561 N 6TH ST HARRISBURG PA 17110
BOWER MD, JAMES H IM
RD 3 BOX 535 HALIFAX PA 17032
BOWMAN JR MD, THOS E GS
3028 MARKET ST CAMP HILL PA 17011
BOWMAN MD, HERBERT S IM
96 CAROL PL NEW CUMBERLAND PA 17070
BOYD MD, WM J IM
131 STATE ST HARRISBURG PA 17101
BRADLEY MD, DON W FP
2508 N 4TH ST HARRISBURG PA 17110
BRADLEY MD, MARTHA K PD
2508 N 4TH ST HARRISBURG PA 17110
BRANDT MD, C RICHARD IM
601 W MAIN ST MECHANICSBURG PA 17055
BRAY MD, JOHN S IM
POLYCLINIC HOSP HARRISBURG PA 17105
BRENNAN MD, ROBERT W N
500 UNIVERSITY DR HERSHEY PA 17033
BRENNER MD, LOUIS O IM
4531 SEQUOIA APT B245 HARRISBURG PA 17109
BRICKNELL MD, PAUL P AN
48 BOXWOOD DRIVE HERSHEY PA 17033
BROCK MD, RICHARD R R
POLYCLINIC HOSP HARRISBURG PA 17105
BRONITSKY MD, CARL N OBG
454 W CHOCOLATE AVE HERSHEY PA 17033
BROOKS MD, HARRY R FP
541 BRIDGE ST NEW CUMBERLAND PA 17070
BROWN MD, RICHARD A FP
1606 N 6TH ST HARRISBURG PA 17102
BRUBAKER MD, WARREN W FP
HERSHEY FOODS CORP HERSHEY PA 17033
BRYAN MD, THOS M FP
1405 QUAIL HOLLOW RD HARRISBURG PA 17112
BUCHANAN MD, JAMES R GS
UNIV MANOR APT 13 HERSHEY PA 17033
BUCHER MD, ALBERT H ORS
2201 MARKET ST HARRISBURG PA 17103
BUCKINGHAM MD, ROBT C FP
4918 LOCUST LANE HARRISBURG PA 17109
BUCS MD, ROGER G AN
396 YORKTOWN RD HERSHEY PA 17033
BURGIN MD, WALTER H FP
15 CEDAR CLIFF DR CAMP HILL PA 17011
BURNS MD, WM T OBG
1080-5 UNION DEPOSIT CT HARRISBURG PA 17111
BURNSIDE MD, JOHN W IM
MS HERSHEY MED CTR HERSHEY PA 17033
BUSH MD, WM B IM
5100 LANCASTER ST HARRISBURG PA 17111
BUXTON JR MD, DONALD R R
1501 N FRONT ST HARRISBURG PA 17102
BUXTON MD, DONALD R FP
408 RUPLEY RD CAMP HILL PA 17011
CAHILL MD, JAMES D OBG
4339 UNION DEPOSIT RD HARRISBURG PA 17111
CAMPBELL MD, WM J D
2337 N 3RD ST HARRISBURG PA 17110
CARLIN MD, BRUCE W U
WRIGHT-PAT A F B HOSP DAYTON OH 45433
CARR MD, WM F OBG
4233 ELMERTON AVE HARRISBURG PA 17109
CARY MD, GENE L P
55 VALLEY RD RD 1 HUMMELSTOWN PA 17036
CASAL MD, ROLANDO A GS
209 GLENSIDE AVE CAMP HILL PA 17011
CASSEL MD, R DOUGLAS GS
PARKSIDE & ROYAL AVE HUMMELSTOWN PA 17036
CHANG MD, MYUNGHWAN AN
317 WARWICK DR WYOMISSING PA 19610
CHANGARIS MD, DAVID G FP
M S HERSHEY MED CTR HERSHEY PA 17033
CHAPMAN MD, ALBERT L PRM
20 W LAWN CIRCLE WORMLEYSBURG PA 17043
CHRISTMAN MD, ROBT S FP
2149 N 2ND ST HARRISBURG PA 17110
CLAOEL MD, CHAS E P
434 E MAIN ST HUMMELSTOWN PA 17036
CLEMENT MD, JOHN A R
HERSHEY MED CTR HERSHEY PA 17033
COHN MD, BURTON H OTO
890 POPLR CRCH RD 10B CAMP HILL PA 17011
COLDREN MD, ROBT L PO
2645 N 3RD ST HARRISBURG PA 17110
COLE MD, SHERWOOD A U
789 POPLAR CHURCH RD CAMP HILL PA 17011
COLEMAN JR MD, ERNEST H DPH
4000 MARKET ST CAMP HILL PA 17011
COLEMAN MD, LINOA L R
HERSHEY MED CTR HERSHEY PA 17033
CONNER MD, KENNETH B IM
404 DEERFIELD RD CAMP HILL PA 17011
CONRAD MD, DONALD C FP
116 SPRUCE ST MIDDLETOWN PA 17057
CORONADO MD, RIZALINO H P
4524 CUSTER DR HARRISBURG PA 17110
CORSON MD, GEOFFREY A GS
2634 N 3RD ST HARRISBURG PA 17110
COWLEY MD, ALLEN W IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
COYER MD, HOWARD A GS
562 S 3RD ST LEMOYNE PA 17043
CRAWFORD MD, DONALD G FP
4918 LOCUST LN HARRISBURG PA 17109
CRISPEN MD, JAMES F IM
4300 VALLEYVIEW RD HARRISBURG PA 17112
CRIST MD, GUY C CRS
1620 N 2D ST HARRISBURG PA 17102
CROTEAU MD, J RUSSELL R
1501 N FRONT ST HARRISBURG PA 17102
CRUMAY MD, HUGH M O
104 ERFORD RD CAMP HILL PA 17011
CURRY MD, SAML D FP
2324 MARKET ST CAMP HILL PA 17011
CURRY MD, STEPHEN L OBG
HMC DPT OF OBGYN HERSHEY PA 17033
DAILEY MD, EDWARD G DPH
872 POPLAR CHURCH RD CAMP HILL PA 17011
DALY JR MD, JAMES F PD
511 ALISON AVE MECHANICSBURG PA 17055
DAUE JR MD, EDWIN D GS
12 CHELTON CIRCLE CAMP HILL PA 17011
DAVIS MD, WM S GS
2701 N FRONT ST HARRISBURG PA 17110
DEJOSEPH MD, ROBT L IM
HERSHEY MED CTR HERSHEY PA 17033
DELONE JR MD, CHAS A OBG
113 LOCUST ST HARRISBURG PA 17101
DELROSARIO MD, VIVENCIO G P
HARRISBURG STATE HOSP HARRISBURG PA 17105
DENLINGER MD, JOHN K AN
HERSHEY MED CTR HERSHEY PA 17033
DIETRICH MD, WM S FP
1612 BRIDGE ST NEW CUMBERLAND PA 17070
DURKO MD, CARL J DBG
3513 SCHOOLHOUSE LN HARRISBURG PA 17109
DOSSETT MD, JOHN H PD
DEPT PED MSH MED CTR HERSHEY PA 17033
DOUGLASS JR MD, WM T GS
1926 MARKET ST HARRISBURG PA 17103
DOYLE MD, THEODORE O IM
216 S MADISON ST HARRISBURG PA 17109
DRAGO MD, JOSEPH U
500 UNIVERSITY DR HERSHEY PA 17033
DUGGAN JR MD, FRANCIS J U
4341 UNION DEPOSIT RD HARRISBURG PA 17111
DURBECK MD, DONALD C IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
DUTLINGER MD, ROBT P GS
256 N UNION ST MIDDLETOWN PA 17057
DYE MD, ROBT E IM
410 W GOVERNOR RD HERSHEY PA 17033
EATON MD, EDWARD H OBG
1430 BRIDGE ST NEW CUMBERLAND PA 17070
EATON MD, HAMBLEN C P
2902 PARKSIDE LANE HARRISBURG PA 17110
ECKER JR MD, HERBERT A GS
3208 N SCENIC DR HARRISBURG PA 17109
EDMISTON MD, ROBT B FP
PA BLUE SHIELD CAMP HILL PA 17011
EDMUNOOWICZ MD, ALPHONSE C IM
2645 N 3RD ST 230 HARRISBURG PA 1711U
EDWARDS MD, GEO E FP
1900 BRIDGE ST NEW CUMBERLAND PA 17070
ELLENBERGER JR MD, CARL N
MILTON S HERSHEY MED CT HERSHEY PA 17033
ENGLE MD, JOHN E IM
M S HERSHEY MED CTR HERSHEY PA 17033
ENTWISTLE MD, NELSON L GS
642 ST JOHNS DR CAMP HILL PA 17011
ERVIN II MD, JAMES F OBG
423 BLACKLATCH LN CAMP HILL PA 17011
ERVIN MD, CARL E IM
1525 CEDAR CLIFF DR CAMP HILL PA 17011
EVERHART MD, WILSON C OBG
1080-5 UNION DEPOSIT CT HARRISBURG PA 17111
EYSTER MD, M ELAINE IM
51 WOODLAND AVE HERSHEY PA 17033
FABER MD, FREDERICK S FP
3301 SCHOOL HOUSE LA HARRISBURG PA 17109
FACKLER MD, EMERSON F OBG
2645 N 3RD ST STE 260 HARRISBURG PA 17110
FAGER MD, CHAS B OPH
108 CREEK RD CAMP HILL PA 17011
FAGER MD, JOS S P
1801 N FRONT ST HARRISBURG PA 17102
FARIES JR MD, GEORGE B GS
25 FOREST DR MECHANICSBURG PA 17055
FENCEL MD, RICHARD M R
POLY HOSP TRISTAN ASSOC HARRISBURG PA 17105
FETTERMAN MD, LOUIS G FP
724 W PAJABON DR PALMYRA PA 17078
FIOELER MD, RICHARD NS
3500 TRINDLE ROAD CAMP HILL
PA 17011
FIELD MD, JOHN M IM
HERSHEY MED CTR BX 1435 HERSHEY PA 17033
FIERER MD, ROBT R IM
R D 4 BOX 988 HARRISBURG PA 17112
FINK JR MD, HOWARD E R
1501 N FRONT ST HARRISBURG PA 17102
FISHER MD, ROBT A P
700 S 28TH ST HARRISBURG PA 17103
FITZGERALD MD, RICHARD P IM
204 FORSTER ST HARRISBURG PA 17102
FLETCHER MD, THOS F PO
HARRISBURG HOSP HARRISBURG PA 17101
FLURKEY MD, EMERSON C OBG
890 POPLAR CHRCH RD #20 CAMP HILL PA 17011
FORSYTHE MD, PATRICK D AN
HOLY SPIRIT HOSP CAMP HILL PA 17011
FORTI MD, WILLIAM P PD
310 ERFORD RD CAMP HILL PA 17011
FOUST MD, TILMAN H R
1501 N FRONT ST HARRISBURG PA 17102
FOX MD, JAMES M FP
612 PENN AYR RD CAMP HILL PA 17011
FRANK MD, HERBERT L AN
BOX 682 RD 4 LINGLESTOWN PA 17112
FREEDMAN MD, DONALD B IM
2818 GREEN ST HARRISBURG PA 17110
FRESHMAN MD, JOHN R IM
2645 N 3RO ST 230 HARRISBURG PA 17110
FRICKE MD, DAVID W GS
3514 TRINOLE RD CAMP HILL PA 17011
FRIEDLANDER MD, MILTON A R
441 N 25TH ST CAMP HILL PA 17011
FRIEDMAN MD, SUMNER H R
123 STATE ST HARRISBURG PA 17101
FRIEDMAN MD, ZVI PD
HERSHEY MED CTR-PEDS HERSHEY PA 17033
FRITCHEY JR MD, JOHN A D
713 N 2ND ST HARRISBURG PA 17102
FRITCHEY MD, THOS J OBG
1011 N 2D ST HARRISBURG PA 17102
FROEHLICH MD, ARTHUR D GS
92 TUSCARORA ST HARRISBURG PA 17104
FROMME MD, KENNETH L PD
3028 MARKET ST CAMP HILL PA 17011
FRY MD, CHLOE O OBG
442 BETHANY DR MECHANICSBURG PA 17055
GAITHER MD, HERBERT IM
1517 CEDAR CLIFF DR CAMP HILL PA 17011
GALLIA MD, FRANCIS J R
1501 N FRONT ST HARRISBURG PA 17102
GARBER JR MD, MILES D P
451 APPLETREE RD CAMP HILL PA 17011
GARBER MD, J HOFFMAN P
565 RIDGEVIEW AVE ELIZABETHTOWN PA 17022
GARCIA MD, JOSE A IM
R R 2 DILLSBURG PA 17019
GEADAH MD, FOUAD A OTO
725 VISTA DRIVE CAMP HILL PA 17011
GEDULDIG MD, MICHAEL M IM
4969 BERKLEY ST HARRISBURG PA 17109
GENS MD, ROBT D PRM
6015 DEVONSHIRE RD HARRISBURG PA 17112
GERDES JR MD, JOSEPH H D
402 N 2ND ST HARRISBURG PA 17101
GERDES MD, JOS H D
402 N 2ND ST HARRISBURG PA 17101
GILDEA MD, JAMES E AN
1080 W AREBA AVE HERSHEY PA 17033
GILLEY MD, AURURA G PD
1105 WEST MINSTER RD HARRISBURG PA 17109
GILMORE JR MD, HUGH R PTH
P O BOX 275 HUMMELSTOWN PA 17036
GILROY MD, RUBERT C IM
2645 N 3RD ST STE 360 HARRISBURG PA 17110
GIULIAN MD, BERTRAND B R
1501 N FRONT ST HARRISBURG PA 17102
GIVENS MD, FREDERICK T U
2447 N 3RD ST HARRISBURG PA 17110
GLAUSER MD, FELIX E GS
BETHLEHEM STEEL HOSP STEELTON PA 17113

GLEESON MO, GEO L DBG
2645 N 3RO ST STE 460 HARRISBURG PA 17110
GUEDECKE MO, JOHN B OBG
104 ERFORO RO CAMP HILL PA 17011
GOLDMAN MO, STANLEY R IM
4341 UNION DEPOSIT RO HARRISBURG PA 17111
GODOMAN MO, BRUCE ORS
1515 N FRONT ST HARRISBURG PA 17102
GUROON MO, STANLEY L ORS
M S HERSHEY MEO CTR HERSHEY PA 17033
GORDON MO, WM S FP
6091 LINGLESTOWN RO LINGLESTOWN PA 17112
GRANOON MO, RAYMOND C IM
131 STATE ST HARRISBURG PA 17101
GREEN MO, M EOWIN IM
1719 N FRONT ST HARRISBURG PA 17102
GREENAWALD MD, HENRY A FP
4918 LOCUST LANE HARRISBURG PA 17109
GREER III MD, ROBT B ORS
M S HERSHEY MED CTR HERSHEY PA 17033
GRIBB MO, JOS C FP
1400 N 2ND ST HARRISBURG PA 17102
GRIFF MO, LEONARD L R
1545 APPLETREE RO HARRISBURG PA 17110
GRIFF MD, ROBERTA L PD
1545 APPLETREE RD HARRISBURG PA 17110
GROSSMAN MD, CHARLES B R
M S HERSHEY MED CTR HERSHEY PA 17033
GROSSMAN MO, LARRY B AN
HERSHEY MED CTR BX 1455 HERSHEY PA 17033
GROSSMAN MO, RONALO M DTO
B90 POPLAR CH RD 108 CAMP HILL PA 17011
GUSTAVSON MO, ROGER B IM
2818 GREEN ST HARRISBURG PA 17110
HAKKARINEN MD, WM D FP
421 SHAFFER RD MILLERSBURG PA 17061
HALBERT MO, OAVIO R OBG
M S HERSHEY MED CTR HERSHEY PA 17033
HALL MO, VIRGINIA E IM
4910 SHASTA WAY MECHANICSBURG PA 17055
HALLOCK MO, MARGARET E FP
RO 3 BOX 2B0A OUVER PA 17315
HAMILTON MO, ROBT W IM
MS HERSHEY MED CTR HERSHEY PA 17033
HAMMAN MO, J SHUE GS
1108 N 2ND ST HARRISBURG PA 17102
HAMMDNO MO, JAMES M IM
MILTON S HERSHEY MEO CT HERSHEY PA 17033
HAROING MO, ROBT L PS
2201 N 2NO ST HARRISBURG PA 17110
HARRISON MD, C SCOTT DRS
3975 TRINOLE RD CAMP HILL PA 17011
HARVEY MO, HARVEY A IM
HERSHEY MEO CTR HERSHEY PA 17033
HASELHUHN MO, ODNALO H AN
492 N 25TH ST CAMP HILL PA 17011
HASSELBACHER MD, FRANK X P
765 POPLAR CHURCH RO CAMP HILL PA 17011
HASZ MO, RICHARO D FP
475 W GOVERNOR RO HERSHEY PA 17033
HATFIELO MD, CHARLES R FP
1140 CARLISLE RD CAMP HILL PA 17011
HAWKINS MO, WALTER O IM
1005 N 2NO ST HARRISBURG PA 17102
HAYES JR MO, ARTHUR H IM
M S HERSHEY MEO CTR HERSHEY PA 17033
HEFFLEY MO, WM M IM
120 W MAIN ST HUMMELSTOWN PA 17036
HEMLER MO, PAUL M AN
3813 COPPER KETTLE ROAD CAMP HILL PA 17011
HENDERSON MO, RUGH A FP
500 UNIVERSITY OR HERSHEY PA 17033
HENSEL MO, PHILIP K FP
4 N 30TH ST CAMP HILL PA 17011
HERCEG MO, STEPHEN J PS
2201 N 2ND ST HARRISBURG PA 17110
HERMAN MO, ROBT S AN
1073 LANCASTER BLVO MECHANICSBURG PA 17055
HERRDLO MO, SHERMAN E FP
545 MAIN ST LYKENS PA 1704B
HERZEL JR MO, FRANK B IM
681 MARIA OR HARRISBURG PA 17109
HILOEBRANOT MD, RICHARD J DBG
POLYCLINIC HOSPITAL HARRISBURG PA 17105
HOBBS MD, THOMAS R IM
3335 MARKET ST CAMP HILL PA 17011
HOFFMAN JR MD, LEWIS A FP
631 E MAIN ST LYKENS PA 1704B
HORN III MO, FRANK W GS
HERSHEY MED CTR BX 1371 HERSHEY PA 17033
HOTTENSTEIN MO, DANL W R
2 SPRING CREEK LN HERSHEY PA 17033
HOTTENSTEIN MO, ESTHER FP
B50 CENTER ST MILLERSBURG PA 17061
HOTTENSTEIN MD, HENRY F FP
403 UNION MILLERSBURG PA 17061
HOTTENSTEIN MO, RAHN L FP
415 WALNUT ST MILLERSBURG PA 17061
HOWANITZ MO, MICHAEL P IM
3301 SCHOOLHOUSE LN HARRISBURG PA 17109
HUME MO, JOHN M P
107 KLINE BLOG PDLY HOS HARRISBURG PA 17110
IAMS MD, WM B TS
2247 N FRONT ST HARRISBURG PA 17110
ICHTER MO, JOS T PO
4720 PINE RDG RO HARRISBURG PA 17110
INSLEY JR MD, MARION C OTO
1117 N 20 ST HARRISBURG PA 17102
ISAACS MO, CHAS T AN
94 STONEMILL RO RO 2 HUMMELSTOWN PA 17036
ISRAEL MO, MICHAEL PTH
M S HERSHEY MEO CTR HERSHEY PA 17033
JACKSON MO, FRANK W IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
JACKSON MO, GEO L IM
4320 GOOSE VALLEY RO HARRISBURG PA 17110

JEFFERIES 3O MO, GEO E OBG
B90 POPLAR CHURCH RO CAMP HILL PA 17011
JEFFRIES MD, GRAHAM H IM
M S HERSHEY MEO CTR HERSHEY PA 17033
JOEHL MO, RAYMONO J GS
314 LINCOLN ST HUMMELSTOWN PA 17036
JOHNS OO, ROSWELL J FP
RO 2 MILLERSTOWN PA 17062
JONAS MO, ARTHUR P FP
APT 242 UNIV MANUR HERSHEY PA 17033
JONES JR MO, SAMUEL L FP
165 S 32ND ST CAMP HILL PA 17011
JONES MD, OENNIS E OBG
154 W BRAOLEY AVE HUMMELSTOWN PA 17036
JONES MO, EURFRYN GS
399 N 25TH ST CAMP HILL PA 17011
JONES MO, GEO A FP
326 N FRONT ST STEELTON PA 17092
JONES MO, JAMES E PO
2645 N 3RO ST STE 150 HARRISBURG PA 17110
JOROAN JR MO, HERBERT V OBG
4339 UNION OEPOSIT RO HARRISBURG PA 17111
JUVELIER MO, BERNARO W PTH
HARRISBURG HOSP HARRISBURG PA 17101
KAISER MO, GERARO O FP
M S HERSHEY MEO CTR HERSHEY PA 17033
KALENAK MO, ALEXANDER ORS
315 BRAOLEY AVE HUMMELSTOWN PA 17036
KALES MO, ANTHUNY P
M S HERSHEY MED CTR HERSHEY PA 17033
KALES MO, JOYCE P
M S HERSHEY MEO CTR HERSHEY PA 17033
KAMMERER MO, WM S IM
MILTON S HERSHEY MEO CT HERSHEY PA 17033
KANORA MO, JOS J IM
4909 EARL OR HARRISBURG PA 17112
KANENSON MO, WM L IM
2818 GREEN ST HARRISBURG PA 17110
KANTNER MO, THEOOORE R FP
4783 SWEETBRIER TR HARRISBURG PA 17111
KAPCAR MO, ANOREW J PTH
HARRISBURG HOSP HARRISBURG PA 17101
KAPLAN MO, STEPHEN M IM
2645 N 3RO ST STE 470 HARRISBURG PA 17110
KASALES MO, CLARENCE J U
B03 N SECOND ST HARRISBURG PA 17102
KASE MO, PAUL F FP
1009 ROLLESTON ST HARRISBURG PA 17104
KEENEY MO, GALEN E FP
4300 OEVONSHIRE RO HARRISBURG PA 17109
KENIG MO, ISAODR J FP
1021 S PROGRESS AVE RYL HARRISBURG PA 17111
KIRKER MO, WALTER R OBG
4319 LONOONOERRY RO HARRISBURG PA 17109
KITZMILLER MO, JOHN K FP
4117 OERRY ST HARRISBURG PA 17111
KLEMEK MD, STANLEY C ORS
2451 N 3RD ST HARRISBURG PA 17110
KNISELY MO, SAML W DPH
1410 N 20 ST HARRISBURG PA 17102
KNOWLES MO, ROBT C PTH
MS HERSHEY MEO CTR HERSHEY PA 17033
KNUPP MO, MELVIN L GS
B90 PDPLAR CH RD 104 CAMP HILL PA 17011
KNURR MO, WERNER R
HOLY SPIRIT HOSP CAMP HILL PA 17011
KOCEVAR MO, MARTIN F OTO
BOX 4707 STEELTON PA 17113
KOCH MO, KENNETH L IM
2 WESTMT BRIARCREST GAR HERSHEY PA 17033
KONHAUS MO, CARUL H GS
2701 N FRONT ST HARRISBURG PA 17110
KOST MO, LEWIS V U
7B9 POPLAR CHURCH RO CAMP HILL PA 17011
KOSTIN MO, RAYMONO F GS
2701 N FRONT ST HARRISBURG PA 17110
KOURY JR MO, JAMES S FP
2200 N 3RO ST HARRISBURG PA 17110
KREIDER MO, JOHN W PTH
MS HERSHEY MEO CTR HERSHEY PA 17033
KRIEG MO, ARTHUR F PTH
HERSHEY MED CTR HERSHEY PA 17033
KULIN MO, HOWARO E PO
M S HERSHEY MEO CTR HERSHEY PA 17033
KUNKEL MO, BARBARA K R
1303 CRUMS MILL RO HARRISBURG PA 17112
KUNKEL MO, GEO W IM
TUSCARORA-FRONT STS HARRISBURG PA 17104
KUNKEL MO, PAUL A GS
RO 2 BOX 21 ETTERS PA 17319
KUNKEL MO, W MINSTER GS
2701 N FRONT ST HARRISBURG PA 17110
KUSHNER MO, BERTRAND IM
2645 N 3RO ST STE 470 HARRISBURG PA 17110
KUSKIN MO, LOUIS F IM
2500 N 4TH ST HARRISBURG PA 17110
LAOOA MO, ROGER L PD
M S HERSHEY MEO CTR HERSHEY PA 17033
LANSHE MO, HAROLO F OTO
2000 MARKET ST HARRISBURG PA 17103
LANSHE MO, JOHN L U
410 N 2NO ST HARRISBURG PA 17101
LATSHAW MO, ROBERT F R
HERSHEY MED CTR BX 1463 HERSHEY PA 17033
LAVERTY MO, GEO L US
THE ALPINE BOX 377 HERSHEY PA 17033
LAWSON JR MO, E KIRBY FP
1021 S PROGRESS A APT O HARRISBURG PA 17111
LEAMAN MO, OAVIO M IM
HERSHEY MEO CTR HERSHEY PA 17033
LEAMAN MO, THOS L FP
HERSHEY MEO CENTER HERSHEY PA 17033
LEASER MO, JOS P FP
R O 2 HUMMELSTOWN PA 17036
LEEOHAM MO, CHAS L IM
2409 MIOLANO RO HARRISBURG PA 17104

LEHMAN MO, RUBY Z FP
63 E MAIN ST MIODLETOWN PA 17057
LEICHT MO, PAUL F PTH
220 ANCHOR RD ELIZABETHTOWN PA 17022
LEIS MO, OEAN J FP
14 HEMLOCK ST HUMMELSTOWN PA 17036
LEITNER MO, KERMIT L FP
2146 N 2O ST HARRISBURG PA 17110
LEVIN MO, OANL M IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
LEWIS MO, MAURICE J IM
2 CAMPBELL PL CAMP HILL PA 17011
LIEOTKE MO, ARTHUR J IM
CAROO DIV HERSHEY MEO C HERSHEY PA 17033
LIFTON MO, LESTER J IM
MEO ARTS BLOG STE 305 CAMP HILL PA 17011
LIM MO, HENG-FENG IM
92 TUSCARORA ST HARRISBURG PA 17104
LIPTON MO, ALLAN IM
MS HERSHEY MEO CTR HERSHEY PA 17033
LITTLE MO, G ROBERT FP
912 OREXEL HILL BLVO NEW CUMBERLANO PA 17070
LITTLE MO, ROBT G FP
PO BOX 5098 HARRISBURG PA 17110
LITTON MO, JASON J ORS
BB0 POPLAR CHURCH RO CAMP HILL PA 17011
LITTON MO, LINDA T AN
R O 3 MECHANICSBURG PA 17055
LONERGAN MD, ROBERT P DRS
BB0 POPLAR CHURCH RO CAMP HILL PA 17011
LOOKINGBILL MO, OONALO P O
61 N BRAOLEY AVE HUMMELSTOWN PA 17036
LOOMIS MO, CHAS H FP
4918 LOCUST LANE HARRISBURG PA 17109
LOVE MO, WILLARO H ORS
2800 GREEN ST HARRISBURG PA 17110
LOWRY MO, DONALD J IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
LUNG MO, RICHARD J PS
N E BLOG ROOM 707 HAZLETON PA 18201
MAAS MD, ANTHONY E PTH
HOLY SPIRIT HOSPITAL CAMP HILL PA 17011
MACUT MO, S SAUA FP
591 N 67TH ST HARRISBURG PA 17111
MAGARGLE MO, ROONEY L IM
4920 WOOOBUX LN MECHANICSBURG PA 17055
MAGILL MO, RICHARO M FP
2459 WALNUT ST HARRISBURG PA 17103
MAGUIRE MD, PHILLIP H FP
7 MILLSIOE OR OAUPHIN PA 1701B
MAHATAPHONGSE MO, VIKROM P OTO
HMC OIV OF OTU HERSHEY PA 17033
MAHON MO, MARILYN S FP
2459 WALNUT ST HARRISBURG PA 17103
MAHON MO, WILMER B GS
2447 N THIRO ST HARRISBURG PA 17110
MAISELS MO, M JEFFREY PO
PEO OEPT HERSHEY MEO CT HERSHEY PA 17033
MALIN MD, THOS H ORS
3975 TRINOLE ROAD CAMP HILL PA 17011
MALIT MD, LEE A AN
AN OEPT HERSHEY MEO CTR HERSHEY PA 17033
MANCINI MO, JOSEPH L IM
HARRISBURG HOSP HARRISBURG PA 17101
MANIGLIA MO, ROSARIO PTH
HOLY SPIRIT HOSP CAMP HILL PA 17011
MANKO MO, GENE F OBG
331 SCHUYLKILL HARRISBURG PA 17110
MARGOLIS MO, BERNARD M PO
4601 OEVONSHIRE RO HARRISBURG PA 17109
MARKLEY MO, GEO M NS
B90 POPLAR CH RO STE 50 CAMP HILL PA 17011
MARTIN MD, ENUS O P
235 PEACH AVE HERSHEY PA 17033
MARTZ MO, GEO E OPH
60B N 3RO ST HARRISBURG PA 17101
MCCALL MO, WILLIAM M OBG
4339 UNIUN OEPOSIT RO HARRISBURG PA 17111
MCGLYNN JR MO, THOMAS J IM
HERSHEY MEO CTR H123 HERSHEY PA 17033
MCGRATH MO, JOS M P
2320 N 2NO ST HARRISBURG PA 17110
MCINRDY MO, ROBT O IM
B90 POPLAR CH RO 307 CAMP HILL PA 17011
MCLINN MO, SAML E PO
2645 N 3RO ST HARRISBURG PA 17110
MCMILLEN MO, JAMES I US
5 CREEKSIOE LN CAMP HILL PA 17011
MENEELY MO, ALFREO W PO
4601 OEVONSHIRE RO HARRISBURG PA 17109
MESSNER MO, JEAN T AN
M S HERSHEY MEO CTR HERSHEY PA 17033
MESSNER MO, KENNETH H OPH
500 UNIVERSITY OR HERSHEY PA 17033
MILFORO MO, HENRY E GS
2447 N THIRO ST HARRISBURG PA 17110
MILKE MO, OENIS J P
B90 POPLAR CHURCH RO CAMP HILL PA 17011
MILLER MO, LEE C P
POLYCLINIC HOSP HARRISBURG PA 17105
MILLER MO, RICHARO J FP
BX 67 KENOAL AT LONGWOO KENNETT SQ PA 19348
MILLER MO, STEPHEN H PS
M S HERSHEY MEO CTR HERSHEY PA 17033
MILLS MO, M OUANE IM
517 N 2NO ST HARRISBURG PA 17101
MIRA MO, ALLAN J ORS
632 STRITES RO HARRISBURG PA 17111
MISZERAK MD, JANUSZ AN
B3B KIEHL OR LEMOYNE PA 17043
MOFFITT JR MO, GEO R IM
92 TUSCARORA ST HARRISBURG PA 17104
MOLONEY MO, JOS O FP
302 N PROGRESS AVE HARRISBURG PA 17109
MONTICELLO MO, ANTHONY R IM
TH192 BRIARCREST GONS HERSHEY PA 17033

MODRE MO, BARRY B NS
3500 TRINOLE RD CAMP HILL PA 17011
MOORE MO, CLARENCE E GS
118 LOCUST ST HARRISBURG PA 17101
MORRISON MO, DONALO E FP
2500 WALNUT ST HARRISBURG PA 17103
MORTEL MO, RDORIGUE OBG
M S HERSHEY MED CTR HERSHEY PA 17033
MORTON MD, JOHN C R
23 GLENDALE DR MECHANICSBURG PA 17055
MOSCOSO MO, AURELID A P
HARRISBURG STATE HOSP HARRISBURG PA 17105
MOYER MO, EARL S IM
106 STATE ST HARRISBURG PA 17101
MUHLFELDER MD, WARREN J P
301 CHESTNUT ST APT 711 HARRISBURG PA 17101
MULLER DD, ARTHUR J IM
368 HOLYOKE DR YORK PA 17402
MULLER MD, H ARNOLO IM
HERSHEY MEO CTR HERSHEY PA 17033
MURPHY JR MO, MICHAEL E FP
HARRISBURG HOSPITAL HARRISBURG PA 17101
MURRAY MO, WILLIAM M ORS
145 BRYCE RO CAMP HILL PA 17011
MUSSER MO, BENJ G TS
2247 N FRONT ST HARRISBURG PA 17110
MYERS III MO, FRANKLIN J PD
2622 N MERIDIAN AP 105 OKLA CITY OK 73107
MYERS MO, GORDON O TS
350 N 21ST ST CAMP HILL PA 17011
NAEYE MO, RICHARD L PTH
M S HERSHEY MED CENTER HERSHEY PA 17033
NAHMAS MO, WILLIAM A OBG
M S HERSHEY MED CTR HERSHEY PA 17033
NAHRWOLO MO, OAVIO L TS
500 UNIVERSITY AVE HERSHEY PA 17033
NAHRWOLO MO, MICHAEL L AN
HERSHEY MEO CTR HERSHEY PA 17033
NELSON MO, NICHOLAS M PO
M S HERSHEY MEO CTR HERSHEY PA 17033
NEWTON MO, FREOERICK C R
4518 UNION OEPOSIT RO HARRISBURG PA 17111
NICHOLAS MO, GARY G GS
M S HERSHEY MED CTR HERSHEY PA 17033
NICHOLS MO, CLAUDE E FP
2645 N 3RO ST STE 380 HARRISBURG PA 17112
NORATO MO, JOS F AN
HOLY SPIRIT HOSP CAMP HILL PA 17011
NOROENBERG MO, AARON PO
3510 TRINOLE RD CAMP HILL PA 17011
OCONNELL MO, BRENT J PO
4601 OEVONSHIRE RD HARRISBURG PA 17109
OHLSON MO, GUY E IM
135 S 17TH ST CAMP HILL PA 17011
OLIVES MO, MANUEL FP
2900 OERRY ST HARRISBURG PA 17111
ORMAN MO, STEVEN K O
104 ERFORO RO CAMP HILL PA 17011
OSTERMAN MO, JURAJ IM
M S HERSHEY MEO CTR HERSHEY PA 17033
OSTMAN MO, ZENAIDA E AN
HOLY SPIRIT HOSP CAMP HILL PA 17011
OUTLAND MO, TOM ORS
5300 GULF OR APT 106 HOLMES BEACH FLA 33510
PAGE MO, ROBT B NS
HERSHEY MEO CTR HERSHEY PA 17033
PALMER MO, EARL A OPH
HERSHEY MED CTR OPH HERSHEY PA 17033
PARK MO, NAE H OTO
2645 N 3RO ST HARRISBURG PA 17110
PARNES MO, HERBERT M O
104 ERFORO RD CAMP HILL PA 17011
PATEL MO, SHASHIKANT B IM
HARRISBURG HOSP HEM HARRISBURG PA 17101
PATTERSON MO, LELAND F N
HARRISBURG HOSP HARRISBURG PA 17101
PATTERSON MO, LEWIS T GS
POLYCLINIC HOSPITAL HARRISBURG PA 17105
PATTERSON MO, RICHARD J ORS
880 POPLAR CHURCH RO CAMP HILL PA 17011
PATTISHALL JR MO, EVAN G P
HERSHEY MEOICAL CENTER HERSHEY PA 17033
PAWELSKI MO, RICHARD J R
POLYCLINIC HOSP HARRISBURG PA 17105
PEASE MO, WM E IM
92 TUSCARORA ST HARRISBURG PA 17104
PENORAK MO, ROBT F IM
4787 SWEETBRIER TERR HARRISBURG PA 17111
PENNOCK MO, JOHN L GS
HERSHEY MEO CTR HERSHEY PA 17033
PERNA MO, FRANCIS X IM
611 HILLTOP OR NEW CUMBERLAND PA 17070
PETROKUBI MO, ROBERT J IM
M S HERSHEY MEO CTR HERSHEY PA 17033
PEZZUTI MO, HAMIL R GS
303 N 28TH ST CAMP HILL PA 17011
PEZZUTI MO, JOHN E FP
1800 MARKET ST HARRISBURG PA 17103
PHILLIPS MO, J OOUGLAS FP
53 N 13TH ST HARRISBURG PA 17103
PHILLIPS MO, VERNON R FP
2515 MARKET ST CAMP HILL PA 17011
PHILLIPS MO, WARREN C OPH
801 N 20 ST HARRISBURG PA 17102
PIERCE MO, FRANK F OS
353 MAPLE AVE HERSHEY PA 17033
PIERCE MO, WILLIAM S GS
R D 3 HUMMELSTOWN PA 17036
PLOWMAN MO, JOHN W FP
16 S 13TH ST HARRISBURG PA 17104
POLK MO, MIRIAM R US
321 NORTH ST MILLERSBURG PA 17061
PODL MO, CHAMPE C ORS
2800 GREEN ST HARRISBURG PA 17110
PORR MO, GEO H P
890 POPLAR CHURCH RO CAMP HILL PA 17011
POST MO, DONALO F OBG
104 ERFORO RO CAMP HILL PA 17011
PROCOPIO MO, FRANK PO
153 S 32NO ST CAMP HILL PA 17011
PRYSTOWSKY MO, HARRY OBG
M S HERSHEY MED CTR HERSHEY PA 17033
QUESADA MO, MANUEL F GS
92 TUSCARORA ST HARRISBURG PA 17104
QUICKEL MO, KENNETH E IM
355 N 21ST ST STE 208 CAMP HILL PA 17011
RAEUCHLE DO, RANOAL A GS
914 N 2NO ST HARRISBURG PA 17102
RAHAM MO, OAVID C FP
77 CEOAR AVE HERSHEY PA 17033
RAY MO, JOANNE T PO
1723 WILLIAMS WAY E ANDERSON IN 46011
REILLY MO, OESMONO J AN
4200 JONATHAN RO HARRISBURG PA 17110
RICCI MO, JOS A IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
RIEHL MO, EVAN O PRM
436 PAWNEE OR MECHANICSBURG PA 17055
RIFE MO, CHAS J OPH
2003 MARKET ST CAMP HILL PA 17011
ROBERTS MO, OONALO H AN
357 YORKTOWNE RO HERSHEY PA 17033
RDORIGUEZ MO, RDOLFO E FP
HARRISBURG STATE HOSP HARRISBURG PA 17105
RDHLANO MO, OONALO V IM
2814 GREEN ST HARRISBURG PA 17110
ROHNER JR MO, THOS J U
M S HERSHEY MEO CTR HERSHEY PA 17033
ROHRABAUGH JR MO, CHAS M OBG
331 SCHUYLKILL ST HARRISBURG PA 17110
ROHRER MO, G VICTOR IM
HERSHEY MEO CTR RAO OP HERSHEY PA 17033
ROMIG MO, JOHN E OPH
209 STATE ST HARRISBURG PA 17101
ROTH JR MO, GEORGE R NS
3500 TRINOLE RD CAMP HILL PA 17011
ROTHERMEL MO, FRANKLIN J R
61 GREENHILL DR HUMMELSTOWN PA 17036
RUBIN MO, MORTON L ORS
3975 TRINOLE RD CAMP HILL PA 17011
RUSSELL MO, RICHARD L TS
2247 N FRONT ST HARRISBURG PA 17110
SALVA MO, RENATO H P
CAMERON MACLAY STS HARRISBURG PA 17105
SANOERSON MO, OOUGLAS K ORS
R O 3 WOOD BOX LN MECHANICSBURG PA 17055
SANFORO MO, EOGAR J U
MS HERSHEY MEO CTR HERSHEY PA 17033
SANFORO MO, ROBERT G IM
1605 ROBIN HILL PLACE CLEMENTON NJ 08021
SANTEN MO, RICHARD J IM
MS HERSHEY MEO CTR HERSHEY PA 17033
SAPIRSTEIN MO, WOLF TS
2247 N FRONT ST HARRISBURG PA 17110
SAUERTIEG MO, ELLIOTT A OBG
2337 N 3RO ST HARRISBURG PA 17110
SAXON MO, JOS G P
890 POPLAR CH RO STE 20 CAMP HILL PA 17011
SCHAEFER JR MO, WM L FP
BOX 229 MT GRETNA PA 17064
SCHANTZ MO, JOHN C GS
13 POLARIS BLO HERSHEY PA 17033
SCHEIN MO, ALAN L OPH
4471 NANTUCKET RO HARRISBURG PA 17112
SCHIRO MO, JOHN C IM
161 S 32NO ST CAMP HILL PA 17011
SCHOOLWERTH MO, ANTON C IM
M S HERSHEY MED CTR HERSHEY PA 17033
SCHRACK JR MO, WM O PRM
RD 1 ETTERS PA 17319
SEBASTIAN MO, EUGENE F OPH
207 STATE ST HARRISBURG PA 17101
SEGOA MO, WALTER J FP
483 N FRONT ST STEELTON PA 17113
SEIOLICH MO, FRANKLIN T OBG
331 SCHUYLKILL ST HARRISBURG PA 17110
SERRA MO, ROBERT M IM
1 TALISMAN BLDG BRCKST HERSHEY PA 17033
SHAIKH MO, BAHU S IM
HERSHEY MEO CTR HERSHEY PA 17033
SHANNON MO, ROBT E FP
3301 SCHOOLHOUSE LANE HARRISBURG PA 17109
SHERMAN MO, ALFRED J OBG
104 ERFORO RD CAMP HILL PA 17011
SHERMAN MO, MATHEW H OBG
1119 TOWNE HOUSE HARRISBURG PA 17102
SHIELDS MO, LEE H IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
SHINOLER MO, ROBT L OPH
1517 CEOAR CLIFF OR CAMP HILL PA 17011
SHIROFF MO, ROBERT A IM
431 W CARACAS AVE HERSHEY PA 17033
SHOCHAT MO, STEPHEN J GS
49 BROWNSTONE DR HERSHEY PA 17033
SHOFF MO, WILLIAM H IM
APT B56 4581 LARCH DR HARRISBURG PA 17109
SHORT MO, JOHN G R
RAD OEPT HERSHEY MED CT HERSHEY PA 17033
SICKEL MO, EOWARD F OTO
1117 N 2NO ST HARRISBURG PA 17102
SIEGEL MO, JOHN E US
840 RISING SUN ROAO MILLERSBURG PA 17061
SILVER MO, ISRAEL D FP
239 S FRONT ST STEELTON PA 17092
SILVER MO, LAWRENCE B OBG
2645 N 3RO ST STE 270 HARRISBURG PA 17110
SLAVCOFF MO, ALEXANOER U
701 N 2NO ST HARRISBURG PA 17102
SMELTZER MO, KENNETH L IM
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011
SMITH JR MO, J STANLEY US
1453 QUAIL HOLLOW RD HARRISBURG PA 17112
SMITH MO, CHAS W IM
2303 VALLEY RO HARRISBURG PA 17104
SMITH MO, DAVID A IM
POLYCLINIC HOSP HARRISBURG PA 17105
SMITH MO, JAY D OTO
405 N OCEAN BO AP 1623 POMPANO BCH FLA 33062
SNYOER MO, JOHN J FP
2716 OERRY ST HARRISBURG PA 17111
SOLLER MO, HERBERT I IM
128 LOCUST ST HARRISBURG PA 17101
SOMMA MO, RICHARD M N
246 S COLLEGE ST CARLISLE PA 17013
SPIGNER MO, ODNALO W FP
1821 FULTON ST HARRISBURG PA 17102
SPRING JR MO, WM C PRM
2619 CRANBERRY CIRCLE HARRISBURG PA 17110
SROUJI MO, SAMIR J PS
797 POPLAR CHURCH RO CAMP HILL PA 17011
STAHL MO, ROBT W FP
SEIOEL MEM HOSP MECHANICSBURG PA 17055
STAHLE MO, DALE C IM
1400 N 2NO ST HARRISBURG PA 17102
STANKOVIC MO, LJUBISA FP
4481 NANTUCKET RO HARRISBURG PA 17112
STEELE MO, R EDWARD GS
92 TUSCARORA ST HARRISBURG PA 17104
STEIN MO, ELEANOR R PO
1519 N FRONT ST APT 3A HARRISBURG PA 17102
STEIN MO, GEO H FP
2407 VALLEY RO HARRISBURG PA 17104
STENGER MO, VINCENT G OBG
M S HERSHEY MED CTR HERSHEY PA 17033
STETTLER MO, WAYNE D FP
704 LINDN RO PO ORAWER HERSHEY PA 17033
STEWART MO, RICHARD P R
1501 N FRONT ST HARRISBURG PA 17102
STONER JR MO, ROBT R GS
890 POPLAR CH RO 501 CAMP HILL PA 17011
STONER MO, JOHN C FP
1900 BRIOGE ST NEW CUMBERLAND PA 17070
STONER MO, MAX A PM
POLYCLINIC HOSP HARRISBURG PA 17105
STONER MO, PAUL S FP
21 W MAIN ST HUMMELSTOWN PA 17036
STOUFFER MO, DONALO B ORS
49 CIRCLE OR CAMP HILL PA 17011
STRAUSS MO, MELVIN OTO
MS HERSHEY MEO CTR HERSHEY PA 17033
STROCK MO, BRAOFORO K FP
FPC H8G HOSP HARRISBURG PA 17101
STRYKER MO, JOHN A R
HERSHEY MEO CTR OEPT RA HERSHEY PA 17033
SULLIVAN MO, WM A IM
280 WINDING WAY CAMP HILL PA 17011
SUSSMAN MO, NATHAN IM
805 N 2NO ST HARRISBURG PA 17102
SWARTZ JR MO, OLIVER H FP
216 SPRING ST MIDOLETOWN PA 17057
SWARTZ MO, OLIVER H FP
301 SPRING ST MIOOLETOWN PA 17057
TAN MO, TJIAUW-LING P
M S HERSHEY MED CTR HERSHEY PA 17033
TAN MO, YOKE Y PO
152 S 32ND ST CAMP HILL PA 17011
TANTUM MO, KERMIT R AN
HERSHEY MEO CTR HERSHEY PA 17033
TAYLOR III MO, JAMES S FP
98 PLYMOUTH CIR HERSHEY PA 17033
TENNANT MO, JOHN S PM
H8G POLYCLINIC HOSP HARRISBURG PA 17105
THOMAS MO, CHESTER G IM
1515 N FRONT ST HARRISBURG PA 17102
TOOO MO, RICHARD A AN
974 B E OAK ST PALMYRA PA 19301
TOKARZ MO, JOHN P FP
HERSHEY MED CTR BX 133B HERSHEY PA 17033
TOMPKINS MO, ROBT R O
213T ANO BY PASS CAMP HILL PA 17011
TRAUTLEIN MO, JOS J IM
6430 COLCHESTER AVE HARRISBURG PA 17111
TRAVISANO MO, FRANK J TS
2247 N FRONT ST HARRISBURG PA 17110
TRIANO MO, GENE J R
1501 N FRONT ST HARRISBURG PA 17102
TRISTAN MO, THEODORE A R
H8G POLYCLINIC HOSP HARRISBURG PA 17105
TURSKY MO, ROSEMARIE J PO
1000 N 2NO ST HARRISBURG PA 17102
TYERS MO, GEODES F GS
500 UNIVERSITY OR HERSHEY PA 17033
TZANIS MO, LOUCAS C IM
501 N 2NO ST HARRISBURG PA 17101
ULRICH MO, RICHARD G GS
404 ROYAL TERRACE HUMMELSTOWN PA 17036
ULRICH MO, SAML D FP
3420 OERRY ST HARRISBURG PA 17111
VANBUSKIRK MO, E MICHAEL OPH
M S HERSHEY MEO CTR HERSHEY PA 17033
VANNUCCI MO, ROBT C N
M S HERSHEY MEO CTR HERSHEY PA 17033
VARANO MD, LOTTIE A R
MSH MED CTR DEPT RAD HERSHEY PA 17033
VARMA MO, BHUPINOER K PD
HARRISBURG HOSP HARRISBURG PA 17101
VENIT MO, BETHANY A PO
127 NEWPORT ST GLEN LYON PA 18617
WAGNER JR MO, THOS E IM
2448 WALNUT ST HARRISBURG PA 17101
WALOHAUSEN MO, JOHN A GS
500 UNIV OR HERSHEY PA 17033
WALTZ MO, PAUL K GS
890 POPLAR CH RO STE 10 CAMP HILL PA 17011
WARD MO, SAML P PTH
26 PRIMROSE OR HERSHEY PA 17033
WATKIN JR MO, WALTER B IM
2645 N 3RO ST STE 230 HARRISBURG PA 17110

WEBB MD, MICHAEL J FP
HERSHEY MED CTR HERSHEY PA 17033
WEBER MD, GED W P
618 W HIGH ST HUMMELSTOWN PA 17036
WEIDNER MD, WM A R
HERSHEY MED CTR HERSHEY PA 17033
WEINSTEIN MD, LEE OTD
3530 GREEN ST HARRISBURG PA 17110
WENGERT MD, PAUL A GS
10 HOLLY DR NEW CUMBERLAND PA 17070
WERTIME MD, CLARA G PD
829 OHIO AVE LEMOYNE PA 17043
WETMORE MD, STANLEY M IM
PO BOX 323 LEMOYNE PA 17043
WHEELER MD, GLEN N PO
1821 FULTON ST HARRISBURG PA 17102
WHITING MD, ROY K IM
BERG ELECTRONICS NEW CUMBERLAND PA 17070
WHITMAN MD, VICTOR PD
MILTON HERSHEY MED CTR HERSHEY PA 17033
WIEST MD, HIRAM L FP
HERSHEY MED CENTER HERSHEY PA 17033
WILLARD III MD, WILLIS W FP
MILTON HERSHEY MED CNTR HERSHEY PA 17033
WILLIAMS MD, E HANFORD GS
HERSHEY MED CTR CT SURG HERSHEY PA 17033
WILLIAMS MD, VIRGINIA M PD
809 MARKET ST BX 323 LEMOYNE PA 17043
WOLFORD MD, NORMAN M DTD
ST 2 PENNSBORO CT LEMOYNE PA 17043
WOLF MD, JAMES H IM
235 TH BRIARCREST GDNS HERSHEY PA 17033
WOLFE MD, WM F GS
2914 SUNSET DR CAMP HILL PA 17011
WON MD, KWAN H GS
RD 4 BX 316-A SAMPLE BD MECHANICSBURG PA 17055
WOODCOCK MD, CHAS W IM
2814 GREEN ST HARRISBURG PA 17110
YARNALL MD, G WINFIELD IM
1192 LOWTHER RD CAMP HILL PA 17011
YATES MD, JAMES A PS
797 POPLAR CHURCH RD CAMP HILL PA 17011
YUSKA MD, KENNETH H DRS
6811 ROSE ST FORT HOOD TX 76544
ZAMBARANO MD, THOS J R
1501 N FRONT ST HARRISBURG PA 17102
ZEIGLER JR MD, MAURICE L AN
POLYCLINIC HOSP HARRISBURG PA 17105
ZELIS MD, ROBT F IM
HERSHEY MED CTR MED DEP HERSHEY PA 17033
ZEMO MD, PETER FP
63 E MAIN ST MIDDLETOWN PA 17057
ZERBE MD, GROVER F FP
1822 MARKET ST CAMP HILL PA 17011
ZIMMERMAN MD, DAVID S FP
901 ALLISON AVE MECHANICSBURG PA 17055
ZUMOFF MD, BERTRAM IM
240 N 36TH ST CAMP HILL PA 17011

Delaware County

ABELLA MD, ROMEO S IM
2596 CRANSTON RD PHILADELPHIA PA 19131
ABRAHAM MD, ANDREW A PTH
LANKENAU HOSPITAL PHILADELPHIA PA 19151
ABRAMSON MD, JOHN IM
231 LANKENAU MED BLDG PHILADELPHIA PA 19151
ALCID MD, CESAR V AN
RIDDLE MEM HOSP MEDIA PA 19063
ALDERFER MD, GILL R DBG
123 MANSION DR UPPER PROVIDENCE PA 19063
ALDERFER MD, KENNETH G IM
225 E 24TH ST CHESTER PA 19013
ALEXANDER MD, CHAS M DPH
930 W SPROUL RD SPRINGFIELD PA 19064
ALIKAKOS MD, LOUIS C P
34 WILLIAM RD HAVERFORD PA 19041
ALLEN JR MD, SAML D U
741 CONESTOGA RD ROSEMONT PA 19010
ANNESLEY JR MD, WM H DPH
135 LANKENAU MED BLDG PHILADELPHIA PA 19151
ANTONIADES MD, KRISTINA E PTH
CROZER-CHESTER MED CTR CHESTER PA 19013
ARMAO MD, JOS J FP
557 E SPRINGFIELD AVE SPRINGFIELD PA 19064
ARMITAGE MD, HARRY V GS
225 E 24TH ST CHESTER PA 19013
ARDUH MD, ALBERT R
INDIAN CREEK RD WYNNEWOOD PA 19151
ARSHT MD, EDWIN D FP
3909 STATE RD DREXEL HILL PA 19026
ASCANIO MD, GUIDO FP
1230 BURMONT RD DREXEL HILL PA 19026
AXELMAN MD, EDWARD L DTD
437 MAIN ST DARBY PA 19023
BAKER JR MD, ARTHUR G GS
9 OGDEN AVE SWARTHMORE PA 19081
BAKER MD, ARTHUR G IM
33 CHESTER PIKE RIDLEY PARK PA 19078
BAKER MD, RAMON D FP
801 KENWOOD RD DREXEL HILL PA 19026
BALIN MD, BENJ R FP
SE 22ND & PROVIDENCE CHESTER PA 19013
BALIS MD, SOL AN
211 STANFORD DR WALLINGFORD PA 19086
BARR MD, HARRY J R
724 GREAT SPRINGS RD BRYN MAWR PA 19010
BARR MD, RICHARD G PD
15TH&UPLAND AVE STE 500 UPLAND PA 19015
BARVINCHAK MD, G RICHARD DPH
CROZER CHESTER PROF BLD UPLAND PA 19013
BATIPPS JR MD, PERCY O FP
920 YARNALL ST CHESTER PA 19013
BAXTER MD, DONALO L D
PO BOX 183 MOYLAN PA 19065
BEAOLING MD, WALTER H FP
1421 LINCOLN AVE PROSPECT PARK PA 19076
BECK MD, MORTON S FP
THE CAMBRIDGE APT B04 PHILADELPHIA PA 19144
BECKWITH MD, WM R IM
433 BURMONT RO DREXEL HILL PA 19026
BEDROSSIAN MD, E HOWARD DPH
4501 STATE RD DREXEL HILL PA 19026
BELL MD, JAMES B IM
BEATTY & PROVIDENCE RD MEDIA PA 19063
BELL MD, RANDALL W DPH
200 EAGLE RD WAYNE PA 19087
BENDER JR MD, FRANK C PD
24 S 69TH ST UPPER DARBY PA 19082
BERO MD, IRVIN B FP
MARKET ST AND CHICHESTE LINWOOO PA 19061
BEST MD, WM G PTH
BOX 55 IVY MILLS RD GLEN MILLS PA 19342
BEVILACQUA JR MD, OANTE J DBG
224 MACOADE BLVO MILMONT PARK PA 19033
BHATT MD, ANJALI G PTH
MANOA PK APT GLENOALE R HAVERTOWN PA 19083
BHATT MD, GAURANG P N
079 YOOGLENOALE RO HAVERTOWN PA 19083
BIALAS MD, ROBERT F PS
1134 MAGNOLIA AVE NORFOLK VA 23508
BICHARA MD, WAHIB M R
317 EARLES LN NEWTOWN PA 19073
BILANIUK MO, LARISSA T R
100 PLUSH MILL RD WALLINGFORD PA 19086
BIXBY JR MD, EOWARO W IM
2241 GARRETT RO DREXEL HILL PA 19026
BLAKE MD, PAUL O FP
273 N LANSOOWNE AVE LANSOOWNE PA 19050
BLEEDEN MO, EOWARO M FP
2136 NAUOAIN PHILAOELPHIA PA 19146
BLEIER MO, AOOLPH H O
401 E 13TH ST CHESTER PA 19013
BLIZZARO MO, JOHN J IM
2200 PROVIOENCE AVE CHESTER PA 19013
BLOCKLYN MO, MAURICE J R
SCHOOL LANE ROSE VALLEY MOYLAN PA 19065
BLOOM MO, PETER B P
111 N 49TH ST PHILAOELPHIA PA 19139
BOBB MO, MARVIN L IM
2420 HOLLIS RO HAVERTOWN PA 19083
BOGOANOFF MO, BRUCE M N
CROZER-CHESTER MED CTR CHESTER PA 19013
BOLMARCICH MO, VIRGINIA O R
6100 HENRY AVE APT 4 N PHILAOELPHIA PA 19128
BOMBERGER MO, JOHN H PO
FERNE BLVO & CHILOS AV OREXEL HILL PA 19026
BOMHEUER OO, ELIZABETH H PM
2411 WEST CHESTER PIKE BROOMALL PA 19008
BOSACCO MO, OAVIO N ORS
BEATTY & PROVIOENCE RO MEOIA PA 19063
BOYO MO, THOS A FP
2 WINOSOR CIRCLE SPRINGFIELO PA 19064
BRANELLA MO, TONINO F IM
648 CHILOS AVE OREXEL HILL PA 19026
BRILL MO, JOS M FP
1728 EOGMONT AVE CHESTER PA 19013
BROO MO, ROBT C IM
MEOIA CLINIC MEOIA PA 19063
BROGAN MO, WM T FP
240 W GARFIELO AVE NORWOOO PA 19074
BROOKS JR MO, CLINT E GS
15TH & UPLAND SUITE 140 CHESTER PA 19013
BROWN MO, ELIZABETH B IM
207 TURNER RO WALLINGFORO PA 19086
BROWN MO, ROBT C R
3 HILLOCH LA CHAOOS FORO PA 19317
BUCHANAN MO, JOAN H OBG
GLEN MILLS PA 19342
BUKOWSKI MO, MARTIN J PO
1236 HUNT CLUB LANE MEOIA PA 19063
BURKE MO, JAMES F FP
4 WILTSHIRE ROAO PHILAOELPHIA PA 19151
BURKE MO, MARIE T OBG
601 NEWTON ST RO NEWTOWN SQ PA 19073
BUTLER MO, MIRIAM IM
GLEN MILLS PA 19342
CAMP MO, MARK O IM
642 E CHESTER PIKE RIOLEY PARK PA 19078
CANTOR MO, MAX PO
1401 EOGEVALE RO PHILAOELPHIA PA 19151
CARBO OO, ANTHONY P FP
CROZER-CHESTER MED CTR CHESTER PA 19013
CAREY MO, WM B PO
319 W FRONT ST MEOIA PA 19063
CARSON MO, CHAS P PTH
514 BROOKFIELO RO OREXEL HILLS PA 19026
CELLINI MO, L LUKE FP
4225 EOGMONT AVE BROOKHAVEN PA 19015
CENTRONE MO, ANTHONY L OBG
228 CHURCH RO OEVON PA 19333
CHACKO MO, OOROTHY O FP
2108 CHESTNUT ST CHESTER PA 19013
CHAUOHRI MO, MUNAWAR S PTH
OELAWARE CO MEM HOSP OREXEL HILL PA 19026
CHAVEZ MO, HECTOR C FP
CROZER CHESTER MED CTR CHESTER PA 19013
CHEN MO, CHIJEN GS
305 LANKENAU MED BLOG PHILAOELPHIA PA 19151
CHERNOFF MO, ROBT W IM
33 CHESTER PIKE RIOLEY PARK PA 19078
CHOOOFF MO, RICHARO J GS
HAVERFORO GEN HOSP HAVERTOWN PA 19083
CHOGICH MO, JOHN C R
417 E 22ND ST CHESTER PA 19013
CHRISTENSEN MO, OAVIO W FP
312 LANSOOWNE RO HAVERTOWN PA 19083
CIANCIULLI MO, FRANCIS O IM
106 W FRONT ST MEOIA PA 19063
CLARE MO, HENRY E P
INSTITUTE PA HOSP PHILAOELPHIA PA 19139
CLARK MO, JAMES E IM
410 OICKINSON AVE SWARTHMORE PA 19081
CLARKE MO, FRANK S R
1295 N PROVIOENCE RO MEOIA PA 19063
CLELAND MO, JAMES W PO
327 WENOY LANE WAVERLY OH 45690
CLEVELAND MO, ALBERT F OPH
615 MORGAN AVE OREXEL HILL PA 19026
COFFEY MO, JESSE O FP
463 BURMONT RO OREXEL HILL PA 19026
COFFEY MO, JOHN F IM
3 CANTERBURY LANE ST OAVIO PA 19087
COLOMBO MO, JAMES L PS
BRYN MAWR MED BLOG #110 BRYN MAWR PA 19010
CONOON MO, ROBERT H PM
CROZER CHESTER MEO CTR CHESTER PA 19013
CONNER MO, J HUBERT ORS
415 E 22NO ST CHESTER PA 19013
CONSTABLE MO, G ROBERT IM
4816 OREXELBROOK OR OREXEL HILL PA 19026
COOK MO, OONALO H PTH
PATH OEPT LANKENAU HOSP PHILAOELPHIA PA 19151
COOK MO, WM L FP
303 GOVERNOR,S OR WALLINGFORO PA 19086
COOPER JR MO, E NEWBOLO AN
ORCHARO LANE WALLINGFORO PA 19086
COOPER MO, JOS H PTH
7 MYRTLE AVE HAVERTOWN PA 19083
COWNIE MO, OOUGLAS H P
600 N OLIVE ST MEOIA PA 19063
COYLE MO, WM A ORS
415 E 22NO ST CHESTER PA 19013
CRANE MO, NATHAN FP
222 CLIFTON AVE COLLINGOALE PA 19024
CRIOEN MO, LOUIS E OBG
602 BROOKHAVEN RO WALLINGFORO PA 19086
CRILLMAN MO, GEO P FP
341 ECHO VALLEY LA NEWTOWN SQUARE PA 19073
CRITCHLOW MO, ROBT J R
P O BOX 1112 CHESTER PA 19015
CROCKETT MO, BARBARA A P
34 MEAOOW LN HAVERFORO PA 19041
CROTHERS MO, W GIFFORO ORS
407 E 9TH ST CHESTER PA 19013
OALRYMPLE MO, W HOWARO FP
224 N PROVIOENCE RO WALLINGFORO PA 19086
OAVIS MO, JOAN L IM
1230 BURMONT RO OREXEL HILL PA 19026
OECAESTECKER MO, JACQUES E U
119 N SWARTHMORE AVE RIOLEY PARK PA 19078
OECARO MO, JOS A FP
809 BYWOOO AVE UPPER OARBY PA 19082
OEES-PORCH MO, FRANCES OBG
CHESTNUT ST-GLENOALE RO UPPER OARBY PA 19082
OEGUZMAN MO, ELSA A IM
OELAWARE CO MEM HOSP OREXEL HILL PA 19026
OELAITES MO, LORETTA M PO
408 E 13TH ST CHESTER PA 19013
OELGUERCIO MO, EOMUNO T OBG
272 N LANSOOWNE AVE LANSOOWNE PA 19050
OENSMORE MO, MARGARET E OBG
PO BOX G BROOMALL PA 19008
OEORSAY MO, RALPH H FP
1241 LINOALE AVE OREXEL HILL PA 19026
OEPROPHETIS MO, NINO GS
225 E 24TH ST CHESTER PA 19013
OEPROPHETIS MO, ROCCO I OBG
225 E 24TH ST CHESTER PA 19013
OESANTIS MO, OONALO GS
204 EAST CHESTER PIKE RIOLEY PARK PA 19078
OIAMONO MO, SIONEY J FP
1245 JEFFERSON AVE WOOOLYN PA 19094
OIGIACOMO MO, ALFRED M FP
7221 WAYNE AVE UPPER OARBY PA 19082
OIGIOVANNI MO, ANTHONY J GS
751 OUNWOOOY OR SPRINGFIELO PA 19064
OIGIOVANNI MO, ROBT J GS
4 E PARKWAY AVE CHESTER PA 19013
OILIBERTO OO, THOMAS A R
242A CHUNNING OR RO 2 MALVERN PA 19355
OIMEOIO MO, JOS A GS
P O BOX 279 CHESTER PA 19016
OOOOS MO, HAROLO T OPH
678 MARLIN RO NEWTOWN SQ PA 19079
OOMAN MO, ROBT J PM
2 LAKEWOOO OR MEOIA PA 19063
OORFMAN MO, MURRAY L FP
1001 CTY LN AV EC103 PHILAOELPHIA PA 19151
OOUGHERTY MO, MICHAEL J IM
364 F REND THIPLER AMC APO SAN FRAN CA 96438
OOYLE MO, ROBT OBG
557 PARK RIOGE OR WAYNE PA 19087
OUNN MO, JAMES W FP
3400 GARRETT RO OREXEL HILL PA 19026
EGBERT MO, E WAYNE R
511 OAKCREST LANE WALLINGFORO PA 19086
EICHNER MO, LAMBERT G IM
7 OAVIS AVE BROOMALL PA 19008
ELICKER MO, JOHN E FP
291 ARONIMINK OR NEWTOWN SQ PA 19073
ELLSON MO, JOHN V OBG
620 HEY LANE SPRINGFIELO PA 19064
EMANUEL MO, E STEPHEN OBG
711 ELENA OR BROOMALL PA 19008
EPSTEIN MO, NATHAN PO
4801 STATE RO OREXEL HILL PA 19026
ERB JR MO, WM H GS
15 MORTON AVE RIOLEY PARK PA 19078
ESGRO MO, PHILIP J IM
437 SAXER AVE SPRINGFIELO PA 19064
ESPOSITO MO, JOHN C IM
226 E SPRINGFIELO RO SPRINGFIELO PA 19064

ETZEL MD, CDNRAD A D8G
4201 EDGMDNT AVE BRDDKHAVEN PA 19015
EVERLDF MD, SHERMAN W DBG
8DX 250 SPRINGFIELD PA 19064
FADIL MD, ALEXANDER E OTD
201 4TH ST CLIFTON NJ 07011
FALGUERA MD, DOMINADDR Q PD
506 GAINSBDRD RD DREXEL HILL PA 19026
FALKOWSKI MD, WALTER S FP
505 MARPLE WDDDS DR SPRINGFIELD PA 19064
FAUST MD, ELIZABETH 8 P
140 MARPLE RD HAVERFDRD PA 19041
FEDERMAN MD, JAY L DPH
LANKENAU MED BLDG 102 PHILADELPHIA PA 19151
FINK8INER MD, RDDMAN B IM
933 HAVERFDRD RD BRYN MAWR PA 19010
FINNESON MD, BERNARD E NS
CRDZER-CHESTER MED CTR CHESTER PA 19013
FIRPD JR MD, JOHN J IM
1230 BURMDNT RD DREXEL HILL PA 19026
FISCHER MD, STEVEN W OTD
2112 PRDVIDENCE AVE CHESTER PA 19013
FITZMAURICE MD, JDHN W FP
765 CDNCORD AVE DREXEL HILL PA 19026
FITZPATRICK MD, MARCIA A PS
3200 TDWNSHIP LINE RD DREXEL HILL PA 19026
FLANAGAN MD, JOS C DPH
135 LANKENAU MED BLDG PHILADELPHIA PA 19151
FLORES MD, MARIA L AN
252 PHILIP PLACE PHILADELPHIA PA 19106
FDRNASIER MD, LDUIS S FP
1015 GROVELAND AVE SOMERS PDINT NJ 08244
FDRNWALT MD, GEO R O8G
47 COPLEY RD UPPER DAR8Y PA 19082
FOULK JR MD, MDRRIS FP
20 SPRINGFIELD RD ALDAN PA 19018
FDX MD, JDHN L IM
43 ASH8Y RD UPPER DAR8Y PA 19082
FDX MD, ROGER E IM
8EATTY & PRDVIDENCE RDS MEDIA PA 19063
FDX MD, WESLEY 8 FP
95 N LANSDOWNE AVE LANSDOWNE PA 19050
FRANGIPANE MD, LED G GS
604 8ELVOIR RD NDRRISTOWN PA 19401
FRANK MD, 8ARBARA B IM
CROZER-CHESTER MED CTR CHESTER PA 19013
FRIEDMAN MD, DONALD IM
1809 PINE ST PHILADELPHIA PA 19103
FRIEDMAN MD, STEVEN A IM
657 LAKEVIEW CIRCLE NEWTOWN SQ PA 19073
FROID MD, GREGORY F PTH
DELAWARE COUNTY HOSP DREXEL HILL PA 19026
FULLER MD, HARRY B FP
198 E PLUMSTEAD AVE LANSDOWNE PA 19050
FURIA MD, FREDERICK A IM
830 MYRA AVE YEADON PA 19050
GAARY MD, ALVIN E AN
DELEWARE CO MEM HOSP DREXEL HILL PA 19026
GA8ROY MD, ALLEN S FP
204 E CHESTER PIKE RIDLEY PARK PA 19078
GA8ROY MD, HARRY K IM
27 AMOSLAND RD NORWDOD PA 19074
GALIA MD, JOS H FP
1196 E 9TH ST CHESTER PA 19013
GALLAGHER MD, DDNALD I O8G
7 TIM8ER LN NEWTOWN SQ PA 19073
GALLAGHER MD, RO8T J FP
645 CHURCH LANE YEADON PA 19050
GARLICHS MD, RICHARD W OTO
216 N MANOA RD HAVERTOWN PA 19083
GARTNER JR MD, WM S DTD
RD 2 8OX 90-D CHADDS FORD PA 19317
GARTNER MD, WM S FP
2325 MAC DADE 8LVD HOLMES PA 19043
GEVJAN MD, ARMEN H FP
134 S STATE RD UPPER DAR8Y PA 19082
GI8SON MD, WM 8 D
907 HEATHDALE LANE WALLINGFORD PA 19086
GILL MD, DONALD J P
MERCY CATHDLIC MED CTR DAR8Y PA 19023
GILLIGAN MD, FRANK P FP
12 E TDWNSHIP LINE RD HAVERTOWN PA 19083
GIORDAND MD, ANTHONY J R
412 FOULKE LANE SPRINGFIELD PA 19064
GLADSTONE MD, JULIAN L IM
820 GALER RD NEWTOWN SQ PA 19073
GD MD, JOSEPHINE L AN
204 N LEXINGTDN AVE HAVERTOWN PA 19083
GDESER MD, EUGENE IM
320 PAXON HDLLOW RD MEDIA PA 19063
GDLD MD, HERMAN IM
510 N LEMON ST D-9 MEDIA PA 19063
GOLDFEDDER MD, PHILLIP NS
119 W POSSUM HOLLOW RD WALLINGFORD PA 19086
GDLDMAN MD, ARTHUR IM
315 S CHESTER PIKE GLENOLDEN PA 19036
GDLDMAN MD, RICHARD J IM
CARR HOUSE 1 ARTHUR CT WALLINGFORD PA 19086
GOODMAN MD, WM H IM
919 EDGMONT AVE CHESTER PA 19013
GOR8Y MD, CHAS K IM
138 8ROOKLINE 8LVD HAVERTOWN PA 19083
GDRDON MD, JOS S IM
4017 GARRETT RD DREXEL HILL PA 19026
GORRY MD, JOHN D OS
15TH ST & UPLAND AVE CHESTER PA 19013
GDYNE MD, RUTH G FP
1019 CHESTER PIKE SHARON HILL PA 19079
GRAFF MD, HAROLD A P
111 N 49TH ST PHILADELPHIA PA 19139
GRAHAM MD, THOS F R
540 STEVENS DR #313 KNG OF PRUSS PA 19406
GRANT MD, 8ERNARD D ORS
DELAWARE CO MED CTR BRDOMALL PA 19008
GREEN MD, WM H R
103 W COUNTRY CLU8 LN WALLINGFORD PA 19086
GREENWALD MD, JDS FP
1130 MAIN ST DARBY PA 19023
GROSS MD, S WARREN R
1410 JUNE LN PENN VALLEY PA 19072
GRDVERMAN MD, LESTER J FP
107 N DREXEL AVE HAVERTDWN PA 19083
GUARINI MD, PASQUALE 8 FP
382 AVON RD UPPER DAR8Y PA 19082
GUIRGUIS MD, MDRRIS F IM
9 N CDNCORD AVE HAVERTDWN PA 19083
GUMINA MD, THDS F IM
2050 W CHESTER PIKE HAVERTDWN PA 19083
HADFIELD JR MD, WM A IM
5201 TDWNSHIP LINE RD DREXEL HILL PA 19026
HAGOPIAN MD, EDWARD R TS
CRDZER CHESTER MED CTR CHESTER PA 19013
HALL MD, RD8T L FP
414 MILL RD HAVERTDWN PA 19083
HALLAHAN MD, JDHN D IM
106 W FRDNT ST MEDIA PA 19063
HALTRECHT DD, LEDNARD FP
DEL CTY MED CTR BRDDMALL PA 19008
HANES MD, RD8T 8 FP
3001-A GARRETT RD DREXEL HILL PA 19026
HARRIS MD, MAX PD
201 WEST8RDDK DR CLIFTDN HGTS PA 19018
HARSHAW JR MD, EDWARD PD
322 N LANSDOWNE AVE LANSDOWNE PA 19050
HARTFORD MD, CHARLES E GS
CRDZER CHESTER MED CTR CHESTER PA 19013
HATTON MD, DUNCAN S OTO
205 SYCAMORE LN WALLINGFDRD PA 19086
HAYES MD, MERRILL 8 DTO
RDSS NECK 114 RD 3 CAM8RIDGE MD 21613
HECKSHER MD, RUDOLPH H GS
4100 EDGMONT AVE CHESTER PA 19015
HENDERSON MD, WM H FP
P O 8DX 968 CHESTER PA 19016
HENDRICKSON MD, FRANK O US
108 NORFDLK RD JUPITER FLA 33458
HERING MD, NORTON GS
1720 SUE ELLEN DR HAVERTOWN PA 19083
HERMANDVICH JR MD, JDHN IM
700 ARDMDRE AVE 105 ARDMORE PA 19003
HIDAYAT MD, AHMED A PTH
5213 RUSSETT RD ROCKVILLE MD 20853
HILL JR MD, RUSSELL W FP
1631 CHRISTINE LN WEST CHESTER PA 19380
HIMMELSTEIN MD, EUGENE FP
LAWRENCE PARK MEDICAL C 8RODMALL PA 19008
HINTON MD, DRURY GS
50 PILGRIM LN DREXEL HILL PA 19026
HITCHNER MD, LEWIS C AN
225 E 24TH ST CHESTER PA 19013
HOLST MD, HAZEL I PS
401-S CHESTER RD SWARTHMORE PA 19081
HOLSTEIN MD, JAMES J R
664 W ROLLING RD SPRINGFIELD PA 19064
HDULIHAN MD, CARL T OTO
819 GATEMORE RD BRYN MAWR PA 19010
HOUSE MD, DIANE 8 IM
111 DARTMOUTH AVE SWARTHMORE PA 19081
HU8SHER MD, JEROME A PD
1701 TYSON RD HAVERTOWN PA 19083
HUMMELL DO, JDSEPH C FP
696-8 LENNI RD ASTON PA 19014
HUMMER JR MD, CHAS D ORS
415 E 22ND ST CHESTER PA 19013
HURLEY MD, HARRY J D
39 COPLAY RD UPPER DAR8Y PA 19082
HUSHION MD, WM F FP
437 SPRINGFIELD RD SPRINGFIELD PA 19064
IOZZI MD, LOUIS U
119 N SWARTHMORE AVE RIDLEY PARK PA 19078
IVINS MD, J LEDNARD P
1721 SUE ELLEN DR HAVERTOWN PA 19083
IVINS MD, JOS L GS
2200 PRDVIDENCE AVE CHESTER PA 19013
IVINS MD, SAML P P
19TH AND PRDVIDENCE CHESTER PA 19013
JACKSON MD, PAUL W OTO
2112 PROVIDENCE AVE CHESTER PA 19013
JAEGER MD, EDWARD A OPH
240 E RDSE TREE RD MEDIA PA 19063
JAMALI MD, ANMAR A IM
1078 8ALTIMORE PIKE MEDIA PA 19063
JDNES MD, EMLEN H PD
822 SPRUCE AVE WEST CHESTER PA 19380
JDNES MD, J ALBRIGHT PD
303 ELM AVE SWARTHMDRE PA 19081
JDSHI MD, LALITA P PTH
LANKENAU HOSP PHILADELPHIA PA 19151
JDURNEY MD, R WALLACE DBG
2201 PROVIDENCE AVE CHESTER PA 19013
JURNOVDY MD, JOEL 8 D
DELAWARE CO MED CTR 8ROOMALL PA 19008
KA8AKJIAN MD, RAYMOND FP
186 N LANSDOWNE AVE LANSDOWNE PA 19050
KANE MD, WM M O8G
29 GLENDALE AVE UPPER DAR8Y PA 19082
KASPER MD, DONALD J R
PO 8OX 1112 CHESTER PA 19015
KAUFMAN MD, JEROLD R
PO 8OX 1112 CHESTER PA 19015
KAVJIAN MD, EDWARD M U
2050 W CHESTER PK HAVERTOWN PA 19083
KEARNEY MD, MARTIN J FP
701 W CHESTER PIKE HAVERTOWN PA 19083
KELLY JR MD, JDHN J IM
409 LANKENAU MED 8LDG PHILADELPHIA PA 19151
KELLY MD, EDWARD A FP
STATE RD-ADDINGHAM AVE DREXEL HILL PA 19026
KELLY MD, JAMES J FP
20 N 9TH ST DAR8Y PA 19023
KELLY MD, JOHN L P
502 W FRONT ST MEDIA PA 19063
KENNEDY MD, PATRICK J DPH
32 HAMPDEN RD UPPER DAR8Y PA 19082
KEPLER JR MD, WALTER E FP
419 E DAR8Y RD HAVERTDWN PA 19083
KEPLER MD, FURMAN T FP
419 E DAR8Y RD HAVERTDWN PA 19083
KIM MD, KI W R
CRDZER CHESTER MED CTR CHESTER PA 19013
KIM8LE MD, AUSTIN L FP
115 S PRDVIDENCE RD WALLINGFORD PA 19086
KIMMEL MD, HENRY A IM
MEDIA CLINIC MEDIA PA 19063
KIPP MD, CHAS M AN
RIDDLE MEM HDSP MEDIA PA 19063
KIRCHMDFER MD, LEWIS H FP
16 E WDDDLAND AVE SPRINGFIELD PA 19064
KLAVAN MD, MARSHALL D8G
CRDZER-CHESTER MED CTR CHESTER PA 19013
KLINE MD, IRWIN K PTH
LANKENAU HDSP PHILADELPHIA PA 19151
KLINE MD, MATHILDE S PTH
LANKENAU HDSP PHILADELPHIA PA 19151
KLINEFELTER MD, HYLDA C O8G
60 S IVY LN GLEN MILLS PA 19342
KNOPF MD, CARL L DBG
343 N MALIN RD NEWTDWN SQUARE PA 19073
KNDWLES MD, WILLARD E FP
7200 PINE ST UPPER DAR8Y PA 19082
KDHLER MD, FRITZ P U
314 AVON ROAD 8RYN MAWR PA 19010
KOZIN MD, WM FP
DELAWARE CO MED CTR 8ROOMALL PA 19008
KRAIN MD, RAYMDND D
49 COPLEY RD UPPER DARBY PA 19082
KRALL MD, J THOMAS OPH
85 N LANSDOWNE AVE LANSDOWNE PA 19050
KRAMER DO, CAROLYN D FP
8X 114 2217 GILHAM RD BRODMALL PA 19008
KRAUSZ MD, MARCOS AN
602 PINE RIDGE RD MEDIA PA 19063
KRISTO MD, BELA A PD
5 PILGRIM LANE DREXEL HILL PA 19026
KRISTD MD, CATHERINE V AN
5 PILGRIM LANE DREXEL HILL PA 19026
KUTNEY MD, FRANCIS G GS
238A CONCORD RD ASTON PA 19014
KWAPIEN MD, FREDERIC J P
PRDVIDENCE-8EATTY RDS MEDIA PA 19063
KYRIAZIS MD, GED A O8G
1806 GARRETT RD LANSDDWNE PA 19050
LACAVARO MD, JULES A IM
257 N STATE RD 238 SPRINGFIELD PA 19064
LACHMAN MD, JOS PD
126 E 15TH ST CHESTER PA 19013
LAKOFF MD, KENNETH M O8G
CROZER CHESTER MED CTR CHESTER PA 19013
LAM8ICHI MD, MARIKA E O8G
222 MDCKING BIRD TRAIL PALM 8EACH FLA 33480
LANGAN 3D MD, E LAWRENCE O8G
LANKENAU HDSP PHILADELPHIA PA 19151
LASKA MD, EDWARD M IM
151 LOCUST AVE SPRINGFIELD PA 19064
LASKAS MD, JOHN J D
15TH & UPLAND AVE CHESTER PA 19013
LAVER MD, ARTHUR T O8G
3937 HENRY AVE PHILADELPHIA PA 19129
LAWRENCE MD, JDHN W IM
1078 W 8ALTIMDRE PK MEDIA PA 19063
LEARDI MD, RD8T K PTH
96 S HILLCREST RD SPRINGFIELD PA 19064
LEBISCHAK MD, PETER H FP
2601 W 10TH ST CHESTER PA 19013
LECHER MD, RO8ERT C FP
700 N JACKSON ST MEDIA PA 19063
LECHER MD, WALLACE O U
8OX 12 R D 2 GLEN MILLS PA 19342
LECHMAN MD, MICHAEL J FP
819 MONTGOMERY AVE BRYN MAWR PA 19010
LEE MD, CHAS Y FP
3405 STATE RD DREXEL HILL PA 19026
LEI8OWITZ MD, ARTHUR N PD
7100 MARSHALL RD UPPER DARBY PA 19082
LEISE MD, ELEANOR O O8G
LANKENAU MED 8LDG PHILADELPHIA PA 19151
LEMAN MD, WM W FP
206 8ALLYMORE RD SPRINGFIELD PA 19064
LENAMAN MD, PAUL J OBG
159 PENN LAKE WHITEHAVEN PA 18661
LEUTE MD, MILLARD S DS
1600 ARCH ST PHILADELPHIA PA 19101
LEVIN MD, SIMDN O8G
2500 EDGMONT AVE CHESTER PA 19013
LEVIS JR MD, WM R GS
P O 8OX 44 GALENA MD 21635
LEVY MD, EDWIN J O
85 N LANSDOWNE AVE LANSDOWNE PA 19050
LEWIS MD, STUART H ORS
2050 W CHESTER PIKE HAVERTOWN PA 19083
LIAO MD, 8ENEDICT S O8G
433 E WOODLAND AVE SPRINGFIELD PA 19064
LI8ERACE MD, ETTORE V PTH
SACRED HEART HOSP CHESTER PA 19013
LI8ERI MD, ALFRED A R
2200 PROVIDENCE AVE CHESTER PA 19013
LILLEY MD, GEO W IM
RINGFIELD 5 RING RD CHADDS FDRD PA 19317
LIM MD, OSMUNDO U FP
305 HIODEN VALLEY RD ASTDN PA 19014
LINCOFF MD, WM OPH
317 E 9TH ST CHESTER PA 19013
LINTZMEYER MD, EMIL A FP
5 YARMDUTH LANE MEDIA PA 19063
LIPCIUS MD, FRANK FP
1401 LINCOLN AVE PRDSPECT PARK PA 19076
LISTA MD, WM A IM
5735 RIDGE AVE PHILADELPHIA PA 19128

LITTMAN MD, SDLDMON I P
527 WYNLYN RD WYNNEWDD PA 19096
LDNDON MD, GLADYS Z FP
19TH AND PRDVIDENCE AVE CHESTER PA 19013
LDPRETE MD, FREDERICK P IM
309 SHADELAND AVE DREXEL HILL PA 19026
LDPUSNIAK MD, MIECZYSLAW S IM
LANKENAU MED BLDG PHILADELPHIA PA 19151
LUCENA MD, ERNESTD E R
1900 S BRDAD ST PHILADELPHIA PA 19145
LUCIER MD, ALFRED C DPH
30 HAMPDEN RD UPPER DARBY PA 19082
LUDNGD MD, JDS C PD
7100 MARSHALL RD UPPER DARBY PA 19082
LYNCH MD, JDS S DPH
445 RIVERVIEW RD SWARTHMDRE PA 19081
MAGUIRE MD, JDS I DBG
29 GLENDALE RD UPPER DARBY PA 19082
MAGUIRE MD, LED J U
7100 MARSHALL RD UPPER DARBY PA 19082
MAIDRIELLD MD, JDS J PD
7100 MARSHALL RD UPPER DARBY PA 19082
MANN MD, IRVING A DBG
3309 EDGMDNT AVE BRDDKHAVEN PA 19015
MANSURE MD, FRANK T PRM
697 MATSDNS FDRD RD VILLANDVA PA 19085
MANSURE MD, PATRICIA R R
1420 LDCUST ST APT 79 PHILADELPHIA PA 19102
MARCH MD, NDREEN M IM
272 N LANSDDWNE AVE LANSDDWNE PA 19050
MARCHANT MD, DEFDRREST W DBG
401 LANKENAU MED BLDG PHILADELPHIA PA 19151
MARGULIES MD, MILTDN R
LANKENAU HDSPITAL PHILADELPHIA PA 19151
MARIND MD, DANL J IM
CRDZER-CHESTER MED CTR CHESTER PA 19013
MARVIN MD, RDBT F IM
433 BURMDNT RD DREXEL HILL PA 19026
MATTA MD, JDS S FP
4205 BERRY AVE DREXEL HILL PA 19026
MAYD MD, EDITH A FP
844 LINDALE AVE DREXEL HILL PA 19026
MCALEER MD, DAVID J GS
410 TDWNSHIP LINE RD HAVERTDWN PA 19083
MCBRIDE MD, THDS J IM
CHECK HDUSE CCMC ANNEX CHESTER PA 19013
MCCADDEN MD, JDS A FP
613 MDRRIS LANE WALLINGFDRD PA 19086
MCCARTHY JR MD, GEO E R
419 RIVERVIEW RD SWARTHMDRE PA 19081
MCCUTCHEDN MD, CHAS T FP
8114 WEST CHESTER PIKE UPPER DARBY PA 19082
MCGEE JR MD, JDS P AN
1300 MANDR RD YEADDN PA 19050
MCGDVERN MD, JAMES B IM
103 HARRDGATE RD PHILADELPHIA PA 19151
MCKEE MD, EDWARD T FP
450 LDNG LANE UPPER DARBY PA 19082
MCKNIGHT MD, LANCESS FP
601 N DLIVE ST MEDIA PA 19063
MCLAUGHLIN MD, EDWARD FP
56 C HEATHER RIDGE APTS MANTUA NJ 08051
MCLAUGHLIN MD, JDHN J DTD
35 W LACRDSSE AVE LANSDDWNE PA 19050
MCNAMEE MD, WM B DRS
151 LDNG LANE UPPER DARBY PA 19082
MEDDFF MD, HARDLD S PD
5101 TDWNSHIP LINE RD DREXEL HILL PA 19026
MELCHIDDE MD, GERALD A P
314 N BRDAD ST PHILADELPHIA PA 19102
MELLDN JR MD, LAWRENCE J PRM
845 KEDRDN MDRTDN PA 19070
MELDDY MD, M JDSEPH FP
E19 WDDMDNT N RDUTE 11 DDWNINGTDWN PA 19335
MICHELE MD, CHAS T GS
2251 GARRETT RD UPPER DARBY PA 19026
MIELCAREK JR MD, LEDN M DPH
36 E BALTIMDRE PIKE MEDIA PA 19063
MILLER MD, HERMAN CRS
7516 CITY LINE AVE PHILADELPHIA PA 19151
MILLER MD, RDBERT M PTH
CRDZER CHESTER MED CTR CHESTER PA 19013
MILSTEIN MD, SEYMDUR W FP
3200 EDGMDNT AVE CHESTER PA 19015
MITTERLING MD, RDBT C IM
GLENDALE RD AND CHESTNU UPPER DARBY PA 19082
MDRAN JR MD, JDHN F FP
933 ALEXANDER AVE DREXEL HILL PA 19026
MDRLEY MD, RDBT R DBG
411 SHEFFIELD DR WALLINGFDRD PA 19086
MDRRIS MD, RICHARD J FP
2304 EDGMDNT AVE CHESTER PA 19013
MDRRIS MD, SHELDDN L DPH
PRDF DFF BLDG STE 407 UPLAND PA 19013
MUDRICK MD, DAVID L FP
521 E 9TH ST CHESTER PA 19013
MULLER MD, DTTD F IM
T FITZGERALD MERCY HDSP DARBY PA 19023
MURPHY MD, FRANCIS J FP
2515 GARRETT RD DREXEL HILL PA 19026
NAGLE MD, WALTER W R
1037 N PRDVIDENCE RDAD MEDIA PA 19063
NEAL MD, HUNTER S GS
SUITE 334 LANKENAV MD B PHILADELPHIA PA 19151
NEGREY JR MD, JDHN N DPH
664 PADDDCK RD HAVERTDWN PA 19083
NEGREY MD, JDHN N IM
553 VIRGINIA AVE HAVERTDWN PA 19083
NEWMAN MD, FRANK W P
15 MDRGAN CIRCLE SWARTHMDRE PA 19081
NYEMETZ MD, FERDINAND W DBG
426 WILLDW GATE LANE MEDIA PA 19063
DAKEY JR MD, RICHARD S PS
419 E 22ND ST CHESTER PA 19013
DCONNELL MD, JAMES R U
3319 SAWMILL RD NEWTDWN SQ PA 19073

DDABASHIAN MD, ARTHUR P
723 CHURCH LANE YEADDN PA 19050
DNEILL MD, JDHN J FP
710 LONG LANE UPPER DARBY PA 19082
PAPDLA MD, GIND G FP
7 ENGLEWDDD RD UPPER DARBY PA 19082
PARISI MD, ERIKA F AN
633 CHILDS AVE DREXEL HILL PA 19026
PARK MD, PUM K GS
520 E 77TH ST APT 931 NEW YDRK NY 10021
PARRY MD, PETER V IM
5201 TWP LINE RD DREXEL HILL PA 19026
PARSIA MD, KEYKHDSKDW S P
3420 GARRETT RD DREXEL HILL PA 19026
PATTERSDN MD, CHRIS FP
204 BERKLEY AVE LANSDDWNE PA 19050
PAULETTD MD, FERREL J IM
409 LANKENAU MED BLDG PHILADELPHIA PA 19151
PECHIN MD, SERGIUS P GS
3001-B GARRETT RD DREXEL HILL PA 19026
PLAGATA MD, EDITH M DBG
163 RAMBLING WAY SPRINGFIELD PA 19064
PDMERDY MD, JAMES M DTD
107 N MDNRDE ST MEDIA PA 19063
PDTE MD, HARRY H IM
103 E RIDLEY AVE RIDLEY PARK PA 19078
PDWERS MD, DDNALD V IM
330 FISHERS RDAD BRYN MAWR PA 19010
PRASSASVINICHAI MD, SUPARB GS
3 NIXDN DRIVE MDDRESTDWN NJ 08057
PRATT MD, MARY L PRM
412 DLD MIDDLETDWN RD MEDIA PA 19063
PRESS MD, ARTHUR J R
525 PRESCDTT RD MERIDN PA 19066
PRICE MD, JDS J DBG
309 ELLIS RDAD HAVERTDWN PA 19083
RAEZER MD, DAVID M U
2 BAILY RD YEADDN PA 19050
RANKIN MD, CHAS A DPH
LUDLDW & HEATHER RD UPPER DARBY PA 19082
RANKIN MD, LYNN M GS
1100 CANTERBURY RD CLEARWATER FLA 33516
RATNER MD, RICHARD R IM
4 BARTDL AVE RIDLEY PARK PA 19078
RAVREBY MD, WILLIAM D IM
CRDZER-CHESTER MED CTR CHESTER PA 19013
RECH MD, FRANK M DBG
709 BLUE HILL RD WALLINGFDRD PA 19086
RED MD, DDNALD E R
850 TALL DAKS RD RADNDR PA 19087
REED MD, RDBERT C IM
MIDDLETDWN RD GRADYVILLE PA 19039
REITANO JR MD, JDSEPH F IM
7 DAVIS AVENUE BRDDMALL PA 19008
REITSMA MD, DDUGLAS B FP
3507 HDRTDN RD NEWTDWN SQ PA 19073
RENDIN MD, LARRY J IM
700 JACKSDN ST MEDIA PA 19063
RENO MD, JDS D FP
20 SCHEIVERT AVE ASTDN PA 19014
REPICE MD, RDNALD M FP
CRDZER CHESTER MED CTR CHESTER PA 19013
RESNICK MD, MYRDN E IM
DEL CD MED CTR BRDDMALL PA 19008
REYNDLDS MD, ARTHUR S FP
201 LANSDDWNE ST HAVERTDWN PA 19083
REYNDLDS MD, VICTOR M FP
120 MAIN ST DARBY PA 19023
RHDDD MD, SAML G AN
225 E 24TH ST CHESTER PA 19013
RIAL MD, WM Y FP
111 DARTMDUTH AVE SWARTHMDRE PA 19081
RICHARDSDN MD, CLAUDE E P
635 MT ALVERNO RD MEDIA PA 19063
RICHTER MD, HDWARD A NS
CITY LINE & LANCASTER PHILADELPHIA PA 19151
RING MD, ILDNA R PTH
1001 CITY AVE PHILADELPHIA PA 19151
RING MD, STEPHEN I P
1715 MCKEAN ST PHILADELPHIA PA 19145
RITCHIE MD, CHAS A DBG
7100 MARSHALL RD UPPER DARBY PA 19082
RDCCARIO DD, DANTE S FP
107 W PRDVIDENCE RD ALDAN PA 19018
RDDRIGUEZ MD, HUGO F R
P D BDX 426 KIMBERTDN PA 19442
RDSEN MD, LEDNARD FP
206 E 9TH ST CHESTER PA 19013
RDSENBERG MD, FRANK IM
1410 UPLAND ST CHESTER PA 19013
RDSENFELD MD, RDNALD N DRS
2212 RHDNDA RD BRDDMALL PA 19008
RDXBY MD, HARDLD C FP
5369-30 ALGARRDBD LAGUNA HILLS CA 92653
RUBID MD, EMIR W FP
227 APPLEWDDD LANE PENNS GRDVE NJ 08069
RUDNITZKY MD, JERDME IM
CRDZER-CHESTER MED CNTR CHESTER PA 19013
RUFFINI MD, JDHN A FP
25 CHESTER PIKE RIDLEY PARK PA 19078
RUMSEY MD, WM P GS
4100 EDGMDNT AVE CHESTER PA 19015
SALAND MD, DAVID K DRS
2 CHESTER PIKE RIDLEY PARK PA 19078
SALIM MD, BDZDRGMEHR PTH
651 SHELLBARK LA BRYN MAWR PA 19010
SCHEUERMANN MD, HENRY A PS
7516 CITY LINE AVE PHILADELPHIA PA 19151
SCHRDTH MD, THDS A GS
205 MARTRDY LANE WALLINGFDRD PA 19086
SCHUBART MD, GEDRGE R DTD
11145 4TH ST E TREASURE IS FL 33706
SCHWARTZ MD, EDWARD DPH
103 HARVEY RD WALLINGFDRD PA 19086
SCIUBBA MD, RDCCD P FP
326 CDLLINS DR SPRINGFIELD PA 19064

SECUNDA MD, STEVEN K P
1050 BALTIMDRE PK SPRINGFIELD PA 19064
SEEDDR MD, JDHN W FP
556 CHESTER PIKE STE 3 NDRWDDD PA 19074
SESSD MD, ANNA M PD
2437 GARRETT RD DREXEL HILL PA 19026
SEYLER MD, RAYMDND Q PRM
1600 ARCH ST PHILADELPHIA PA 19101
SHAFFER MD, JDHN F DTD
352 CHAMDUNIX RD ST DAVIDS PA 19089
SHAH MD, RANJAN R DBG
3360 CHICHESTER AVE H16 BDDTHWYN PA 19061
SHARPLESS MD, EDWIN D GS
15TH & UPLANO SUITE 140 CHESTER PA 19013
SHATDUHY MD, JDS GS
7 ELLIDTT RD BRDDMALL PA 19008
SHEAFFER MD, HARDLD C IM
6 CLAYTDN PL NEWTDWN SQ PA 19073
SHERWIN MD, WILLIAM K D
101 TRENT RDAD DVERBRDDK HLS PA 19151
SHIELDS MD, MARSHALL F P
SDUTHCRDFT FARM SPRINGFIELD PA 19064
SHIELDS MD, WM E IM
507 CIRCLE DR HAVERTDWN PA 19083
SHILLINGFDRD MD, RDBT P PD
3501 MEDICAL BLDG NEWTDWN SQUARE PA 19073
SHDRE MD, PAUL D FP
201 WEMBLY RD UPPER DARBY PA 19082
SHULKIN MD, MARK W P
319 W FRDNT ST MEDIA PA 19063
SILVERMAN MD, NEIL I DBG
CRDZER CHSTR MD CT R230 CHESTER PA 19013
SILVERS MD, ARTHUR H GS
509 RUTGERS AVE SWARTHMDRE PA 19081
SKWIRUT MD, FRANK A IM
2601 W 9TH ST CHESTER PA 19013
SLATER MD, RDBT N
18 LLANDILLD RD HAVERTDWN PA 19083
SMILEY MD, JDS W IM
272 N LANSDDWNE AVE LANSDDWNE PA 19050
SMINK JR MD, RDBT D GS
351 LENAPE DR BERWYN PA 19312
SMITH MD, EDGAR C IM
7100 MARSHALL RD UPPER DARBY PA 19082
SMITH MD, J WINSLDW US
824 CDVENTRY ST BDCA RATDN FL 33432
SMITH MD, RDBT A FP
CRDZER-CHESTER MED CTR CHESTER PA 19013
SMITH MD, WM D CRS
212 FRENCH ROAD FPG NEWTDWN SQ PA 19073
SNYDER MD, ALBERT J PRM
BARR & HILLVIEW RDS MALVERN PA 19355
SPANO MD, ANSELMO V FP
151 S SPRINGFIELD RD CLIFTDN HGTS PA 19018
SPECTOR MD, HARVEY B PTH
CRDZER CHESTER MED CTR CHESTER PA 19013
SPENCER MD, H NEWTDN DRS
2050 W CHESTER PIKE HAVERTDWN PA 19083
SPINA JR MD, JDS DPH
767 WDDDLEA RD RDSEMDNT PA 19010
SQUADRITD MD, JAMES F FP
243 E WDDDLAND AVE SPRINGFIELD PA 19064
STAFFDRD MD, CALVIN R N
CRDZER CHESTER MED CTR CHESTER PA 19013
STAHLNECKER MD, C STEPHEN IM
PRDVIDENCE RD BAL PIKE MEDIA PA 19063
STAPLES MD, HERMAN D P
BEATTY-PRDVIDENCE RDS MEDIA PA 19063
STARER MD, LARRIMDRE J DPH
208 WILDMAN ARMS APTS SWARTHMDRE PA 19081
STARKWEATHER MD, GEO A PD
1001 PENNSYLVANIA AVE HAVERTDWN PA 19083
STAUB JR MD, CARL A FP
185 MAC DADE BLVD GLENDLDEN PA 19036
STEIN JR MD, DDNALD B PTH
3000 RDBIN LANE HAVERTDWN PA 19083
STINE MD, SUSAN B PD
1 WEIRWDDD RD RADNDR PA 19087
STDRM MD, CHAS T AN
912 RIDLEY CREEK DR MEDIA PA 19063
SULLIVAN MD, ANDREW A DBG
1078 W BALTIMDRE PK MEDIA PA 19063
SULLIVAN MD, EDWARD M DBG
107B W BALTIMDRE PK MEDIA PA 19063
SUNDMAKER MD, WILFRIED K DTD
2193 W CHESTER PK BRDDMALL PA 19008
TCHDNG MD, KUD-LIANG IM
24TH & PRDVIDENCE CHESTER PA 19013
TEDESCD MD, ORLANDD P DBG
2500 N PRDVIDENCE RD MEDIA PA 19063
THDMAS JR MD, JAMES A DRS
415 E 22ND ST CHESTER PA 19013
THDMPSDN MD, ELMER L FP
15 W SELLERS AVE RIDLEY PARK PA 19078
THURMAN MD, JDHN N IM
608 UNIVERSITY PL SWARTHMDRE PA 19081
TIDNGSDN MD, ELEANDR S DBG
824 EVANS RD SPRINGFIELD PA 19064
TDBIA MD, ENID W FP
614 CLIFTDN AVE CDLLINGDALE PA 19023
TDMLINSDN MD, JDHN W DPH
900 CHESTER PIKE SHARDN HILL PA 19079
TDRRANCE MD, EDWARD G IM
678 BURMDNT RD DREXEL HILL PA 19026
TDTIND MD, JDS A DPH
1443 UPLAND ST CHESTER PA 19013
TREMBLAY MD, ERNEST A FP
50 WYNCRDFT DR MEDIA PA 19063
TRIBDLETTI MD, ELEANDR D FP
441 W 21ST ST CHESTER PA 19013
TRIBDLETTI MD, FRANCES M FP
1261 HUNT CLUB LN MEDIA PA 19063
TRDUT MD, E EARL DBG
53 SAXER AVE SPRINGFIELD PA 19064
TUCH MD, ARTHUR F IM
CRDZER CHESTER MED CTR CHESTER PA 19013

TULLAI MO, JOHN AN
B1B MEREOITH OR MEOIA PA 19063
TURNER MO, J ELLIS FP
10 SCHEIVERT ST CHESTER PA 19014
URIE MO, JOHN C FP
CHESTER PK&SWARTHMORE A RIDLEY PARK PA 1907B
UZYCH MO, WALTER OTO
103 CANTERBURY DR WALLINGFORO PA 190B6
VACCARO MO, VINCENT M DBG
LANKENAU MEO BLOG PHILAOELPHIA PA 19151
VAKIL MD, HASSAN C GS
106 W FRONT ST MEOIA PA 19063
VALENTEEN MO, JOHN W IM
2B35 N PROVIOENCE RD MEOIA PA 19063
VALLOTI MO, JOS M FP
721 FULTON ST CHESTER PA 19013
VASINRAPEE MO, PANUKORN R
LANKENAU HOSP-NUC MEO PHILAOELPHIA PA 19151
VAUGHAN MO, WARO P OBG
321 SYCAMORE MILLS RO MEOIA PA 19063
VELOSO MO, VIRGILID J OPH
407 TURNER RO MEOIA PA 19063
VIGGIANO MO, LOUIS X OPH
410 TOWNSHIP LINE RO HAVERTOWN PA 190B3
VOGEL MO, AODLPH W OPH
BOX 4 GLEN OLOEN PA 19036
VONSCHLICHTEN MO, ALEXANDER P
45 COPLEY ROAD UPPER DARBY PA 190B2
WALICHUCK MO, JOHN G FP
23B A CONCORO RO ASTON PA 19014
WALLACE JR MO, JOS OTO
5 N OWEN AVE LANSOOWNE PA 19050
WANG MO, GEO C IM
40 N CHESTER PIKE GLENOLOEN PA 19036
WANG MO, MONICA H PD
542 HAMPSHIRE RD OREXEL HILL PA 19026
WARO MO, EOWARO J O8G
204 E CHESTER PK RIOLEY PARK PA 1907B
WARRINGTON JR MO, JOHN T GS
204 E CHESTER PIKE RIOLEY PARK PA 1907B
WASLEY MO, OOUGLAS C FP
1541 CHICHESTER AVE LINWOOO PA 19061
WE8ER MO, GEORGE L GS
2B04 N KENT RO 8ROMALL PA 1900B
WEBSTER MO, GOROON W FP
B41 GALER OR NEWTOWN SQ PA 19073
WEIBEL MO, ROBT E PO
1001 PENNSYLVANIA AVE HAVERTOWN PA 19083
WEIOENHAMER MO, JAY E OS
17900 GULF BLVO 1107 REOINGTN SHRS FL 3370B
WEINBERG MO, CARROLL A P
261 INOIAN CREEK RO PHILAOELPHIA PA 19151
WEINBERG MO, RICHARO A O
930 W SPROUL RO SPRINGFIELO PA 19064
WEINER MO, ROGER O IM
4 BARTOL AVE RIOLEY PARK PA 19078
WENTZ JR MO, WALTER E FP
CRUM CREEK ROAO RO 39 MEOIA PA 19063
WENTZEL JR MO, HARVEY E O
301 PAXON HOLLOW RO MEOIA PA 19063
WHELAN MO, STEPHEN T O
LUOLOW ST ANO 8RANOON UPPER DARBY PA 19082
WHITAKER MO, H CRAIG O8G
2B0 N PROVIOENCE RO MEOIA PA 19063
WHITE MO, RO8T A O8G
1622 WOOOMERE WAY HAVERTOWN PA 190B3
WHITMORE MO, MASON R
BOX 814 STATE COLLEGE PA 16B01
WICKIS MO, FRED T FP
940 CHESTER PIKE SHARON HILL PA 19079
WIOOOWSON MO, HAROLO R AN
132 SEMINOLE AVE NORWOOO PA 19074
WIESNER MO, IRVING S P
9B5 OAK CREST LN MEOIA PA 19063
WIGTON MO, JOHN H FP
S CHESTER RO & YALE AVE SWARTHMORE PA 19081
WILKERSON MO, JOSEPH L U
2235 GARRETT RO OREXEL HILL PA 19026
WILKINSON MO, HAROLO A FP
111 OARTMOUTH AVE SWARTHMORE PA 190B1
WILKINSON MO, ROSELISE H FP
111 OARTMOUTH AVE SWARTHMORE PA 190B1
WILKINSON MO, WILLIAM H OS
P O BOX 124 ROCKLAND OE 19732
WILLIAMS MO, BURTON L R
ORCHARO LA-ROSE VLY WALLINGFORO PA 19086
WILLIAMS MO, CLAUOE M OBG
903 HEATHOALE LANE MEOIA PA 19063
WINOERMAN MO, MARJORIE M OS
15TH & UPLAND STS CHESTER PA 19013
WINN MO, CHARLES OTO
6100 N W 44TH ST APT 11 LAUOERHILL FL 33319
WOZNIAK MO, JOHN P
B040 RSVLT BLVO STE 102 PHILAOELPHIA PA 19152
WYMAN MO, NEWTON A FP
B01 S CHESTER RO APT 30 SWARTHMORE PA 19081
YAGNIK MO, PRATAP M N
V A HOSPITAL PHILAOELPHIA PA 19104
YAGNIK MO, REKHA P PO
2 STEEPLECHASE OR MEOIA PA 19063
YANKELEVICH MO, RAUL GS
131 OEERFIELO RO 8ROOMALL PA 19008
YOOER MO, MORRIS L IM
412 LANKENAU MEO BLOG PHILAOELPHIA PA 19151
YOOO MO, NORMAN L R
8OX 52 MEOIA PA 19063
YOW MO, MICHAEL V IM
906 TWYCKENHAM RO MEOIA PA 19063
YUM MO, KEUK Y GS
334 LANKENAU MEO 8LOG PHILAOELPHIA PA 19151
ZI8ELMAN MO, MARK IM
4 BARTOL AVE RIOLEY PARK PA 19078
ZINTL MO, WM J GS
1016 WARRIOR RO OREXEL HILL PA 19026
ZLUPKO MO, GEORGE M IM
ALTOONA HOSPITAL ALTOONA PA 16603
ZOURAS MO, NICHOLAS L P
3951 N PROVIOENCE RO NEWTOWN SQ PA 19073

Elk-Cameron County

ALFIERI MO, JOS A FP
117 N MICHAEL ST ST MARYS PA 15857
ARMSTRONG MO, B IRENE OPH
125 STATE ST ST MARYS PA 15B57
BABIN MO, ROMAN A PO
117 N MICHAELS ST ST MARYS PA 15B57
BENNER MO, NORMAN R FP
516 MARKET ST JOHNSONBURG PA 15B45
BLACKBURN MO, JOS M FP
275 E 4TH ST EMPORIUM PA 15B34
CHILIAN JR MO, STEPHEN A GS
16 RAILROAO ST ST MARYS PA 15B57
COPPOLO MO, BERNARO L FP
121 ARCH ST ST MARYS PA 15B57
OELICH MO, JOHN P AN
ANOREW KAUL HOSP ST MARYS PA 15B57
DICKINSON MO, RO8T J P
220 CENTER ST RIOGWAY PA 15853
HACKETT JR MO, JAMES L IM
ANOREW KAUL MEM HOSP ST MARYS PA 15B57
HACKETT MO, JAMES L FP
B W 4TH ST EMPORIUM PA 15834
HAU8ER MO, CHAS A FP
125 S MICHAEL ST ST MARYS PA 15B57
LOMBAROO MO, SE8ASTIAN PTH
6201 NORTH 16TH ST PHOENIX AZ B5016
MCGEEHAN MO, JOHN T R
ANOREW KAUL MEM HOSP ST MARYS PA 15B57
MILLIGAN MO, JAMES E P
220 CENTER ST RIOGWAY PA 15853
MIN MO, HENRY M ORS
A KAUL MEM HOSP ST MARYS PA 15B57
MINTEER MO, JAMES W IM
102 CENTER ST RIOGWAY PA 15853
MYERS MO, PAUL R GS
ELK COUNTY HOSP RIOGWAY PA 15853
OROIWAY MO, M VERNON P
220 CENTER ST RIOGWAY PA 15853
PERNESKI MO, RO8T L ORS
ANOREW KAUL MEM HOSP ST MARYS PA 15857
PONTZER MO, HER8ERT FP
173 MAIN ST RIOGWAY PA 15B53
POULLIOTT MO, JEROME W GS
ANOREW KAUL HOSP ST MARYS PA 15B57
SHARKEY JR MO, OENNIS A PTH
ANOREW KAUL MEM HOSP ST MARYS PA 15B57
SIMPSON MO, ROBT C OPH
PO 8OX 4663 OCEANSIDE SURFSIDE BCH SC 29577
SORIANO MO, MANUEL G U
ANOREW KAUL MEM HOSP ST MARYS PA 15B57
SUNOER MO, JOS E FP
117 N MICHAEL ST ST MARYS PA 15857
THOMPSON MO, WM W FP
107 CENTER ST RIOGWAY PA 15B53
VALIGORSKY MO, PAUL J FP
BOX 43 FORCE PA 15B41
WU MO, CHAU H FP
407 BRIDGE ST JOHNSON8URG PA 15B45

Erie County

ADKINS MO, WM C U
225 W 25TH ST ERIE PA 16502
ALLANIGUE MO, ROGELIO M IM
20 W HIGH ST UNION CITY PA 16438
ALLEN MO, HUGH L IM
1261 W 9TH ST ERIE PA 16502
ALSHAIKHLY MO, A KARIMAREF ORS
213 BAER OR APT 10 ERIE PA 16505
AMACHER MO, HOWARO C FP
3125 FRENCH ST ERIE PA 16504
ANOERSON JR MO, WM H FP
BOX 122 W SPRINGFLO PA 16443
ANOERSON MO, GOROON P IM
4347 VALENCIA CT ERIE PA 16506
ANOERSON MO, RUSSELL S IM
3915 PARKSIDE AVE ERIE PA 1650B
ARMSTRONG MO, ERNEST L US
220 SHAWNEE OR ERIE PA 16505
BACON MO, RALPH O R
P O BOX 11 WATTS8URG PA 16442
8AJOREK MO, EOWARO J GS
230 W 26TH ST ERIE PA 16509
BAKER MO, GRAEME C PS
104 E SECOND ST ERIE PA 16507
BALES MO, CHAS R PS
104 E 2ND ST ERIE PA 16507
8ARCLAY JR MO, PAUL L IM
104 E 2NO ST ERIE PA 16507
8ECK MO, GERALO E FP
3750 W 25TH ST ERIE PA 16506
8EEBY MO, JAMES L GS
1611 PEACH ST ERIE PA 16501
BERESKY MO, 8ARNABAS FP
330B STATE ST ERIE PA 16508
BOHLENOER MO, GEO P OBG
140 W 2NO ST ERIE PA 16507
BOYLE MO, RICHARO C FP
106 MARTIN AVE LAKE CITY PA 16423
8RERETON MO, WM F IM
104 E 2NO ST 5TH FL ERIE PA 16501
BROCKMYER MO, M LAWRENCE GS
140 W 2NO ERIE PA 16507
BROWN MO, JOHN E FP
315 YORK ST CORRY PA 16407
BU MO, TAE-HYUNG OBG
1611 PEACH ST ERIE PA 16501
BURBRIDGE MO, I RALPH P
234 W 6TH ST ERIE PA 16507
BURDICK MO, MITCHELL R
915 MYRTLE ST ERIE PA 16502
BUTTERS MO, J GUY FP
316 WAYNE ST CORRY PA 16407
BYERS MO, ROBT J AN
406 RONOEAU OR ERIE PA 16505
BYERS MO, ROBT O IM
411 PASAOENA OR ERIE PA 16505
CALLAHAN MO, ROBT B P
1623 W 26TH ST ERIE PA 1650B
CARTER MO, JOS H AN
B16 HILLTOP RO ERIE PA 16509
CASSELMAN MO, HYMAN L FP
1032 W BTH ST ERIE PA 16502
CHAFFEE MO, JOHN S GS
B20 SASSAFRAS ST ERIE PA 16501
CHANAMOLU MO, VITTAL B PTH
343 QUIN8Y RO ROCHESTER NY 14623
CHAREPOO MO, KHASHAIAR GS
2532 E 39TH ST ERIE PA 16510
CHUNG MO, CHIN-YONG PO
926 W 38TH ST ERIE PA 1650B
CLAPP MO, JOHN S P
234 WEST SIXTH ST ERIE PA 16507
COHEN MO, WM W FP
3822 WAYNE ST ERIE PA 16504
COLE MO, OENNIS G ORS
406 PEACH ST ERIE PA 16507
COOPER MO, HOMI S N
1575 PINEWOOO OR FAIRVIEW PA 16415
CRITTENOEN MO, GEO B FP
9 N PEARL ST NORTH EAST PA 1642B
CRUZ MO, ROGELIO A TS
315 YORK ST CORRY PA 16407
CSIR MO, FLOYO M U
4 E SECOND ST ERIE PA 16507
OANIELE MO, JOS Q GS
23B W 22NO ST ERIE PA 16502
OEFRANCO MO, JOS M IM
1611 PEACH ST ERIE PA 16501
OEIMEL MO, JOSEPH F FP
515B PEACH ST ERIE PA 16509
OELANEY MO, JAMES H OPH
210 W 6TH ST ERIE PA 16507
OEMARCO MO, JOHN J O8G
2314 SASSAFRAS ST 305 ERIE PA 16502
OESANTIS MO, ARCHIE J FP
6206 LAKE SHORE OR ERIE PA 16505
OESHPANOE MO, ASHA S PTH
3614 PRISCILLA OR ERIE PA 16506
OESHPANOE MO, SHARAOCHANORA US
ST VINCENT HOSP PO 8X74 ERIE PA 16512
OIETEMAN MO, OAVIO F O
1611 PEACH ST ERIE PA 16501
OISTEFANO MO, BERAROINO IM
238 W 22 ST ERIE PA 16502
OOUPE MO, OAVIO W OBG
210 E 2NO ST ERIE PA 16507
ORISCOLL MO, ROBERT A R
3545 CULPEPPER OR ERIE PA 16506
ORUCKEMILLER MO, WM H NS
225 W 25TH ST STE 305 ERIE PA 16502
ORUMHELLER MO, JOHN F PO
1611 PEACH ST ERIE PA 16501
OU8EY MO, SAROJ K FP
1650 PERSHING AVE ERIE PA 16509
OUOENHOEFER MO, FREOERICK J IM
2048 ENFIELO LANE ERIE PA 16509
OUGAN MO, ROBT B OPH
225 W 25TH ST ERIE PA 16502
OUNN MO, OAVIO O GS
140 W 2NO ST ERIE PA 16507
OUSCKAS MO, GEO J OTO
311 W 6TH ST ERIE PA 16507
EARICK MO, MICHAEL E OPH
225 W 25TH ST ERIE PA 16502
ECKBERG MO, JOHN J IM
140 W 2NO ST SUITE 203 ERIE PA 16507
EHRLER MO, AUGUST H FP
2618 SIGS8EE ST ERIE PA 1650B
EISEN8ERG MO, RICHARO B PTH
4929 EOGEVALE OR ERIE PA 16509
ENGEL MO, MILTON I IM
2501 SASSAFRAS ST ERIE PA 16502
EULIAND JR MO, JOHN J ORS
406 PEACH ST ERIE PA 16507
EULIANO MO, JOHN J ORS
406 PEACH ST ERIE PA 16507
FASO MO, JOS M CRS
3216 STATE ST ERIE PA 1650B
FERNANOO MO, NEVILLE A AN
ST VINCENT HEALTH CTR ERIE PA 16512
FLANAGAN MO, JOHN E IM
140 W 2NO ST ERIE PA 16507
FLOREK MO, FLORIAN F ORS
27 MARKET ST EOIN8ORO PA 16412
FRANCIS MO, PAUL P
155 W BTH ST ERIE PA 16501
FRANKOVITCH MO, KARL F ORS
406 PEACH ST ERIE PA 16507
FRYCZYNSKI MO, THADOEUS P IM
502 E 12TH ST ERIE PA 16503
FURR MO, CHARLES M IM
104 EAST SECOND ST ERIE PA 16507
FUST MO, JOHN A PTH
HAMOT HOSP ERIE PA 16512
GARBEN MO, ALLAN C PM
277 OEPEW AVE BUFFALO NY 14214

GARRISON MD, JDHN M TS
104 E 2ND ST ERIE PA 16507
GARVEY MD, WM P FP
3506 STERRATTANIA RO ERIE PA 16506
GAUGHAN MD, JOS F PM
666 W 38TH ST ERIE PA 1650B
GEIGLE MD, CARL F CRS
3216 STATE ST ERIE PA 1650B
GERMAN MO, ANTDNID I PTH
232 W 25TH ST ERIE PA 16512
GDLO MO, JACK PD
926 W 38TH ST ERIE PA 1650B
GDURGOUTIS MD, GEDRGE O IM
104 E 2ND ST ERIE PA 16507
GUBB MD, GEDFFREY W FP
4 E 2ND ST ERIE PA 16512
GUELCHER MD, RDBT T DTD
1611 PEACH ST STE 320 ERIE PA 16501
GUSTIN MD, THOS A P
3631 WINTHRDP OR ERIE PA 16506
GUTHLEBEN MD, JDHN G DBG
140 W 2ND ST ERIE PA 16507
HARMDN MD, EOISDN H FP
8 PARK PL CDRRY PA 16407
HARRISDN MO, PAUL O FP
33 W HIGH ST UNION CITY PA 16438
HARTER MO, ALAN C PRM
2901 E LAKE RO ERIE PA 16511
HAVRILLA MO, THDMAS R US
3790 FREEMONT RD S EUCLID OH 44121
HEIBEL MD, RICHARD H IM
225 WEST 25TH ST ERIE PA 16502
HENDERSDN MD, ELLSWORTH W FP
30 W HIGH ST UNIDN CITY PA 1643B
HENDRICKS JR MD, WM C NS
202 EAST 2ND ERIE PA 16507
HILEMAN MD, JAMES O FP
315 YDRK ST CORRY PA 16407
HIPPS MD, JOHN G PRM
1990 NAGLE RD ERIE PA 16510
HIRSCH MO, JACK H FP
2963 PEACH ST ERIE PA 1650B
HD MO, RAYMDND C PD
112 HILLCREST DR RO 4 CDRRY PA 16407
HD MO, SZE-KEY P
MAYVIEW STATE HDSP BRIDGEVILLE PA 15017
HOU MD, CHING W DBG
540 WAYNE ST APT C CDRRY PA 16407
HUDSDN JR MD, HDWARD L R
104 E 2ND ST ERIE PA 16507
HYATT MO, FLDYD R R
102 E 2ND ST ERIE PA 16507
JACKSDN MD, WM G IM
232 WEST 25TH ST ERIE PA 16512
JAGEMAN MD, JAMES R FP
2104 ZIMMERLY RO ERIE PA 16509
JAGEMAN MD, JDHN C IM
2104 ZIMMERLY RO ERIE PA 16509
JENKINS MO, JAY L IM
104 E 2ND ST ERIE PA 16507
JOY MD, CHAS A IM
4 W 34TH ST ERIE PA 1650B
JUANG MD, RICHARD C GS
2800 STATE ST ERIE PA 1650B
KALAGAYAN MD, HECTDR J GS
5 SDUTH ST UNIDN CITY PA 1643B
KALKHDF MD, THOS C FP
3815 FIELD ST ERIE PA 16511
KAMINSKY MD, ANTHDNY F U
225 W 25TH ST ERIE PA 16502
KAMINSKY MD, JAMES F AN
3520 BEECH AVE ERIE PA 1650B
KARLE MO, JOHN G DPH
104 E 2ND ST ERIE PA 16507
KARSH MD, CARL A FP
41 W MAIN ST NDRTH EAST PA 1642B
KECK MD, DAVID J FP
210 E MAIN ST FAIRVIEW PA 16415
KEISTER MD, STEPHEN R IM
104 E 2ND ST ERIE PA 16507
KEMBLE MO, EDWARD E IM
104 E 2ND ST 7TH FL ERIE PA 16507
KIBLER MO, CHAS E GS
140 W 2ND ST ERIE PA 16507
KICHLU MD, KUNJ B FP
1741 W 26TH ST ERIE PA 1650B
KING MD, RDY J FP
225 E 6TH ST ERIE PA 16507
KOPYCINSKI MO, CLARK F FP
5158 BUFFALD RO ERIE PA 16510
KREMER JR MO, EDWIN S OBG
2314 SASSAFRAS ST ERIE PA 16502
KUHN MD, RICHARD H FP
225 W 25TH ST ERIE PA 16502
KUITERT MD, JOHN H PM
PO BDX 896 SEASIDE DR 9713B
KURUP MD, SIVA P P
232 WEST 25TH ST ERIE PA 16512
LAMBERTDN MD, WM O FP
213 E 41ST ST ERIE PA 16504
LAMP MO, ALBERT L PD
232 W 25TH ST ERIE PA 16502
LANGE MD, JDHN A P
1611 PEACH ST #455 ERIE PA 16501
LARA MD, HENRY R PTH
HAMOT HDSP ERIE PA 16512
LASHER MO, JAY D GS
1611 PEACH ST SUITE 255 ERIE PA 16501
LASHER MD, LEMUEL A GS
255 PROFESSIDNAL BLDG ERIE PA 16501
LASHER MD, RDBT L GS
1611 PEACH ST SUITE 255 ERIE PA 16501
LAYDEN MD, PAUL W DRS
204 WEST 26 STREET ERIE PA 1650B
LEACH MD, GARY R U
520 SHAWNEE DR ERIE PA 16505
LEE MD, IN W P
3102 EL CDRTD WAY ERIE PA 16506
LEDNE MD, CHAS R GS
238 W 22 ST ERIE PA 16502
LLDYO MD, GERALD R FP
315 YDRK ST CORRY PA 16407
LDEB MD, RDBT L IM
557 W 8TH ST ERIE PA 16502
LORUSSD MD, VIRGIL A GS
2225 LIBERTY ST ERIE PA 16502
LUPD DD, STEPHEN F AN
2001 BERKSHIRE LN ERIE PA 16509
LYDNS MD, GARY W TS
225 W 25TH ST ERIE PA 16502
LYDNS MD, RICHARD C U
4 E 2ND ST ERIE PA 16507
MACLACHLAN MD, WM W OTO
1611 PEACH ST ERIE PA 16501
MAINZER MO, FRANCIS K NS
5 E 34TH ST ERIE PA 16504
MANGD MO, ALBERT E FP
128 E 7TH ST ERIE PA 16501
MARASCD MD, RICHARD M FP
255 W 25TH ST ERIE PA 16507
MARSH MD, RDBT J U
225 W 25TH ST ERIE PA 16502
MARSHALL MD, JACK H FP
210B W 8TH ST ERIE PA 16505
MARTINI MD, VICTOR S FP
20 W HIGH ST UNION CITY PA 1643B
MASSEY MO, GORDON J FP
60 N LAKE ST NDRTH EAST PA 1642B
MCCDMBS MD, RAY D FP
93B PDWELL AVE ERIE PA 16505
MCLAREN JR MD, HARDLD J U
225 W 25TH ST SUITE 204 ERIE PA 16502
MCNEILL MD, DDNALD B DBG
1611 PEACH ST ERIE PA 16501
MEAD MD, RDBT M FP
EL CDRTD WAY ERIE PA 16506
MERCIER MD, EDWARD E IM
225 W 25TH ST ERIE PA 16502
MERSKI MD, ANTHDNY T FP
2624 LAKESIDE DR ERIE PA 16511
MILLER 2ND MD, TOM R FP
HIGH ST EDINBORO PA 16412
MILLER MO, ROLAND E FP
HAMDT HDSP AMB CARE ERIE PA 16507
MIR MD, DAVID J DRS
406 PEACH ST ERIE PA 16507
MISCHLER MO, FORREST C GS
104 E 2ND ST ERIE PA 16507
MDAKEH MD, MDHAMED U
1422 W 38TH ST ERIE PA 1650B
MDNAHAN MD, JDHN J DRS
406 PEACH ST ERIE PA 16501
MORK MD, GUSTAVE W PD
1611 PEACH PROF BLDG ERIE PA 16501
MDRRIS MO, JDHN L FP
HIGH ST EDINBORO PA 16412
MDYER MD, THELBERT R PM
2902 HOMESTEAD ST ERIE PA 16506
MRAZ MD, JAMES E ORS
204 WEST 26 STREET ERIE PA 1650B
MRAZ MO, JOHN P D
225 W 25TH ST ERIE PA 16502
MSZANDWSKI MO, EDWIN M GS
502 E 12TH ST ERIE PA 16503
MSZANDWSKI MO, MELCHIDR FP
502 E 12TH ST ERIE PA 16503
NAGLE MD, DDUGLAS B R
104 E 2ND ST 5TH FL ERIE PA 16507
NARDUCCI MO, ANTHDNY E GS
2800 STATE ST ERIE PA 1650B
NARUS MD, VETDLD T D
1123 W 38TH ST ERIE PA 1650B
NDLAN JR MD, THDS F GS
225 W 25TH ST ERIE PA 16502
NUTTER MD, RAYMOND B PRM
3853 TRASK AVE ERIE PA 1650B
OBRIEN MD, J ELMER GS
302 E 10TH ST ERIE PA 16503
DLACK MO, JEROME A R
104 E 2ND ST ERIE PA 16507
DVERFIELD MD, EDWARD M IM
104 E 2ND ST ERIE PA 16507
PAK MD, HANHO GS
E R HAMOT MED CTR ERIE PA 16512
PALMER MD, DELMAR R DBG
230 W 26TH ST ERIE PA 1650B
PARSONS MD, WM H P
3503 PDPLAR ST ERIE PA 1650B
PATEL MD, VINDD M IM
238 W 22ND ST ERIE PA 16502
PELLIZZARI MD, RINALOD G PTH
HAMOT HOSP ERIE PA 16512
PENMAN MD, RDBT K DRS
2626 SIGSBEE ST ERIE PA 1650B
PEPICELLD MD, JAMES A GS
3835 COOPER RDAD ERIE PA 16510
PETERSDN MO, CLIFFDRD M DBG
2314 SASSAFRAS ST ERIE PA 16502
PETRE MD, JDHN H U
4 E 2ND ST ERIE PA 16507
PISTDRID MD, MICHAEL J FP
1123 W 38TH ERIE PA 1650B
PDGDRZELSKI MO, GEO H FP
1555 S SHDRE DR ERIE PA 16505
RAHNER MD, RICHARD A ORS
204 WEST 26 STREET ERIE PA 1650B
RALSTDN MD, EMERALD M FP
510 E MEADDW LA PHOENIX AZ 85022
RECID MD, CDNRADD M PD
1611 PEACH ST SUITE 400 ERIE PA 16501
RENZ MO, RDBT T PTH
ST VINCENT HOSP ERIE PA 16502
RICKLOFF MD, RAYMDND J O
165 DDRAL CIRCLE NAPLES FL 33940
RDCHE MD, RDBT J OBG
1122 EAST AVE ERIE PA 16503
RODS MD, ALFRED T FP
3125 FRENCH ST ERIE PA 16504
RDTH MD, RUSSELL B U
225 W 25TH ST SUITE 204 ERIE PA 16502
RDZWADOWSKI MD, JACK V PTH
406 WILKINS RO ERIE PA 16505
SAEDI MO, SAED F TS
104 E SECDND ST ERIE PA 16507
SAMARASINGHE MO, GUNASIRI AN
4916 WDOD ST ERIE PA 16509
SANDSTRDM MD, PAUL H R
104 E 2ND ST ERIE PA 16507
SANTDMENNA MO, MICHAEL A GS
23B W 22 ST ERIE PA 16502
SANTDSD MD, LIMJADI IM
HAMDT MED CTR ERIE PA 16512
SAROESAI MD, PRABHAKER G TS
104 E 2ND ST ERIE PA 16507
SCARPITTI MO, WM F DBG
350 W 10TH ST ERIE PA 16502
SCHAAF MD, CHAS F FP
3104 PEACH ST ERIE PA 1650B
SCHAAF MD, JOHN T IM
104 E SECOND ST ERIE PA 16507
SCHLABACH MD, DDNALD M R
104 E 2ND ST 5TH FL ERIE PA 16507
SCHUSTER MD, JAMES L DRS
140 W 2ND ST STE 100 ERIE PA 16507
SCIBETTA MD, MARID P R
104 E 2ND ST 5TH FL ERIE PA 16507
SCULLY MO, DENNIS M FP
3125 FRENCH ST ERIE PA 16504
SEIFERTH MD, WM J IM
VET ADMIN HDSP ERIE PA 16501
SEMPLE MD, JDS M OBG
4213 STATE ST ERIE PA 1650B
SHARMA MO, SUKH D IM
6351 LAKESHORE DR ERIE PA 16605
SHELLEY MO, ELMER G FP
299 N RIVERSIDE DR PDMPANO BCH FL 33062
SHERAFAT MD, MDSTAFA TS
104 E 2ND ST ERIE PA 16507
SHUBERT MD, EDWARD AN
4601 GLENNDDD PK AVE 60 ERIE PA 16509
SIMDRA MD, FELIX S P
234 W 6TH ST ERIE PA 16507
SINGH MO, KRIPA S P
1570 WINTERGREEN LN FAIRVIEW PA 16415
SIVAK MD, MICHAEL V OTD
506 E 25TH ST ERIE PA 16503
SKDVRDN MD, MICHAEL DRS
716 SASSAFRAS ST ERIE PA 16501
SMYTH MD, WM T PTH
232 W 25TH ST ERIE PA 16512
SNIDER MO, B LEONARD D
3416 STATE ST ERIE PA 1650B
SNDW MD, DANL S FP
525 W 10TH STREET ERIE PA 16502
SPAULDING MD, HERBERT E US
62 EL DDRADD PARK SAN MARCOS CA 92069
STARR MO, ALBERT M AN
4727 WDLF RD ERIE PA 16505
STRANG MO, MARY S R
104 E 2ND ST 5TH FL ERIE PA 16507
STUART MD, RDBT B FP
1565 WEST 38TH ST ERIE PA 1650B
SUMMERS MD, DAVID S N
1611 PEACH ST ERIE PA 16501
SUPPA MD, OSVALDD S IM
4 E 2ND ST ERIE PA 16512
SUSAN MD, LUAY P U
232 W 25TH ST ERIE PA 16512
TABORA MD, EMMANUEL J GS
1611 PEACH ST ERIE PA 16501
TAN MD, WILFREDD S TS
5536 ZEMVILLE DR ERIE PA 16510
TATE MD, J HARRISDN FP
1174 HILLTDP RD ERIE PA 16509
TAVANA MD, MANOUCHER GS
23B W 22 ST ERIE PA 16502
TEEO MO, EDWARD L OPH
104 E 2ND ST 6-A ERIE PA 16507
THEUERKAUF JR MD, FRANK J CRS
3216 STATE ST ERIE PA 1650B
THEUERKAUF MD, FRANK J GS
309 SHAWNEE DR ERIE PA 16505
THOMAS JR MD, JAMES J US
210 E 2ND ST ERIE PA 16507
TIDD MD, RALPH M FP
50B PITT AVE ERIE PA 16505
TIMMDNS MO, RDBT G IM
140 W 2ND ST ERIE PA 16507
TIRDL MD, FRANCISCD T GS
315 YORK ST CDRRY PA 16407
TODZE MD, FRANK M PS
104 E 2ND ST ERIE PA 16507
TDPERZER MO, BETTY C FP
104 E 2ND ST ERIE PA 16507
TREDWAY MD, JDHN B IM
140 W 2ND ST STE 203 ERIE PA 16501
TREIBER MD, KENNETH S IM
1056 W 26TH ST ERIE PA 1650B
TRIPPE MD, FRANK A US
321 INDIANA DR ERIE PA 16505
TSAI MO, MING C IM
540 B BLDG WAYNE ST CDRRY PA 16407
UNDERHILL MD, WM L IM
104 E 2ND ST 7TH FLODR ERIE PA 16507
VANDAMIA MD, DDNALD N FP
5158 PEACH ST ERIE PA 16509
VERDECCHIA MO, LED M OBG
1611 PEACH ST ERIE PA 16501

WALKER MO, JAMES F IM
302 W 9TH ST ERIE PA 16502
WALLACE MO, WILBUR S FP
790 LINCOLN AVE ERIE PA 16505
WALSH MO, JOS M GS
1410 S SHORE OR ERIE PA 16505
WARO MO, EOGAN H IM
104 E 2NO ST ERIE PA 16507
WAROEN MO, JAMES R GS
1611 PEACH ST ERIE PA 16501
WARFEL MD, MARTIN C FP
560 E 3RO ST ERIE PA 16507
WEAVER MO, JAMES O FP
3512 MALCOLM GROW USAF WASHINGTON OC 20331
WELLS MO, E BUIST IM
140 W 2NO ST SUITE 203 ERIE PA 16507
WHARTON MD, STANLEY W FP
1950 LAKESIDE OR ERIE PA 16511
WICKRAMASINGHE MO, EAROLY K FP
5035 CIDER MILL RO ERIE PA 16509
WILHELM MO, WILLIAM C PO
104 EAST 2NO ST ERIE PA 16512
WILKOS MO, FRANCIS J FP
619 E 10TH ST ERIE PA 16503
WILLIAMS MO, OONALO D OBG
225 W 40TH ST ERIE PA 1650B
YANG MO, OONG S DBG
1611 PEACH ST STE 325 ERIE PA 16501
YOUNG MO, HENRY A GS
140 W 2NO ST SUITE 102 ERIE PA 16507
ZAOEH MO, MEHOI L GS
4520 UPLANO OR ERIE PA 16509
ZIEZIULA MO, RONALO F PO
104 E 2NO ST ERIE PA 16507
ZIMM MD, EOWARO J OTO
225 W 25TH ST ERIE PA 16502
ZONE MO, OONALO O IM
104 E 2NO ST ERIE PA 16507

Fayette County

ANOOLINA MO, STEPHEN FP
103 N PITTSBURGH ST CONNELLSVILLE PA 15425
AREZA MO, PABLO R AN
2021 REVERE OR CONNELLSVILLE PA 15425
AYRES MO, WM W PTH
205 EASY ST UNIONTOWN PA 15401
BINNS MO, VERONICA PO
200 UNION BLDG BROWNSVILLE PA 15417
BLASS MO, OAVIO C FP
UNIONTOWN HOSP UNIONTOWN PA 15401
BLUMENSCHEIN MO, GERTRUOE FP
105 MEOICAL ARTS BLDG UNIONTOWN PA 15401
BONUCCI MO, BRUNO L FP
STAR JUNCTION PA 154B2
CAROENAS MO, FLORENCIO P U
205 EASY ST UNIONTOWN PA 15401
CARVER MO, MARGARET A OBG
105 MEOICAL ARTS BLDG UNIONTOWN PA 15401
CHANORASEKARAN MO, SANNASIE IM
66B N GEARY ST MOUNT PLEASANT PA 15666
CLOUD MO, M HARLAN FP
612 MT VERNON TOWERS UNIONTOWN PA 15401
COLVIN MO, WM F FP
AOELAIOE RO & RT 201 CONNELLSVILLE PA 15425
CONN MO, HOWARO F IM
239 MC CLELLANOTOWN RO UNIONTOWN PA 15401
CONNELLY MO, JEHUE R FP
217 MAIN ST FAYETTE CITY PA 1543B
COOK MO, RALPH W FP
R O 1 SMOCK PA 154B0
CORRAOO JR MO, CATALOO F GS
86 CONNOR ST UNIONTOWN PA 15401
CORRAOO MO, CATALOO FP
136 E FAYETTE ST UNIONTOWN PA 15401
COX MO, RALPH L FP
101 S PITTSBURG ST CONNELLSVILLE PA 15425
OAS MO, JAGANNATH OBG
76 EVERGREEN TERRACE UNIONTOWN PA 15401
OAURIA MO, THOS M PO
205 EASY ST UNIONTOWN PA 15401
OENT MO, ALANO C GS
217 MAIN ST FAYETTE CITY PA 1543B
OURKAN MO, GERALO P IM
6 EMERSON ST UNIONTOWN PA 15401
ELLENSWEIG MO, MORRIS S OBG
PROF PLAZA 205 EASY ST UNIONTOWN PA 15401
ENGLISH MO, ROBERT S O
RT 1 BOX 373 SMITHFIELO PA 1547B
FOREJT MO, JOS M FP
305 S ARCH ST CONNELLSVILLE PA 15425
FRANKLIN MO, OONALO S IM
UNIONTOWN HOSPITAL UNIONTOWN PA 15401
GAROFALO MO, CARL A FP
130 SIMPSON RO BROWNSVILLE PA 15417
GAROFALO MO, RALPH F FP
BOX 71 BROWNSVILLE PA 15417
GOLOBLUM MO, JACOB R
500 W BERKELEY ST UNIONTOWN PA 15401
GOOOMAN MO, OAVIO B IM
205 EASY ST UNIONTOWN PA 15401
GOROON JR MO, JOHN W US
12241 MIRASOL PL SAN OIEGO CA 9212B
HIBBS MO, JOHN B IM
51 W FAYETTE ST UNIONTOWN PA 15401
HUBBARO MO, CHAS C GS
140 STOCKTON AVE UNIONTOWN PA 15401
ISARIYAWONGSE MO, PRAKORB GS
53 MARKET ST RM 500 BROWNSVILLE PA 15417
JANA MO, BARID B GS
161B S PITTSBURGH ST CONNELLSVILLE PA 15425
JIN MO, BYUNGHAK GS
113 HAGUE LANE UNIONTOWN PA 15401
JOSHI MO, KISHOR E IM
UNIONTOWN HOSPITAL UNIONTOWN PA 15401
KAMONS MO, EOWIN J FP
107 E MAIN ST UNIONTOWN PA 15401
KAMONS MO, HAROLO O FP
MARKLEYSBURG PA 15459
KIM MO, OONG H PO
2014 VALLEY FORGE OR CONNELLSVILLE PA 15425
KIM MO, MYOUNG S OBG
227 PROFESSIONAL PLAZA UNIONTOWN PA 15401
KOMALAHIRANYA MO, AMNUAY OBG
160 SKYLINE OR CALIFORNIA PA 15419
KOMALAHIRANYA MO, USA E AN
BROWNSVILLE HOSP BROWNSVILLE PA 15417
KOUGH MO, OTHELLO S FP
9 W CHURCH ST UNIONTOWN PA 15401
LARKIN MO, FRANCIS L GS
30 OELAWARE AVE UNIONTOWN PA 15401
LARKIN MO, WM A GS
30 OELAWARE AVE UNIONTOWN PA 15401
LEE MO, YING P GS
30 OELAWARE AVE UNIONTOWN PA 15401
LIM MO, EOWARO T R
16 MAYFLOWER OR UNIONTOWN PA 15401
MAHER MO, REGIS M GS
109 MEO ARTS BLDG UNIONTOWN PA 15401
MAHIOHARA MO, SESHAMAMBA PTH
UNIONTOWN HOSP UNIONTOWN PA 15401
MCOANIEL MO, ROBT A FP
112 N BTH ST CONNELLSVILLE PA 15425
MCGEE MO, W RALSTON GS
30 OELAWARE AVE UNIONTOWN PA 15401
MCLELLAN JR MO, THOS G OPH
323 BREAKNECK RO CONNELLSVILLE PA 15425
MEOINA MO, RDLOAN G GS
304 O MORGANTOWN ST UNIONTOWN PA 15401
MEOLEN MO, RUOOLPH E FP
30 OELAWARE AVE UNIONTOWN PA 15401
MITCHELL MO, WM J ORS
63 STOCKTON AVE UNIONTOWN PA 15401
MOATS MO, ANTHONY W P
MAYVIEW STATE HOSP BRIOGEVILLE PA 15017
MONTGOMERY MO, MARK R FP
107 CHURCH ST FAIRCHANCE PA 15436
NEWILL MO, WM K GS
B04 S PITTSBURGH ST CONNELLSVILLE PA 15425
OLIVERIO MO, ANTHONY J OTO
30 OELAWARE AVE UNIONTOWN PA 15401
PARK MO, JONGSUOK OBG
113 HAGUE LANE UNIONTOWN PA 15401
PARK MO, MIN H FP
20B SKYLINE OR CALIFORNIA PA 15419
PARK MO, THOS E FP
20B UNION STA BLDG BROWNSVILLE PA 15417
PATRICIO MO, ALEJANORO M OBG
413 JOANNE LN UNIONTOWN PA 15401
PEREZ MO, GOOOFREOO B FP
410 2NO NATL BANK BLDG CONNELLSVILLE PA 15425
PETERS MO, ROBT J IM
B7 KENSINGTON ST UNIONTOWN PA 15401
RALSTON MO, JAMES C FP
500 N WATER ST MASONTOWN PA 15461
REILLY MO, PHILLIP E US
125 BELMONT CIR UNIONTOWN PA 15401
RHEE MO, KY Y AN
40B JOANNE LANE UNIONTOWN PA 15401
RUPP MO, RDBT A DTO
30 OELAWARE AVE UNIONTOWN PA 15401
RUSH MO, JOHN F FP
1 S MOUNT VERNON AVE UNIONTOWN PA 15401
SARAOAR MO, RIAO IM
116 BRAYLANE UNIONTOWN PA 15401
SETTY MO, POLEPALLI S IM
2900 MEMORIAL BLVO CONNELLSVILLE PA 15425
SHELBY MO, JOSEPH E GS
54 W FAYETTE ST UNIONTOWN PA 15401
SINGH MO, VIJAI P R
UNIONTOWN HOSP UNIONTOWN PA 15401
SLOAN MO, CHAS R FP
1 S MT VERNON UNIONTOWN PA 15401
STAMAN MO, HARRY OPH
49 W CHURCH ST UNIONTOWN PA 15401
STONE MO, RALPH E OTO
B PENN ST CONNELLSVILLE PA 15425
STURGEON JR MO, JOHN O PO
6B BEN LOMONO ST UNIONTOWN PA 15401
TOLSTOI MO, GEO PTH
UNIONTOWN HOSP UNIONTOWN PA 15401
TROILO MO, CAMILLO T FP
101 E CRAWFORO AVE CONNELLSVILLE PA 15425
VARGA MO, ARTHUR B AN
UNIONTOWN HOSP UNIONTOWN PA 15401
VILLAVICENCIONOCHE M, LYOIA L FP
155 LENOX ST UNIONTOWN PA 15401
WILT MO, HAROLO L FP
B99 SE 2NO AVE 206 OEERFLO BCH FL 33441
WRIGHT JR MO, ALFREO E U
205 EASY ST UNIONTOWN PA 15401
ZAIOAN MO, JAMES G GS
205 EASY ST UNIONTOWN PA 15401
ZAMMERILLA MO, CHARLES A FP
P O BOX 550 WAYNESBURG PA 15370

Franklin County

AOAMS MO, LYNN I FP
411 S FAYETTE ST SHIPPENSBURG PA 17257
ALLEN MO, HAROLO Y FP
731 CUMBERLANO AVE CHAMBERSBURG PA 17201
ANGULO MO, ARMANO J AN
1201 WAYNE AVE CHAMBERSBURG PA 17201
ARNETT MO, EOWARO F PO
WAYNESBORO HOSP WAYNESBORO PA 1726B
ASHBY MO, JOHN O ORS
1201 WAYNE AVE CHAMBERSBURG PA 17201
BAKER JR MO, GEO W FP
130 E MAIN ST FAYETTEVILLE PA 17222
BALARAMAN MD, GOVINOACHETTY AN
1201 WAYNE AVE CHAMBERSBURG PA 17201
BARKLEY MO, WM W FP
5 ROAOSIOE AVE WAYNESBORO PA 1726B
BARTON MO, JAMES C FP
634 LINCOLN WAY EAST CHAMBERSBURG PA 17201
BEIOLER MO, JON G O
156 HARVEST LANE CHAMBERSBURG PA 17201
BENOER MO, WM A FP
776 LINCOLN WAY E CHAMBERSBURG PA 17201
BIKLE MO, CHAS A O
19 N 5TH AVE CHAMBERSBURG PA 17201
BLASCO MO, WALTER J R
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201
BREWER MO, WILLIAM C FP
359 E BALTIMORE ST GREENCASTLE PA 17225
BRINK MO, CORNELIUS P FP
1311 WILSON AVE CHAMBERSBURG PA 17201
BROWN MO, ROBT B FP
105 S POTOMAC ST WAYNESBORO PA 1726B
BRULL MO, RDBT GS
ORAWER 190 SUMMIT PLZ BLU RIOGE SMT PA 17214
BUNDY MO, THOS W OBG
1201 WAYNE AVE CHAMBERSBURG PA 17201
BURNS MO, FRANK O OBG
1201 WAYNE AVE CHAMBERSBURG PA 17201
CHAN MO, OANIEL M AN
PO BOX 96 WAYNESBORO PA 1726B
CHICKLO MO, JAMES M OTO
51B CLEVELAND AVE CHAMBERSBURG PA 17201
CHO MO, KWAN S AN
211 HIGHLAND CR CHAMBERSBURG PA 17201
CLUTZ MO, PAUL A FP
29 N MAIN ST MERCERSBURG PA 17236
OAVIS MO, THOS P FP
704 PHILAOELPHIA AVE CHAMBERSBURG PA 17201
DICKSON MO, JAMES A GS
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201
OITTMAR MO, STUART W OBG
473 LINCOLN WAY E CHAMBERSBURG PA 17201
OONAHOE MO, MICHAEL T IM
1201 WAYNE AVE CHAMBERSBURG PA 17201
OOVEY MO, WM C FP
217 LOUOON RO MERCERSBURG PA 17236
ENGLE MO, JOS H OPH
3 W MAIN ST WAYNESBORO PA 1726B
FARAGALLA MO, RAMSES I U
1201 WAYNE AVE CHAMBERSBURG PA 17201
FOSTER OO, OONALO B IM
64B E MAIN ST WAYNESBORO PA 1726B
FRANTZ MO, ALFREO S OBG
1201 WAYNE AVE CHAMBERSBURG PA 17201
FREEMAN MO, ALBERT W FP
76 W KING ST SHIPPENSBURG PA 17257
FREEMAN MO, WM A FP
P O BOX 130 SHIPPENSBURG PA 17257
FRY MO, ROBT L FP
53 GLEN ST CHAMBERSBURG PA 17201
GARCIA MO, OOMINGO A IM
S POTOMAC ST WAYNESBORO PA 1726B
GETTE MO, WARREN A IM
19 OLLER CT WAYNESBORO PA 1726B
GILDA MO, HERMAN A FP
273 LINCOLN WAY EAST CHAMBERSBURG PA 17201
GLOTFELTY MO, EARL FP
125 HARRISON AVE WAYNESBORO PA 1726B
GREENAWALT MO, RDBT G FP
125 E GUEEN ST CHAMBERSBURG PA 17201
GUENON MO, WM A FP
200 E FRANKLIN ST GREENCASTLE PA 17225
GUYTON MO, WM L GS
130 W MAIN ST WAYNESBORO PA 1726B
HAOOON JR MO, HARRY H IM
23 N THIRO ST CHAMBERSBURG PA 17201
HAN MO, CHONG C IM
310 LORTZ AVE CHAMBERSBURG PA 17201
HARTMAN MO, OWEN W PO
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201
HASAN MO, SAAO M R
SHEFFIELO OR RO3 CHAMBERSBURG PA 17201
HEIM MO, HELEN L FP
1734 WILSON AVE CHAMBERSBURG PA 17201
HENORICKSON MO, OONALO C PO
PROF ARTS BLDG CHAMBERSBURG PA 17201
HESS JR MO, O ROBERT FP
SHADYGROVE PA 17256
HESS MO, OOUGLAS B FP
SHAOY GROVE PA 17256
HESS SR MO, OAVIO R OBG
SHAOYGROVE PA 17256
HIMELFARB MO, HILLARO M OPH
1B2 S 2NO ST CHAMBERSBURG PA 17201
HOFFMAN MO, HOWARO L PTH
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201
HOJAT MO, SAIED M R
33 TURNER OR 1 FAYETTEVILLE PA 17222
INGALLS MO, WARREN J GS
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201
KHALIFA MO, NAGIB M U
1201 WAYNE AVE CHAMBERSBURG PA 17201
KIEFER MO, ROBT A FP
BLU ROGE SMT PA 17214
KISTLER MO, WARREN O OPH
1201 WAYNE AVE CHAMBERSBURG PA 17201
KORANGY MO, AMILE A R
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201

LAYMAN MD, RICHARD P PD
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201
LINDEMAN MD, CLARENCE W FP
1 W MAIN ST WAYNESBORO PA 17268
LOGAN MD, DAVID J GS
5 ROADSIDE AVE WAYNESBORO PA 17268
LORENTZ MD, GERALD T FP
412 LINCOLN WAY E MCCONNELLSBRG PA 17233
MAGBOJOS MD, QUIRICO R IM
178 HERITAGE RD CHAMBERSBURG PA 17201
MAGBOJOS MD, ZENAIDA V AN
178 HERITAGE RD CHAMBERSBURG PA 17201
MANGES MD, JOHN P R
1201 WAYNE AVE CHAMBERSBURG PA 17201
MATZELLE MD, DONALD W GS
1201 WAYNE AVE CHAMBERSBURG PA 17201
MCKENZIE MD, JAMES G R
WAYNESBORO HOSP WAYNESBORO PA 17268
MCLAUGHLIN MD, JUANITA S FP
21 N MAIN ST MERCERSBURG PA 17236
MERCHANT MD, RALPH P FP
R D 4 BOX 70 A SHIPPENSBURG PA 17257
MILLER MD, JOS J FP
39 S BROAD ST WAYNESBORO PA 17268
NAVARRO MD, ROBERTO N AN
WAYNESBORO HOSP WAYNESBORO PA 17268
NICKLES MD, WM A FP
SHIPPENSBURG STATE COLL SHIPPENSBURG PA 17257
PETERS MD, THEODORE FP
1427 WILSON AVE CHAMBERSBURG PA 17201
PREVOST MD, JOHN V FP
MERCERSBURG ACADEMY MERCERSBURG PA 17236
RAHAUSER MD, DAVID M FP
634 LINCOLN WAY E CHAMBERSBURG PA 17201
RAMIREZ MD, CONSTANCIO A PTH
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201
RECTOR MD, ROBT D GS
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201
RETTIG MD, STEPHEN J FP
48 E 2ND ST WAYNESBORO PA 17268
RICHARDS MD, ROBT N ORS
1201 WAYNE AVE CHAMBERSBURG PA 17201
ROSEL MD, ROMEO C GS
310 LORTZ AVE CHAMBERSBURG PA 17201
ROTHMAN MD, WARREN OTO
518 CLEVELAND AVE CHAMBERSBURG PA 17201
RUCH MD, ASHER G US
214 S COLONBROOK AVE CHAMBERSBURG PA 17201
SCHULTZ JR MD, WM C FP
134 CLAYTON AVE WAYNESBORO PA 17268
SHAPIRO MD, CHAS J FP
1047 LINCOLN WAY EAST CHAMBERSBURG PA 17201
SHUKLA MD, ROHITKUMAR S OBG
143 N OLLER AVE WAYNESBORO PA 17268
SMITH MD, FORREST F GS
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201
SOLLENBERGER MD, FRANKLIN S R
20 WEST THIRD ST WAYNESBORO PA 17268
SOMERS MD, ERNEST E ORS
PROF ARTS BLDG CHAMBERSBURG PA 17201
SOWELL MD, GEO A FP
100 N CARLISLE ST GREENCASTLE PA 17225
SOWERS MD, JOHN W FP
FAYETTEVILLE PA 17222
STAUER MD, RICHARD D ORS
1201 WAYNE AVE CHAMBERSBURG PA 17201
STERN MD, JAMES M GS
6 PINE HILL DR WAYNESBORO PA 17268
STETSON MD, DERWOOD L FP
RD 4 SHIPPENSBURG PA 17257
STEWART JR DO, JOSEPH H FP
48 E 2ND ST WAYNESBORO PA 17268
STEWART MD, ALEXANDER R
60 W KING ST SHIPPENSBURG PA 17257
STRITE MD, JOS D P
118 CUMBERLAND AVE SHIPPENSBURG PA 17257
SWARTZ MD, EDWARD F OBG
1201 WAYNE AVE CHAMBERSBURG PA 17201
TANANIS MD, HELEN F US
RR 2 FAYETTEVILLE PA 17222
TEETER MD, JAMES H GS
WAYNESBORO PROFSSNL CTR WAYNESBORO PA 17268
VANBUSKIRK MD, GORDON P FP
1047 LINCOLN WAY E CHAMBERSBURG PA 17201
VANKIRK MD, JAMES K FP
634 LINCOLN WAY E CHAMBERSBURG PA 17201
WILLIAMS JR MD, RICHARD B PTH
RD 4 HILLCREST HGTS WAYNESBORO PA 17268
WINGERD MD, ROBT A FP
776 LINCOLN WAY E CHAMBERSBURG PA 17201
WOLFINGER MD, WALTER L AN
203 HOMEWOOD AVE WAYNESBORO PA 17268
YOUNGS JR MD, HARRY H FP
2525 GULF OF MEX DR 4F SARASOTA FL 33577
ZIOBROWSKI MD, FRANK G U
1201 WAYNE AVE CHAMBERSBURG PA 17201

Greene County

AUSTIN MD, BRUCE R OBG
350 W SCHAUMBURG B163 SCHAUMBURG IL 60194
AVNER MD, DAVID L PRM
R D #1 GREENSBORO PA 15338
BAIRO MD, WM F PTH
GREENE COUNTY MEM HOSP WAYNESBURG PA 15370
BARTHOLOMEW MD, WM W GS
SUNRISE PK BOX 271 WAYNESBURG PA 15370
BOULOS MD, ONSI K FP
LIONS MEO CTR DRY TAVERN PA 15357
BROOKS MD, JAMES L FP
LOCUST AVE MOUNT MORRIS PA 15349

BUTERBAUGH MO, JOHN C GS
93 E HIGH ST WAYNESBURG PA 15370
CELAYIR MD, CAVIT FP
CARMICHAELS CLINIC CARMICHAELS PA 15320
CHAYAPRUKS MD, PRAYUN PD
189 E HIGH ST WAYNESBURG PA 15370
CLENDENNING MD, WM B FP
230 E HIGH ST WAYNESBURG PA 15370
CRUZ MD, ALICE M DBG
CARMICHAELS CLINIC CARMICHAELS PA 15230
CRUZ MD, TRINIDAD T GS
CARMICHAELS CLINIC CARMICHAELS PA 15230
FALOR MD, STANLEY L FP
151 S PORTER ST WAYNESBURG PA 15370
GREENLEE MD, DANL P GS
93 E HIGH ST WAYNESBURG PA 15370
GRIMES MD, CLARENCE W FP
MAIN ST RICES LANDING PA 15357
HARSHMAN MD, LEROY D IM
18304 GULF BLVD APT 609 REDINGTN SHRS FL 33708
HUFFMAN MD, CHAS R FP
1105 7TH ST WAYNESBURG PA 15370
KUNKEL MD, MARY E IM
B CLOVER LANE UNIONTOWN PA 15401
MISHRA MD, MANDRAMA PO
1811 6TH ST WAYNESBURG PA 15370
O'DONNELL MD, C LEONARD FP
64 CHURCH ST WAYNESBURG PA 15370
PATTERSON MD, ARTHUR J GS
223 E HIGH ST WAYNESBURG PA 15370
POWELL MO, GROVER C GS
PARK AVE RD 2 BOX 138 A WAYNESBURG PA 15370
RING JR MD, FLOYD D FP
1150 SEVENTH ST WAYNESBURG PA 15370
RUSH MO, CALVIN C OPH
106 W GREENE ST WAYNESBURG PA 15370
SINCLAIR MD, CATHERINE P FP
341 WATER OAK RO MCMURRAY PA 15317
SONNEBORN DO, MEYER R FP
P O BOX 68 WIND RIDGE PA 15380
SPRINGER MD, ROY A R
RTE #2 WAYNESBURG PA 15370
TSAI MO, JER Y IM
175 BONAR AVE WAYNESBURG PA 15370
WALKER MO, A CARL IM
59 S WASHINGTON ST WAYNESBURG PA 15370

Huntingdon County

BECK MO, ROBT H IM
923 MIFFLIN ST HUNTINGDON PA 16652
BROWN MO, ROBERT E PTH
J C BLAIR MEM HOSP HUNTINGDON PA 16652
BUMGARDNER MO, GEO H FP
ORBISONIA PA 17243
BUNYON MO, AGNES K OPH
WARM SPRINGS AVE HUNTINGDON PA 16652
BUNYON MO, ERHARD J IM
WARM SPRINGS AVE HUNTINGDON PA 16652
CLARK MO, H FORD OPH
814 WASHINGTON ST HUNTINGDON PA 16652
DUNN MD, PHILIP F FP
416 PENN ST HUNTINGDON PA 16652
FILLMAN MO, JOHN B OBG
805 MIFFLIN ST HUNTINGDON PA 16652
ISENBERG MO, CHESTER L FP
18TH & NORRIS ST SAXTON PA 16678
LONGO MO, SANTO PTH
RD 3 BOX 21 HUNTINGDON PA 16652
MAINZER MO, FRANCIS S GS
WARRIOR DAKS HUNTINGDON PA 16652
MAINZER MO, THOS R GS
BRYAN ST HUNTINGDON PA 16652
MALCOLM MO, DONALD C FP
BOX 218 ALEXANDRIA PA 16611
MCCLAIN JR MO, FRED H FP
P O BOX 58 MOUNT UNION PA 17066
MELOY MO, THOS K FP
803 WASHINGTON ST HUNTINGDON PA 16652
RAO MO, VAVILIKOLANU ORS
727 WASHINGTON ST HUNTINGDON PA 16652
REINERS MO, CHAS R GS
BRYAN ST HUNTINGDON PA 16652
SCHOCK MO, WM W PO
213 STANDING STONE AVE HUNTINGDON PA 16652
SCHUCKER MD, CHAS L OBG
806 MIFFLIN ST HUNTINGDON PA 16652
SILVA MD, OSCAR R GS
J C BLAIR MEM HOSP HUNTINGDON PA 16652
STEWART MD, H WILLIAM FP
MAIN ST BOX 276 ALEXANDRIA PA 16611
WATKIN MD, WALTER B FP
SALTILLO PA 17253
WAWROSE MO, FREDERICK E P
TOPDWAW HILL MTD RT HUNTINGDON PA 16652
WEST MD, WM B FP
ONEIDA HEIGHTS HUNTINGDON PA 16652

Indiana County

BARCLAY MO, WM A ORS
505 RUSTIC LODGE RO INDIANA PA 15701
BEE MO, DANL H FP
561 WATER ST INDIANA PA 15701
BEYMER MO, CHAS B GS
INDIANA U OF PA INDIANA PA 15701

BROWN MD, RALPH R FP
76 LIBERTY ST HOMER CITY PA 15748
BUCHMAN MD, DAVID H FP
21 E MARKET ST BLAIRSVILLE PA 15717
CAVOTO MD, MICHAEL J ORS
590 INDIAN SPRINGS RO INDIANA PA 15701
CHEN MD, JAMES C OBG
25 S 8TH ST INDIANA PA 15701
COHEN MD, SAML FP
50 W MARKET ST BLAIRSVILLE PA 15717
COPE MD, WALTER B DPH
63 S 9TH ST INDIANA PA 15701
DIPPERY MD, LEE M FP
1805 RT 422 WEST INDIANA PA 15701
EVANS MD, WM G FP
48 6TH ST CLYMER PA 15728
FLAHERTY MD, JANICE M FP
270 GRANDVIEW AVE INDIANA PA 15701
FREDA MD, RICHARD N DBG
25 S 8TH ST INDIANA PA 15701
GARRETTSON MD, JAMES A IM
590 INDIAN SPRINGS RO INDIANA PA 15701
GATTI MD, JOS W FP
637 PHILADELPHIA ST INDIANA PA 15701
GOLDSTROHM MD, ROBT G OPH
834 PHILADELPHIA ST INDIANA PA 15701
GREENE MD, ROBT F GS
1480 INDIAN SPRINGS RO INDIANA PA 15701
HANNA MD, GEO W GS
950 PHILADELPHIA ST INDIANA PA 15701
HANNA MD, HERBERT L FP
9 W MARKET ST BLAIRSVILLE PA 15717
HESS MD, CHESTER C FP
141 CONCORD ST INDIANA PA 15701
HUGHES MO, DAVID C OTO
1047 LILAC ST INDIANA PA 15701
KARANJIA MO, MINOO D OTO
364 S CARPENTER AVE INDIANA PA 15701
KAUFFMAN MO, CHESTER T FP
49 N 7TH ST INDIANA PA 15701
KREOEL MO, THOS W GS
INDIANA THEATER BLDG INDIANA PA 15701
LADRR MD, ANAN K GS
1177 S 6TH ST INDIANA PA 15701
LAPSLEY MO, JOHN H FP
276 S 7TH ST INDIANA PA 15701
LONG JR MO, HERBERT C R
1260 OAK ST INDIANA PA 15701
MACISAAC MD, PEGGY S D
553 SCHOOL ST INDIANA PA 15701
MCKOWN MO, JAMES W PO
HEATHERBRAE SQUARE INDIANA PA 15701
MILLER MO, RALPH J U
1480 INDIAN SPRINGS RO INDIANA PA 15701
MILLS MD, JOHN W OBG
590 INDIAN SPRINGS RO INDIANA PA 15701
MITCHELL MO, HENRY PO
45 S 8TH ST INDIANA PA 15701
NEAL JR MO, HARRY B FP
936 CHURCH ST INDIANA PA 15701
PARK MD, JOS M U
645 NORTH 6TH ST INDIANA PA 15701
SAYERS MD, KENNETH H FP
2050 NE 39TH APT 103N LIGHTHOUSE PT FL 33064
SHIPLEY MO, ALAN E ORS
1775 LISA DR APT B INDIANA PA 15701
SIBOLBORD MO, ISABELO Z AN
INDIANA HOSPITAL INDIANA PA 15701
SINGH MD, BIJAI B IM
1012 PHILADELPHIA ST INDIANA PA 15701
STRUNK OO, HERBERT A IM
590 INDIAN SPRINGS RO INDIANA PA 15701
TAKACH MD, STEPHEN J FP
39 SOUTH 6TH ST INDIANA PA 15701
TSAI MD, EDWARD M IM
832 PHILADELPHIA ST INDIANA PA 15701
TSAI MO, MICHAEL M P
840 PHILADELPHIA ST INDIANA PA 15701
VERNOCY MO, WILLIAM G GS
45 N 7TH ST INDIANA PA 15701
VERNOCY MO, WM C GS
45 N 7TH ST INDIANA PA 15701
WALDO MD, RALPH F IM
56 S 6TH ST INDIANA PA 15701
WEINER MO, FRANK PO
225 S 6TH ST INDIANA PA 15701
WHITTEN MD, WARREN L FP
11 S 7TH ST INDIANA PA 15701
WILLIAMS MO, MELVIN C IM
INDIANA HOSPITAL INDIANA PA 15701
WOODS MO, WM S FP
21 S STEWART ST BLAIRSVILLE PA 15717
YEAGLEY MO, WM B FP
1056 MANSFIELD AVE INDIANA PA 15701

Jefferson County

BANTLY MO, HARRY C GS
MEDICAL CENTER REYNOLDSVILLE PA 15851
BARLEY MO, SAML B ORS
101 N MAIN ST DUBOIS PA 15801
BIZOUSKY MD, FRANKLIN S FP
115 JENKS AVE PUNXSUTAWNEY PA 15767
BLAKESLEE OO, COLSON E FP
116 W LONG AVE DUBOIS PA 15801
BRANDON MD, MILTON B FP
6 N 3RD ST REYNOLDSVILLE PA 15851
BROHM MO, CHAS G GS
HAWTHORN PA 16230
BUFFONE MO, DAVID A OBG
PHYS OFF BLDG SUNFLR OR DUBOIS PA 15801

CARLIND MO, JAMES T FP
410 HILL ST REYNDLDSVILLE PA 15851
CHERRY MO, LDUIS J GS
6 N THIRD ST REYNOLDSVILLE PA 15851
COCHRAN MO, 8RYCE C FP
3 S 8RADY ST OU 8DIS PA 15801
CONWELL JR MO, FRANCIS L R
8ROOKVILLE HDSP 8RODKVILLE PA 15825
DANIELS MO, OAN GS
1840 52NO ST APT 12A 8RDDKLYN NY 11204
DEVITTORIO MD, ARMONO A FP
6 N 3RD ST REYNOLDSVILLE PA 15851
OEVLIN MO, AL8ERT E FP
1100 MAIN ST 8RDCKWAY PA 15824
OINSMORE MO, HARRY H GS
201 S JEFFERSON ST PUNXSUTAWNEY PA 15767
FATULA MO, GEO M PO
8LUE JAY DR RD 1 DU8DIS PA 15801
FUGATE JR MD, HOWARO FP
633 MAPLE AVE OU8DIS PA 15801
FUGATE MD, HOWARD FP
36 E MAIN ST SYKESVILLE PA 15865
FUGATE MO, JAMES K P
202 JENKS AVE PUNXSUTAWNEY PA 15767
GIGLIOTTI MD, ERNEST P OS
JENKS AVE-80X 404 PUNXSUTAWNEY PA 15767
GORDON DD, DANIEL S FP
207 N 4TH ST OU 8OIS PA 15801
GRIFFIN MO, STEVE P PTH
407 N FINOLEY AVE PUXSUTAWNEY PA 15767
GRILL MO, WINFREO E FP
3 S 8RAOY ST OU 8OIS PA 15801
HAGLUNO MO, ROOGER 8 PTH
306 HILLCREST DR DU8DIS PA 15801
HAVERTY DO, GARY F PTH
15 CALSWELL ST 8RODKVILLE PA 15825
HILL MO, WM R OPH
80X 394 OU 8OIS PA 15801
HOUCK MD, EARL E GS
409 RANOALL CT OU 8OIS PA 15801
HUH MO, SUN H R
PARK & JENK AVE PUNXSUTAWNEY PA 15767
KIM MO, SANG M ORS
301 S MAIN ST PUNXSUTAWNEY PA 15767
KLEIN MD, THEDDORE C FP
41 N BRAOY ST DU 8DIS PA 15801
KOH MO, SEUNG Y U
DEPOSIT 8ANK 8LDG DU8DIS PA 15801
LIPPERT MD, LDUIS C R
DU8DIS HDSP DU8DIS PA 15801
LORENZO MD, NICHDLAS F FP
682 MAIN ST BRDCKWAY PA 15824
LULL JR MD, CLIFFORD 8 R
P O 8DX 487 DU 8DIS PA 15801
MANGRDLA MD, PRA8HATSINH P AN
100 HDSPITAL AVE DU8DIS PA 15801
MCKINLEY MD, A RANDDN FP
12 S MAIN ST BRDDKVILLE PA 15825
MCKINLEY MD, DSCAR V FP
127 FRANKLIN AVE 8RDOKVILLE PA 15825
MCKINLEY MO, WAYNE S FP
51 S MAIN ST 8RDDKVILLE PA 15825
MURDDCK MD, FRED E DPH
28 1/2 W SCRI8NER AVE DU8DIS PA 15801
MURRAY MD, CARRDLL A FP
6 N 3RD ST REYNDLDSVILLE PA 15851
DCDNNDR MD, RAYMOND F DPH
212 PINE ST PUNXSUTAWNEY PA 15767
DRRIS MD, DDNALD J PO
18 S 3RD ST DU 8DIS PA 15801
PAIK MD, SUKYDUN R PTH
DU8DIS HDSP 100 HDSP AV DU8DIS PA 15801
RD88 MD, HARRY J DPH
3 S 8RADY ST DU 8DIS PA 15801
SANTDS MD, GASPAR A PD
114 LANE AVE PUNXSUTAWNEY PA 15767
SHAH MD, SHAH N GS
307 GREENRIDGE DR DU8DIS PA 15801
THAMES DD, RICHARD FP
105 W MAHDNING ST PUNXSUTAWNEY PA 15767
TRUNZD MD, FRANCIS J GS
116 E MAHDNING ST PUNXSUTAWNEY PA 15767
TSAI MD, WEI C ORS
ADRIAN HDSPITAL PUNXSUTAWNEY PA 15767
VERDNESI DD, JDHN N FP
DU 8DIS HDSP ER DEPT DU 8DIS PA 15801
YDD MD, TAI Y D8G
DEP 8NK 8LDG RMS 234-23 DU8OIS PA 15801

Lackawanna County

AGNDNE MD, PETER M AN
749 N MAIN AVE SCRANTDN PA 18504
ANDRIDLE MD, JDS P D8G
DNE ADAMS PLAZA STE 406 SCRANTON PA 18510
ANDRDSKI MD, JDHN J FP
1211 WASBURN ST SCRANTON PA 18504
ANTDGNDLI MO, ANTHDNY F FP
613 MAIN ST PECKVILLE PA 18452
ANTDGNDLI MO, WM J PTH
403 MED ARTS 8LDG SCRANTDN PA 18503
ARDNICA MD, MICHAEL J PM
1609 JEFFERSDN AVE DUNMDRE PA 18512
ARTA8ANE MD, THDS A IM
8DX 261/2 RD 2 CLARKS SUMMIT PA 18411
BADAWI MD, RADWAN A D
822 CDNNELL 8LDG SCRANTDN PA 18503
8ALL MD, MYRON H CRS
748 QUINCY AVE SCRANTDN PA 18510
8ANNDN MD, CHARLES J GS
MEDICAL ARTS 8LDG SCRANTDN PA 18503
8ARNES MO, WILLIS C AN
SUGARBUSH RO RD 2 OALTON PA 18414
8ENJAMIN MD, WALLACE F FP
606 PINE WDOO PL R O 1 SCRANTDN PA 18504
8ERAROIS MO, VELIO E FP
632 PROSPECT AVE SCRANTON PA 18505
BERGER MD, NORMAN S FP
MADISDN AVE MEO CTR SCRANTON PA 18510
8ERNSTEIN MO, A ALEXANOER FP
327 N WASHINGTON AVE SCRANTON PA 18503
8IANCARELLI MO, EOMUNO J FP
405 1/2 30 AVE JESSUP PA 18434
BISIGNANI MO, GABRIELLA M FP
946 MAIN ST PECKVILLE PA 18452
8LACK JR MO, WM A NS
SCRANTDN LIFE 8LOG SCRANTON PA 18503
8LOES MO, WALTER S FP
5 WASHINGTDN AVE JERMYN PA 18433
8LOMAIN MD, E WILLIAM FP
709 MAIN ST AVOCA PA 18641
8DLANO MO, FRANCIS P U
802 JEFFERSON ST SCRANTDN PA 18510
8DLANO MD, STANLEY W DPH
NDBLE ROAO CLARKS SUMMIT PA 18411
8OLUS MO, CHARLES M GS
PRES PLAZA TWN HDUSE 36 SYRACUSE NY 13202
8DRIDSI MO, GUIOO O P
324 NE NTL 8K 8LOG SCRANTON PA 18503
8RILL MO, FRANCIS W FP
1318 JACKSDN ST SCRANTON PA 18504
8ROWN MO, SYLVAN IM
475 MORGAN HWY SCRANTON PA 18508
8RUNDAGE MO, JOHN T FP
137 MAIN ST MUSCDW PA 18444
8RUNOAGE MO, RO8T P FP
733 MAIN ST PECKVILLE PA 18452
BURIK MO, ALEXANOER J D8G
748 QUINCY AVE SCRANTDN PA 18510
CACCIAMANI MO, JOHN O IM
802 JEFFERSDN AVE SCRANTON PA 18510
CAMPANELLA MO, JOS A FP
74 PITTSTON AVE PITTSTON PA 18640
CARINO MO, MARIEL G GS
204 8URTDN ST PECKVILLE PA 18452
CASEY MD, ADRIAN V D
CASEY INN SCRANTDN PA 18501
CESARE MD, JDS G DRS
MEDICAL ARTS BLOG SCRANTDN PA 18503
CHAI MD, MIN S D8G
141 SALEM AVE CAR8DNDALE PA 18407
CHANG MD, CHING H PD
141 SALEM AVE CAR8DNDALE PA 18407
CHANG MD, CHUN S P
41 DDRCHESTER DR DALLAS PA 18612
CHANG MD, LAURENCE P
41 DDRCHESTER AVE DALLAS PA 18612
CHIAVACCI MD, WAYNE E PD
440 N MAIN AVE SCRANTDN PA 18504
CIANNI MD, RONALD J IM
722 CDNNELL BLDG SCRANTDN PA 18501
CIMDCHDWSKI MD, ALEXANOER 8 FP
342 MAIN ST FDREST CITY PA 18421
CLAUSS MD, THDS F FP
515 GEDRGE ST THRDDP PA 18512
CDCHRAN MD, TERENCE A TS
SCRANTDN LIFE BLDG SCRANTDN PA 18503
CDLEMAN MD, THDS H FP
76 N MAIN ST CAR8DNDALE PA 18407
CDLIZZD MD, FRANK P D8G
1201 WASHBURN ST SCRANTDN PA 18504
COLLINS MD, CLYDE A FP
1735 SANOERSDN AVE SCRANTDN PA 18509
COTTDNE MD, 8ENJ J DPH
321 ARTHUR SCRANTON PA 18510
CDVALESKY MD, VICTDR J P
R D 2 DALTDN PA 18414
CDx MD, DANA D AN
P D BDx 240 CLARKS SUMMIT PA 18411
CRDSS MD, AL8ERT J IM
748 QUINCY AVE SCRANTDN PA 18510
CRUCIANI JR MD, DDMINICK A DPH
304 3RD NATL 8ANK 8LDG SCRANTDN PA 18503
CUPPLE MD, PETER P FP
1656 SANDERSDN AVE SCRANTDN PA 18509
CURTIN MD, EUGENE A D8G
802 JEFFERSDN AVE SCRANTDN PA 18510
DAVIS JR MD, RD8T V DPH
NDBLE RD CLARKS SUMMIT PA 18411
OEGENNARD MD, LDUIS P DTD
701 MEDICAL ARTS 8LDG SCRANTDN PA 18503
DELACRUZ MD, EMMANUEL A P
CLARKS SUMMIT S HDSP CLARKS SUMMIT PA 18411
DELED MD, CAESAR A FP
748 QUINCY AVE SCRANTDN PA 18510
DELED MD, NICHDLAS V FP
405 E ORINKER ST DUNMORE PA 18512
DEMKD MD, JDS N FP
300 MEADDW AVE SCRANTDN PA 18505
DEMPSEY MD, JAMES G GS
203 FRANKLIN AVE SCRANTDN PA 18503
DENK MD, MARY W R
746 JEFFERSDN SCRANTDN PA 18501
DEQUEVEDD MD, DUNALO G O8G
MEDICAL ARTS 8LDG SCRANTDN PA 18503
DEQUEVEDD MD, NESTDR G D8G
808 MED ARTS 8LDG SCRANTDN PA 18503
DIMMICK MD, EDGAR L US
CASEY INN RM 624 SCRANTON PA 18503
OOHERTY MD, JDHN H D8G
802 JEFFERSDN AVE SCRANTDN PA 18510
DDUGHERTY MO, JDSEPH C IM
741 QUINCY AVE SCRANTDN PA 18510
DRUFFNER JR MD, LEWIS C FP
603 GRDVE ST AVDCA PA 18641
DRUFFNER MD, CHAS R IM
SCRANTDN LIFE 8LDG SCRANTDN PA 18503
EISNER MO, A8RAHAM G FP
MADISDN AVE AT PINE ST SCRANTON PA 18510
EVANS JR MO, MILTON M FP
325 W ATHERTON ST TAYLOR PA 18517
FA8I MO, MARIO N IM
538 SPRUCE ST SCRANTON PA 18503
FALBO MO, SANTO J FP
53 N CHURCH ST CAR8DNDALE PA 18407
FARRELL MO, RD8ERT E R
201-6 MEO ARTS 8LDG SCRANTON PA 18503
FARRELL MO, WM J R
495 N ABINGTON RO CLARKS SUMMIT PA 18411
FAVINI MO, JDSEPHINE L FP
1610 PITTSTON AVE SCRANTON PA 18505
FAVINI MD, M PETER PO
1611 PITTSTON AVE SCRANTON PA 18505
FAZID MO, ANTHONY N AN
746 JEFFERSON AVE SCRANTON PA 18501
FERRARO MD, PATRICK J GS
512 TULIP CIRCLE CLARKS SUMMIT PA 18411
FIERRO MO, FRANK E AN
257 KNO8 RD MT POCDND PA 18344
FISH MO, HENRY FP
314 SCRANTDN LIFE 8LDG SCRANTDN PA 18503
FOY MO, JAMES H FP
1431 N MAIN AVE SCRANTDN PA 18508
FRATTALI MO, AUGUST FP
100 N MAIN AVE SCRANTDN PA 18504
FRIEOMANN MO, ELIHU ORS
SUITE 102 GLEN ALOEN 8L SCRANTDN PA 18503
FROOZAN MO, HOMAYOON N
628 SCRANTDN LIFE 8LOG SCRANTON PA 18503
FUREY MO, SANOY A IM
748 QUINCY AVE SCRANTON PA 18510
GAFFNEY MO, JOHN J FP
310 GEORGE ST THROOP PA 18512
GAREY MO, HERMAN S D8G
1 AOAMS PLAZA SCRANTON PA 18510
GAVIN MO, J RO8ERT FP
802 JEFFERSON AVE SCRANTON PA 18510
GAZMEN MO, CANOONINO C GS
WILLIAMSON 8LOG DLYPHANT PA 18447
GENTILE MO, ANTHONY J IM
748 QUINCY AVE SCRANTDN PA 18510
GEDRGIU MD, VIRGIL DTD
141 SALEM AVE CAR8DNDALE PA 18407
GIDM8ETTI MO, JOS J FP
115 W DRINKER ST DUNMORE PA 18512
GDLOSTEIN MD, MILTDN J IM
711 MEDICAL ARTS 8LDG SCRANTDN PA 18503
GOLDSTDNE MD, SHELDDN B D
523 NE NATL 8ANK 8LDG SCRANTDN PA 18503
GDM8AR MD, EDWARD F FP
522 SANDERSDN AVE SCRANTDN PA 18512
GRAD MD, CHARLES T IM
115 W DRINKER ST DUNMDRE PA 18512
GRDSS MD, SAML D
MED ARTS BLDG SCRANTDN PA 18503
GRYCZKD MD, GERALD A DRS
401 ADAMS AVE SCRANTDN PA 18504
GUSTAITIS MD, JDS A FP
1642 N MAIN AVE SCRANTDN PA 18508
GUZEK MD, JDS T DPH
431 WYDMING AVE SCRANTDN PA 18503
HAHN MD, KDN S DPH
141 SALEM AVE CARBONDALE PA 18407
HALL8DRG MD, RD8T 8 P
1020 DAR8Y AVE SCRANTDN PA 18505
HAMZAVI-A8EDI MD, SIAMAK IM
414 MADISDN AVE SCRANTDN PA 18510
HANNA MD, RADUF E PD
CDNNELL 8LDG N WASH AVE SCRANTDN PA 18503
HENNESSEY MD, MARK A PTH
MDSES TAYLOR HDSP SCRANTDN PA 18510
HENNIGAN MD, JDHN J IM
404 S MAIN ST DLD FORGE PA 18518
HENSTELL MD, PHILIP FP
632 MAIN ST FDREST CITY PA 18421
HERSHFIELD MD, DAVID H DPH
417 DELAWARE AVE DLYPHANT PA 18447
HICKDK MD, RD8T L R
327 N WASHINGTDN AVE SCRANTDN PA 18503
HIDLAY MD, RAYMDND G FP
204 N 8LAKELY ST DUNMDRE PA 18512
HINES MD, JDS F FP
SCRANTDN STATE HDSP SCRANTDN PA 18501
HDLMAN MD, CHAS S US
617 N WE8STER AVE SCRANTDN PA 18510
HDLMES MD, JDHN J FP
314 RUSH8RDDK ST JERMYN PA 18433
HDRCHDS MD, DDNALD D PM
475 MDRGAN HWY SCRANTDN PA 18508
HDSIER MD, CARL L FP
1722 ADAMS AVE SCRANTDN PA 18509
HDWARD MD, LAWRENCE J FP
802 JEFFERSDN AVE SCRANTDN PA 18510
HDWELL MD, WM M GS
8DX 35 WAVERLY PA 18471
HUANG MD, CHAN F IM
115 W DRINKER ST DUNMDRE PA 18512
HU8ER MD, RICHARD L FP
1736 SANDERSDN AVE SCRANTDN PA 18509
HWAN MD, JUNG J D8G
319 N A8INGTDN RD CLARKS GREEN PA 18411
JEWETT MD, STEPHEN R FP
251 E GRDVE AVE CLARKS SUMMIT PA 18411
JDHLER DD, CHARLES W FP
10 WYDMING ST CAR8DNDALE PA 18407
JDNES MD, C HENRY DPH
401 ADAMS AVE SCRANTON PA 18510
JDRDAN MD, JAMES S DPH
201 FRANKLIN AVE SCRANTDN PA 18503
JDRDAN MD, JERDME W DPH
201 N FRANKLIN AVE SCRANTDN PA 18503
KANE MD, JAMES A GS
327 N WASHINGTDN AVE SCRANTDN PA 18503

KAREHA MD, LOUIS G FP
319 N A8INGTON RD CLARKS SUMMIT PA 18411
KAUFMAN MO, 8ENJ V FP
105 UNION ST TAYLOR PA 18517
KEHRLI MD, WM H DPH
1536 N WASHINGTON AVE SCRANTON PA 18509
KELLY MD, EDWARD J R
212 FAIRVIEW RD CLARKS SUMMIT PA 18411
KEYES MD, JOHN W FP
88 S MAIN ST CAR8ONDALE PA 18407
KIELAR MD, JOS R FP
331 MAIN ST SIMPSON PA 18407
KILKER MD, JOHN J FP
102 DELAWARE ST OLYPHANT PA 18447
KIM MD, EUN T GS
44 N CHURCH ST CAR8ONDALE PA 18407
KIRALY MD, LASZLO GS
116 MT VIEW WAY SCRANTON PA 18508
KLINE MD, 8EN FP
111 S TURNPIKE RD DALTON PA 18414
KOLUCKI MD, FRANK R FP
861 MAIN ST DICKSON CITY PA 18519
KOTCHICK MD, E ONALD FP
B02 JEFFERSON AVE SCRANTON PA 1B510
KRANICK MD, FRANCIS X FP
802 JEFFERSON AVE SCRANTON PA 1B510
KRISANDA MD, JOS 8 FP
112 DELAWARE AVE OLYPHANT PA 18447
LALUNA MD, FRANCIS J IM
748 QUINCY AVE SCRANTON PA 1B510
LAMBERTI MD, WM F P
748 QUINCY AVE SCRANTON PA 18510
LARKIN MD, WALTER J D8G
327 N WASHINGTON AVE SCRANTON PA 18503
LAVELLE MD, JAMES P PD
302 BRIGHTON DR CLARKS SUMMIT PA 18411
LAVENDER MD, ARDIS R IM
741-743 QUINCY AVE SCRANTON PA 1B510
LAWRENCE MD, SALVATORE A CRS
10B E DRINKER ST DUNMORE PA 1B512
LESNIAK MD, JOHN P FP
102 CLAREMONT AVE CLARKS SUMMIT PA 1B411
LEVINSON MD, SANDER J IM
802 JEFFERSON AVE SCRANTON PA 18501
LOOMIS MD, JAMES W FP
1110 ST ANN ST SCRANTON PA 18504
MACKRELL MD, JAMES J GS
519 CONNELL 8LDG SCRANTON PA 1B503
MACKRELL MD, WM P FP
KENNEDY DR ARCH8ALD PA 18403
MAIGUR MD, WM S FP
BOX 155 HAMLIN PA 1B427
MALLOY MD, EDWIN S DRS
MEDICAL ARTS BLDG SCRANTON PA 18503
MARINO MD, JOS N FP
637 PRESCOTT AVE SCRANTON PA 1B510
MARMO MD, THEODORE FP
121 MOOSIC RD OLD FORGE PA 1B518
MASANKAY MD, MANUEL G GS
141 SALEM AVE CAR8ONDALE PA 1B407
MCANDREW MD, JOHN J FP
319 ABINGTON RD CLARKS SUMMIT PA 1B411
MCANDREW MD, PAUL C IM
1100 W SHORE DR ST PETERSBURG FL 33701
MCDONALD MD, HERBERT M GS
622 SCRANTON LIFE BLDG SCRANTON PA 1B503
MCDONNELL MD, THOS J IM
1736 SANDERSON AVE SCRANTON PA 18509
MCGOWAN MD, JOHN P PM
746 JEFFERSON AVE SCRANTON PA 18510
MCGUIRE MD, EDWARD J R
BX 994 746 JEFFERSON AV SCRANTON PA 1B501
MCHUGH MD, THOS F FP
153 S MAIN AVE SCRANTON PA 1B504
MECCA MD, DONATO D FP
1533 WYOMING AVE SCRANTON PA 18509
MENZEL MD, PAUL H IM
748 QUINCY AVE SCRANTON PA 1B510
MILANI MD, FRANK A IM
475 MORGAN HWAY SCRANTON PA 1850B
MINORA MD, MICHAEL A FP
1714 PITTSTON AVE SCRANTON PA 1B505
MIRANDA MD, JORGE U
140 SALEM AVE CAR8ONDALE PA 18407
MORASCO MD, EDWARD R FP
RD 2 HALLSTEAD PA 18822
MORGAN JR MD, VERNON W D8G
802 JEFFERSON AVE SCRANTON PA 1B510
MORGAN MD, AL8ERT P FP
403 1ST NTL BANK BLDG CARBONDALE PA 1B407
MORI MD, GINO GS
SCRANTON LIFE BDG ST 82 SCRANTON PA 18503
MORI MD, HUGO U
53B SPRUCE ST SCRANTON PA 18503
MORITZ MD, MORDEKHAI IM
4 LAKESIDE DR CLARKS SUMMIT PA 1B411
MOYLAN MD, JOS E FP
602 S WE8STER AVE SCRANTON PA 18505
MOYLAN MD, ROBT E FP
812 N SUMNER AVE SCRANTON PA 1B504
MUNCHAK MD, ALEXANDER M FP
311 N IRVING AVE BOX 93 SCRANTON PA 1B501
MURPHY JR MD, ROBT C P
210 E MAIN ST DALTON PA 18414
MURPHY MD, JOHN T GS
129 N WASHINGTON AVE SCRANTON PA 1B503
MURPHY MD, LOUIS R IM
802 JEFFERSON BOX 994 SCRANTON PA 1B501
NALEVANKO MD, ALBERT M DTD
701 MEDICAL ARTS BLDG SCRANTON PA 18503
NESE MD, ANTHONY J GS
207 MEDICAL ARTS BLDG SCRANTON PA 18503
NEUMANN MD, GED L D8G
207 WYOMING AVE SCRANTON PA 18503
NEVILLE MD, EDWIN C TS
MEDICAL ARTS BLDG SCRANTON PA 1B503
NEWMAN III MD, WM H FP
251 E GROVE AVE CLARKS SUMMIT PA 18411
NEWMAN JR MD, WM H FP
251 E GROVE AVE CLARKS SUMMIT PA 18411
NICHOLLS MD, AL8ERT E FP
240 MAIN ST OLYPHANT PA 18447
NOTARI MD, EDWARD J FP
115 W DRINKER ST DUNMORE PA 18512
NOWICKI MD, SIGMUND DTD
1115 PITTSTON AVE SCRANTON PA 18505
O8OYLE MD, JAMES P D8G
2027 GREEN RIDGE ST SCRANTON PA 18512
O8OYLE MD, TOMAS A PD
8OX 317 MOSCOW PA 18444
O8RIEN MD, JOHN P GS
149 PENN AVE SCRANTON PA 18503
O8RIEN MD, JOS J R
201 MED ART 8LDG SCRANTON PA 18503
OCONNOR JR MD, JAMES J PTH
403 MED ARTS 8LDG SCRANTON PA 18503
OHORA MD, WM A PD
111 W DRINKER ST DUNMORE PA 18512
ORAM MD, MELVIN FP
431 WYOMING AVE SCRANTON PA 18503
ORDINARIO JR MD, ANACLETO T IM
MOSES TAYLOR HOSP SCRANTON PA 1B411
PARK MD, CECIL R DRS
832 N MAIN AVE SCRANTON PA 1B504
PARK MD, SUNG H P
CLARKS SUMMIT ST HOSP CLARKS SMT PA 18411
PARRILLO MD, DOUGLAS W R
8ELLEFONTE APTS VENCI SCRANTON PA 18505
PASCUCCI MD, STEPHEN E PD
MED ARTS BLDG SCRANTON PA 18503
PATEL MD, BIPINCHANDRA M TS
112 JON SICA LN MOSCOW PA 18444
PAVUK MD, DANL J DPH
3 OLD MILL RD JERMYN PA 18433
PETRIELLO MD, JOS A FP
101 E DRINKER ST DUNMORE PA 18512
PETTINATO MD, SALVATORE R FP
92 SALEM AVE CAR8ONDALE PA 1B407
PICZON MD, SEVERINO Y NS
628 SCRANTON LIFE 8LDG SCRANTON PA 18503
PLATT MD, HOWARD A NS
SCRANTON LIFE 8LDG SCRANTON PA 18503
POLENTZ MD, PAUL F IM
1113 COLUMBIA ST SCRANTON PA 1B509
POTELUNAS MD, CLEMENT B D
RD 4 BOX 564A MOUNTAINTOP PA 18707
PREATE MD, DONALD L U
LONGVIEW TERRACE WAVERLY PA 18471
PRELI MD, OLINDO J IM
100B MEDICAL ARTS 8LDG SCRANTON PA 1B503
PUGH MD, GED E GS
140 JERMYN DR CLARKS SUMMIT PA 18411
RANCIER MD, LEE F R
201-6 MED ARTS BLDG SCRANTON PA 1B503
REDEL MD, WALTER A GS
327 N WASHINGTON AVE SCRANTON PA 18503
RHIEW MD, CHANG N R
101 BELMONT AVE CLARKS GREEN PA 18411
RILEY MD, FRANCIS W GS
PO 8OX 178 GREENTOWN PA 18426
RINALDI MD, LUCIAN L DPH
601 N MAIN AVE SCRANTON PA 18504
ROE MD, EUGENE J FP
B02 JEFFERSON AVE SCRANTON PA 1B510
ROGALLA MD, CHAS S D8G
80B MED ARTS BLDG SCRANTON PA 1B503
ROSCOE MD, FRANCIS W GS
207 WYOMING AVE SCRANTON PA 18503
ROSENBLATT MD, STANLEY A N
SCRANTON LIFE 8LDG SCRANTON PA 1B503
ROSENFELD MD, BERNARD D U
131 N WASHINGTON AVE SCRANTON PA 1B503
ROSENTHAL MD, STEPHEN I PD
MADISON AT PINE SCRANTON PA 18510
ROSIECKI MD, MICHAEL W DPH
306 PRIMROSE DR CLARKS SUMMIT PA 1B411
ROSS MD, VINCENT L PD
440 N MAIN ST SCRANTON PA 18504
ROUMANI MD, GHASSAN K U
513 MOUNTAIN VIEW WAY SCRANTON PA 1B508
RUPPENTHAL MD, J BRUCE IM
741 QUINCY AVE SCRANTON PA 1B510
SALKO MD, GREGORY J FP
WHITES CROSSING CAR8ONDALE PA 18407
SANKAR MD, SAYEE N IM
609 MEDICAL ARTS BLDG SCRANTON PA 18503
SANNER MD, JOHN C FP
1B22 MULBERRY ST SCRANTON PA 18510
SANTARSIERO MD, D ANTHONY DPH
404 SCRANTON LIFE BLOG SCRANTON PA 1B503
SCHAPIRA MD, DANIEL DPH
ONE ADAMS PLAZA SCRANTON PA 18510
SCHEUER MD, JOHN W IM
713 PITTSTON AVE SCRANTON PA 18505
SCHUMAN MD, ROBERT A IM
327 N WASHINGTON AVE 20 SCRANTON PA 18503
SEBASTIANELLI MD, MARIO J IM
74B QUINCY AVE SCRANTON PA 1B510
SEBASTIANI MD, GUILLERMO 8 DRS
141 SALEM AVE CARBONDALE PA 18407
SEGAL MD, ARTHUR M P
N E BANK BLDG SCRANTON PA 1B503
SHANDER MD, ERNEST G AN
1107 RICHMONT ST SCRANTON PA 1B509
SHELLMAN MD, ALEXANDER DRS
513 W LACKAWANNA AVE OLYPHANT PA 18447
SHIBLEY MD, GED J FP
832 GREEN RIDGE ST SCRANTON PA 18509
SHINGALA MD, ARUN J IM
141 SALEM AVE CARBONDALE PA 1B407
SHOVLIN MD, JOHN M P
55 LAUREL ST CARBONDALE PA 18407
SHOVLIN MD, JOHN P P
20 HENDRICK LN CAR8ONDALE PA 18407
SIMPSON MD, ROY W FP
304 CHESTNUT ST PECKVILLE PA 18452
SIROTNAK MD, JOHN J DTD
310 DUNMORE ST THROOP PA 18512
SKEOCH MD, JAMES R FP
7 OAKWOOD PLACE SCRANTON PA 18510
SKETTINO MD, JOS A OPH
401 ADAMS AVE SCRANTON PA 18510
SKOVIRA MD, EDWARD M PTH
217 HAND ST JESSUP PA 18434
SLOVAK MD, JAMES P P
8ANK TWRS SPRUCE AT WYO SCRANTON PA 18503
SNYDER MD, RANDALL W IM
115 W DRINKER ST DUNMORE PA 18512
SOMA MD, JOS J DTD
327 N WASHINGTON AVE SCRANTON PA 18503
SPALLETTA MD, CAMILLUS H FP
1032 PITTSTON AVE SCRANTON PA 18505
SPITZER MD, JOHN J GS
MED ARTS 8LDG SCRANTON PA 18503
STEC MD, EUGENE G FP
B02 JEFFERSON AVE SCRANTON PA 18510
STEIN8ACH III MD, WM A ORS
NE 8ANK BLDG #309 SCRANTON PA 1B504
STEINDEL MD, CARL R DRS
NE 8ANK 8LDG STE 309 SCRANTON PA 18503
SU MD, LANG-PAO AN
141 SALEM AVE CAR8ONDALE PA 19407
SUH MD, SANG J GS
166 N MAIN ST OLD FORGE PA 18518
SUNDHEIM MD, JAMES L R
MERCY HOSP 746 JEFF AVE SCRANTON PA 18509
SUTULA MD, JOSEPH A FP
1702 ADAMS AVE SCRANTON PA 18509
SWIFT MD, FRANK L PD
1510 N WASHINGTON AVE SCRANTON PA 18509
SWIFT MD, JOHN E IM
145 S MAIN ST SCRANTON PA 18509
SWISHER II MD, CHARLES L FP
700 WINDLA AVE CLARKS SUMMIT PA 1B411
THORNTON MD, EVA A P
801 JEFFERSON AVE SCRANTON PA 18510
TIGHE MD, PATRICK L AN
909 PITTSTON AVE SCRANTON PA 18505
TODARO MD, SAML R DRS
SUITE 102 1ADAM PLAZA SCRANTON PA 18504
TOUCH MD, RALPH J FP
44 N CHURCH ST CAR8ONDALE PA 1B407
TRACY MD, GERALD P IM
802 JEFFERSON AVE SCRANTON PA 1B510
TUROCK MD, MICHAEL J US
RD 2 WYNDWOOD RD DALTON PA 1B414
URDSKIE MD, THEODORE W D8G
200 YALE BLVD CLARKS SMT PA 1B411
VALVERDE MD, MARIO F OPH
B12 SCRANTON LIFE 8LDG SCRANTON PA 18503
VENTURA MD, SAMUEL R D8G
113 MAIN ST BLAKELY PA 18447
VITALE MD, LOUIS J P
326 ADAMS AVE SCRANTON PA 18503
WAGNER MD, JOHN M IM
112 COLBORN AVE CLARKS SUMMIT PA 1B411
WALLER MD, LOUIS C FP
140 CHERRY ST DUNMORE PA 18512
WALNISTA MD, FRANK J FP
222 OAK ST SCRANTON PA 1B508
WANDALOWSKI MD, JOHN G IM
748 QUINCY AVE SCRANTON PA 18510
WENGER MD, NORMAN E GS
185 FALL8ROOK ST CARBONDALE PA 18407
WERNER MD, DONALD J FP
GOULDSBORO PA 18424
WHITE MD, WESLEY R OTD
MED ARTS 8LDG SCRANTON PA 18503
WITOWSKI MD, JOHN J R
201-6 MED ARTS 8LDG SCRANTON PA 1B503
WOLK MD, MELVYN H PD
PO 8X 69 WAVERLY PA 18471
WRIGHT MD, ROBT E IM
74B QUINCY AVE SCRANTON PA 1B510
WU MD, JUN-YI GS
302 HARRISON AVE SCRANTON PA 18510
YEAGER MD, HENRY C IM
522 SCRANTON LIFE BLDG SCRANTON PA 18503
YEVITZ MD, MICHAEL G FP
624 CONNELL BLDG SCRANTON PA 18503
ZALE MD, ANTHONY G DRS
1538 WYOMING AVE SCRANTON PA 18509
ZOBEL JR MD, ARTHUR C R
201-6 MEDICAL ARTS BLDG SCRANTON PA 18503

Lancaster County

ADAMS MD, LAURENCE J NS
822 MARIETTA AVE LANCASTER PA 17603
AGUSTA MD, VICTOR E U
620 N DUKE ST LANCASTER PA 17607
ALBRECHT MD, JAMES B FP
45 UNION AVE NEW HOLLAND PA 17557
ALBRIGHT MD, GERALD S FP
241 MAIN ST LANDISVILLE PA 1753B
ALTIMARE MD, PETER J FP
551 E FREDERICK ST LANCASTER PA 17602
AMEND MO, THOS C FP
444 N LIME ST LANCASTER PA 17602
APPEL JR MD, CHARLES R FP
647 E ROSEVILLE RD LANCASTER PA 17601
APPEL MD, JAMES Z FP
305 N DUKE ST LANCASTER PA 17602

ARGIRES MD, JAMES P NS
444 MURRAY HILL CIR LANCASTER PA 17601
ATLEE JR MO, JOHN L GS
B22 MARIETTA AVE LANCASTER PA 17603
ATLEE MD, WM A GS
B22 MARIETTA AVE LANCASTER PA 17603
AWAO MO, EPHRAIM R FP
75 E MAIN ST MT JOY PA 17552
BACON MD, RICHARD W FP
38 COUNTRYSIDE LA LEOLA PA 17540
BAIR MO, CHAS W FP
22 W STATE ST QUARRYVILLE PA 17566
BAKER MO, JOHN H PRM
NAVAL SUBMARINE MED CTR GROTON CT 06340
BARR MO, V WARD NS
444 MURRY HILL CIRCLE LANCASTER PA 17601
BASHORE JR MD, ROBT M OBG
531 N LIME ST LANCASTER PA 17602
BEACHER JR MD, GEO W FP
LINCOLN HWY GAP PA 17527
BECKER JR MO, HEBER W P
BOX 1781 LANCASTER PA 17604
BECKER MO, HILARY J PD
B00 ESTELLE DR LANCASTER PA 17601
BEITTEL MO, JAMES P PD
B00 ESTELLE DR LANCASTER PA 17601
BENDER MD, ROBT R FP
BOWMANSVILLE PA 17507
BERNHARD MO, ROBT A R
1509 CLAYTON RD LANCASTER PA 17603
BESECKER MO, JOS A PO
1B75 LITITZ PIKE LANCASTER PA 17601
BIEBER MO, LARIEN G IM
250 COLLEGE AVE LANCASTER PA 17604
BOBEN JR MD, WM R PO
310 N WEST END AVE LANCASTER PA 17603
BOWMAN MO, JOHN H OPH
601 N DUKE ST LANCASTER PA 17602
BRADY MO, GEO M OBG
1059 COLUMBIA AVE LANCASTER PA 17603
BRANAS OO, JOHN A FP
215B FRUITVILLE PIKE LANCASTER PA 17601
BRICKER MO, ELIZ B US
600 E MAIN ST LITITZ PA 17543
BROWN MO, H ZANE DPH
1254 LITITZ PIKE LANCASTER PA 17601
BROWN MO, ROBT E AN
133 E FREDERICK ST LANCASTER PA 17602
BRUBAKER MD, J KENNETH FP
NORLANCO MED ASSOC RT 1 ELIZABETHTOWN PA 17022
BRUBAKER MO, JACOB H FP
421 MAIN ST DENVER PA 17517
BRUBAKER MO, PAUL E FP
NORLANCO MED ASSOC RT 1 ELIZABETHTOWN PA 17022
BRYSON MO, RICHARD L FP
120 BANK ST LANOISVILLE PA 1753B
BUCH MO, ROBT R FP
125 W MAIN ST MOUNTVILLE PA 17554
BURNETT MO, GEO W PO
413 W ORANGE ST LANCASTER PA 17603
CALLIS MO, CHAS A FP
136 E HIGH ST MANHEIM PA 17545
CAPPIELLO MD, JUSTIN L OPH
626 NORTH DUKE ST LANCASTER PA 17602
CARRUTHERS MO, RALPH B FP
211 N 8TH ST COLUMBIA PA 17512
CARSON MO, THOS E FP
MASONIC HOMES ELIZABETHTOWN PA 17022
CASSEL MO, FRANKLIN K FP
34 S BROAD ST LITITZ PA 17543
CLELAN MO, GEO M AN
133 E FREDERICK ST LANCASTER PA 17602
CLIME MO, GILBERT N FP
1703 MARIETTA AVE 1-K LANCASTER PA 17603
CONDRON MO, BRIAN P P
1295 MEADOWBROOK RD LANCASTER PA 17603
CONNAUGHTON MO, PATRICK N R
555 N DUKE ST LANCASTER PA 17604
COOKE JR MO, ALFRED J ORS
127 E FREDERICK ST LANCASTER PA 17602
COOPER JR MO, HERBERT K IM
445 N DUKE ST LANCASTER PA 17602
COOPER MO, EMMETT M R
1370 HUNTER OR LANCASTER PA 17601
CORCORAN MO, JOHN J OBG
B W ROSEVILLE RD LANCASTER PA 17601
COURSIN MD, DAVID B PO
1503 HILLCREST RD LANCASTER PA 17603
COURTER MO, MONTE H D
1903 LITITZ PIKE LANCASTER PA 17601
CRILL MO, NORMAN C FP
143 MILLERSVILLE RD LANCASTER PA 17603
CRYSTLE MD, C DEANS DBG
162 HAMILTON RD LANCASTER PA 17603
DALEY MO, MARVIN C U
B22 MARIETTA AVE LANCASTER PA 17603
DAMATO MO, SAMUEL L R
365 VALLEY BROOK DR LANCASTER PA 17601
DAVIDSON MD, PAUL R GS
728 N DUKE ST LANCASTER PA 17602
DAVIS MD, IRENE B DBG
311 N DUKE ST LANCASTER PA 17602
DEARDORFF MO, CHAS L GS
B22 MARIETTA AVE LANCASTER PA 17603
DECK JR MO, ROY R
200 BUTLER AVE LANCASTER PA 17601
DELONG II MD, DONALD H AN
2580 PONDEROSA DR LANCASTER PA 17601
DERR MD, RUSSELL H FP
154 W MAIN ST ADAMSTOWN PA 19501
DOENECKE MD, ARTHUR L OS
210 N PRESIDENT AVE LANCASTER PA 17603
DRAZIO MD, DOMINICK J US
133 E FREDERICK ST LANCASTER PA 17602
DREISBACH MO, PHILIP B IM
5794 CHESTNUT AVE LONG BEACH CA 90B05

EBERSOLE MO, JOHN H R
LANCASTER GEN HOSP LANCASTER PA 17604
ECKENRODE MD, JOS L FP
834 MARIETTA AVE LANCASTER PA 17603
ELLISON MD, ERVIN IM
24 E JAMES ST LANCASTER PA 17602
ESBENSHADE II MD, JOHN H IM
525 N DUKE ST LANCASTER PA 17602
ESHLEMAN MO, O ROHRER FP
985 NISSLEY RD LANCASTER PA 17601
ESHLEMAN MO, S KENDRICK P
10B E LEMON ST LANCASTER PA 17602
EVANS MD, CHARLES M DRS
210 CHURCH AVE EPHRATA PA 17522
EYLER MO, MARGARET V FP
2374 LITITZ PIKE LANCASTER PA 17601
EYLER MO, PAUL W R
2530 MONDAMIN FARM RO LANCASTER PA 17601
FAIRFIELD MO, JAMES C FP
36 N EASTLAND OR LANCASTER PA 17602
FALK JR MO, ROBT B AN
133 E FREDERICK ST LANCASTER PA 17602
FARMER MO, JOHN L GS
571 W LEMON ST LANCASTER PA 17603
FLORES MO, ALBERTO C IM
208 W MAIN ST EPHRATA PA 17522
FORMAN MD, IRWIN H P
351 OELP RO LANCASTER PA 17601
FOUST MO, WILSON A FP
592 E VALLEY VIEW DR NEW HOLLAND PA 17557
FRANCE MO, LAURENCE W OBG
1059 COLUMBIA AVE LANCASTER PA 17603
FRANCIS MO, CHAS G FP
600 N SCHOOL LA LANCASTER PA 17603
FREDERICK MD, DAVID W FP
102 PEARL ST LANCASTER PA 17603
FULTON MO, HARRY C OPH
1420 HUNSICKER RD LANCASTER PA 17601
GALANIS MD, SOTIRE FP
884 N MAPLE ST EPHRATA PA 17522
GAREIS MO, JOHN W R
1253 WHEATLAND AVE LANCASTER PA 17603
GAROFOLA MO, JOHN H R
515 WILSON OR LANCASTER PA 17603
GAULT MD, JAMES H IM
420 W CHESTNUT ST LANCASTER PA 17603
GAYNOR MO, WM B PTH
23 RIDGE DR LITITZ PA 17543
GENTZLER II MO, RICHARD O IM
420 W CHESTNUT ST LANCASTER PA 17603
GLAH JR MD, HENRY J FP
906 E ORANGE ST LANCASTER PA 17602
GOODARD JR MO, JAMES E AN
1311 HUNTER OR LANCASTER PA 17601
GOOSHALL MO, STANLEY M FP
NORLANCO MED ASSOC ELIZABETHTOWN PA 17022
GOLDIN MD, RALPH J FP
BROWNSTOWN PA 1750B
GOLOMAN MO, DUANE C R
630 MILLCROSS RO LANCASTER PA 17601
GOOD MO, DANIEL C NS
444 MURRAY HILL CIR LANCASTER PA 17601
GOOD MO, MILTON S FP
610 HIGHLAWN AVE ELIZABETHTOWN PA 17022
GOTTLIEB MO, ROBT J IM
1B75 LITITZ PIKE LANCASTER PA 17601
GRANT MO, ALISTAIR M OBG
549 N LIME ST LANCASTER PA 17602
GRASSE JR MD, JOHN M P
115 N 9TH ST AKRON PA 17501
GRATCH MO, ISAAK PRM
32475 BINGHAM RO BIRMINGHAM MI 4B010
GRATCH MD, MICHAEL FP
533 21ST ST AVALON N J 0B202
GREGOIRE MD, JAMES P FP
545 N LIME ST LANCASTER PA 17602
GRISWOLD MO, ARTHUR S FP
402 S BROAD ST LITITZ PA 17543
GROSH MO, JOHN L IM
1B75 LITITZ PIKE LANCASTER PA 17601
GROSH MO, JOS W FP
2 S BROAD ST LITITZ PA 17543
GROSH MO, PAUL R IM
1521 RIDGE RD LANCASTER PA 17603
GROSH MO, WILLIAM B FP
215 S BROAD ST LITITZ PA 17543
GROSH MD, WM K FP
1036 BROAD ST AKRON PA 17501
HAMMOND MD, CHAS P FP
449 W JAMES ST LANCASTER PA 17603
HANSBERRY MO, JAMES T FP
117 PROSPECT ST LANCASTER PA 17603
HARGRAVE MD, HUGH J AN
133 E FREDERICK LANCASTER PA 17602
HARNISH MD, DAVID M GS
208 W MAIN ST EPHRATA PA 17522
HARRIGER MO, MILES D FP
2081 EDGEMONT DR E PETERSBRG PA 17520
HARRISON MO, CYNTHIA FP
30 GLENMORE CIR LANCASTER PA 17601
HARTMAN MO, WM F OBG
439 N DUKE ST LANCASTER PA 17602
HASSEL JR MO, CARL W D
275 HESS BLVD LANCASTER PA 17601
HAUCK MO, SAML M FP
314 N DUKE ST LANCASTER PA 17602
HEISTERKAMP III MO, CHAS A GS
721 N DUKE ST LANCASTER PA 17602
HELM JR MO, JOHN O IM
618 N DUKE ST LANCASTER PA 17602
HELM MD, ROBT C FP
108 S CHURCH ST QUARRYVILLE PA 17566
HESS MD, AMMON G US
30 W MAIN ST MOUNTVILLE PA 17554
HESS MO, JOS B FP
2174 OLD PHILADELPHIA P LANCASTER PA 17602

HESS MO, PAUL G FP
562 W 2ND AVE LITITZ PA 17543
HIRSCH MD, IRWIN L FP
1560 LITITZ PIKE LANCASTER PA 17601
HODGE MD, IAN G U
620 N DUKE ST LANCASTER PA 17602
HOFFMAN JR MO, HARRY H FP
300 STONEY BATTERY RD LANOISVILLE PA 1753B
HOFFMAN MD, CHAS M FP
311 E ORANGE ST LANCASTER PA 17602
HOKE JR MO, HUGH H R
555 N DUKE ST LANCASTER PA 17604
HOLDER MD, ARTHUR J FP
562 W 2ND AVE LITITZ PA 17543
HOOVER MD, CARL H PO
9701 GLEN OAKS CIR SUN CITY AZ B5351
HOUSMAN MO, JOHN H FP
55B N DUKE ST LANCASTER PA 17602
HUFFNAGLE MO, HENRY W U
620 N DUKE ST LANCASTER PA 17602
HUTCHISON MD, WM A US
1B75 LITITZ PIKE LANCASTER PA 17601
IGLESIAS MD, MANUEL FP
2162 W RIDGE DR LANCASTER PA 17603
JAMESON MD, E CARLETON GS
20B W MAIN ST EPHRATA PA 17522
JOHNS MD, MILTON W FP
231 N DUKE ST LANCASTER PA 17602
JOHNSON MO, CARL G IM
585 RIDGEVIEW AVE ELIZABETHTOWN PA 17022
JOHNSON MO, ROBERT P FP
RO 1 BOX 242 NEW HOLLAND PA 17557
JOHNSTON MD, EUGENE V FP
20 PINE ST CHRISTIANA PA 17509
JONES JR MD, ARTHUR F OTD
202 BUTLER AVE LANCASTER PA 17601
JUNIUS OO, WILLIAM E AN
1175 CLARK ST LANCASTER PA 17602
KAISER OD, GRACE H OBG
561 W MAIN ST NEW HOLLAND PA 17557
KATZ MD, JOS AN
275 BLOSSOM HILL OR LANCASTER PA 17601
KEEFE MO, JERRY M FP
96 HIGHLAND AVE EPHRATA PA 17522
KEGEL MO, EUGENE E OBG
1059 COLUMBIA AVE LANCASTER PA 17603
KEMP MD, ROBT M FP
25 NOLT AVE WILLOW STREET PA 17584
KEMRER MD, J DONALD FP
536 N DUKE ST LANCASTER PA 17602
KENDALL MD, LEIGH W GS
1314 QUARRY LA LANCASTER PA 17603
KENDIG MO, JAMES W PO
NORLANCO MED ASSOC RO 1 ELIZABETHTOWN PA 17022
KENT MO, GED M ORS
325 N DUKE ST LANCASTER PA 17602
KIM MO, HACK J R
327 MAIN ST LANOISVILLE PA 1753B
KINZER MO, HORACE C US
2556 CREEK HILL RO LANCASTER PA 17601
KIPP MD, JAMES E FP
NORLANCO HEALTH CTR ELIZABETHTOWN PA 17022
KIRCHNER MO, G GARY GS
129 E FREDERICK ST LANCASTER PA 17602
KIRK MD, MARVEL S FP
446 W CHESTNUT ST LANCASTER PA 17603
KIRK MO, NORRIS J GS
446 W CHESTNUT ST LANCASTER PA 17603
KITA MO, MICHAEL W FP
1123 OLD HICKORY RO LANCASTER PA 17601
KNEPPER MD, JOS A PO
11 HOLLY OR LEOLA PA 17540
KNERR JR MO, EDGAR D OBG
531 N LIME ST LANCASTER PA 17602
KOCH MO, ANDREW R
1010 GRANOVIEW BLVD LANCASTER PA 17601
KORNFIELD MO, NORMAN B AN
160 RIVER OR LANCASTER PA 17603
KRAYBILL MD, HAROLD E FP
20 EASTBROOK RO RONKS PA 17572
KREIDER MD, HENRY L FP
RT 2 BOX 330 MT JOY PA 17552
KREIDER MO, JOHN K FP
2045 STATE ST E PETERSBRG PA 17520
KRISSINGER MD, ROBT C FP
1002 GRANDVIEW BLVD LANCASTER PA 17601
KRUSEN MO, DAVID E FP
OAK HILL OR PARADISE PA 17562
KUREY MD, ROBT J P
330 N DUKE ST LANCASTER PA 17602
KURTZ MD, CHAS H PD
310 N WEST END AVE LANCASTER PA 17603
LANCASTER JR MO, EDWARD L ORS
554 N DUKE ST LANCASTER PA 17602
LANOIS MO, FLOYD M FP
10 CONESTOGA AVE LEOLA PA 17540
LANOIS MO, RICHARD M FP
653 W CHESTNUT ST LANCASTER PA 17603
LANDIS MO, WM B FP
501 WALNUT ST COLUMBIA PA 17512
LAUKAITIS MO, RONALD B FP
REINHOLDS PA 17569
LAURIA MO, MICHAEL H FP
32B BROAD ST TERRE HILL PA 17581
LAWRENCE MO, CLINTON M FP
430 W MAIN ST OFFICE # NEW HOLLAND PA 17557
LEAMAN MO, IVAN B FP
109 N DECATUR ST STRASBURG PA 17579
LEBO MO, ARLAND A FP
PO BOX 5281 LANCASTER PA 17601
LEGUM MO, RONALD M IM
ST JOSEPHS HOSP LANCASTER PA 17604
LEHMAN MO, HARVEY L FP
506 MANOR AVE MILLERSVILLE PA 17551
LEIPHART MO, CLARENCE D OPH
339 N DUKE ST LANCASTER PA 17602

LEVANDOWSKI MD, RICHARD FP
B61 MARTHA AVE LANCASTER PA 17601
LEVENSON MD, MORTON W FP
CLEARVIEW OR REINHOLDS PA 17569
LEVIN MD, RICHARD M PS
822 MARIETTA AVE LANCASTER PA 17603
LINN MD, ROBT H FP
MASONIC HOME ELIZABETHTOWN PA 17022
LOCKEY III MD, STEPHEN D IM
60 N WEST END AVE LANCASTER PA 17603
LOCKEY MD, STEPHEN D IM
60 N WEST END AVE LANCASTER PA 17603
LOEB MD, ROLAND A FP
BOX 1724 LANCASTER PA 17604
LOMBARO MD, ROBT M FP
259 N 6TH ST COLUMBIA PA 17512
LONG MD, PHILIP M GS
554 OUKE ST LANCASTER PA 17602
LONGWELL MD, ROBT H OBG
439 N DUKE ST LANCASTER PA 17602
LOWELL MD, FRED M P
26 CONESTOGA OR LANCASTER PA 17602
LU MD, MILTON M PS
614 NORTH DUKE ST LANCASTER PA 17602
MALEY MD, EDWARD D ORS
127 E FREDERICK ST LANCASTER PA 17602
MANN MD, LOWELL O FP
306 S MARKET ST ELIZABETHTOWN PA 17022
MANN MD, RICHARD H IM
420 W CHESTNUT ST LANCASTER PA 17603
MARTIN MD, ARTHUR E FP
126-28 W BROAD ST NEW HOLLAND PA 17557
MARTIN MD, JAMES S FP
28 E LIBERTY ST LANCASTER PA 17602
MAST MD, TRUMAN E P
630 NORTH OUKE ST LANCASTER PA 17602
MASTROPIETRO MD, NUNZIO A FP
102 PEARL STREET LANCASTER PA 17603
MATHEWS MD, ROBT S ORS
127 E FREDERICK ST LANCASTER PA 17602
MATLIN MD, ROBERT A IM
1171 COUNTRY CLUB OR LANCASTER PA 17601
MAY MD, JOHN C OBG
549 N LIME ST LANCASTER PA 17602
MAYER MD, DAVID P FP
WELSH MT MED CTR RD 2 NEW HOLLAND PA 17557
MCCANN MD, WM O IM
420 W CHESTNUT ST LANCASTER PA 17603
MCKEE MD, MICHAEL B IM
1120 PLEASURE RD LANCASTER PA 17601
MCLANE MD, ROGERS D FP
2045 STATE ST E PETERSBURG PA 17520
MCLAUGHLIN MD, FRANK W FP
1010 OAVIS OR LANCASTER PA 17603
MCNEAL MD, SAML W FP
8TH AND CHESTNUT STS COLUMBIA PA 17512
MCSPARREN MD, CLARK PD
310 N WEST END AVE LANCASTER PA 17603
MEARS MD, VIRGINIA G FP
822 MARIETTA AVENUE LANCASTER PA 17603
MECKSTROTH MD, HERMAN F FP
MASONIC HOMES HOSP ELIZABETHTOWN PA 17022
MEDWICK MD, JOS X DPH
326 N OUKE ST LANCASTER PA 17603
MEISER MD, EDGAR W IM
428 N DUKE ST LANCASTER PA 17602
MELLINGER MD, RICHARD W IM
225 N MAPLE ST EPHRATA PA 17522
METZGER MD, TOM B P
450 W CHESTNUT ST LANCASTER PA 17603
MILLER JR MD, JOHN W DRS
2617 MONDAMIN FARM RD LANCASTER PA 17601
MILLER MD, C EUGENE FP
109 W MAIN ST EPHRATA PA 17522
MILLER MD, HENRY W OBG
434 DAKLAND AVE INDIALANTIC FL 32903
MILLER MD, PARRY J R
374 VALLEYBROOK DR LANCASTER PA 17601
MOBERG MD, F BARRIE FP
419 RINGNECK LN LANCASTER PA 17601
MONCRIEF MD, RICHARD O FP
1560 LITITZ PIKE LANCASTER PA 17601
MONTGOMERY MD, MAXINE N
BX 19 RD 1 DRUMORE PA 17518
MUNTEANU MD, VIRGIL P FP
128 S STATE ST EPHRATA PA 17522
MUSSELMAN MD, CLYDE V FP
436 HERR AVE MILLERSVILLE PA 17551
MYERS JR MD, HERBERT E FP
RD 1 ELIZABETHTOWN PA 17022
MYERS MD, WILLIAM R PM
812 WATERFRONT DR LANCASTER PA 17602
NEIDHAROT MD, PAUL W FP
316 N 5TH ST DENVER PA 17517
NEWCOMER MD, DAVID L GS
1880 STURBRIDGE DR LANCASTER PA 17601
NIEMEYER MD, RICHARD H US
154 E MAIN ST LEOLA PA 17540
NOLLER MD, WILLIAM E FP
101 S 7TH ST AKRON PA 17501
NOVOSEL MD, PETER S FP
440 W CHESTNUT ST LANCASTER PA 17603
OCONNOR MD, THOS W FP
6 E MAIN ST MOUNT JOY PA 17552
OOONNELL MD, WARD M PTH
525 N OUKE ST LANCASTER PA 17602
OLIN MD, STEPHEN T FP
1029 WOODS AVE LANCASTER PA 17603
PALMGREN JR MD, EINAR A OTO
PO BOX 752 GASTONIA NC 28052
PALUMBO MD, JOHN A FP
619 W CHESTNUT ST LANCASTER PA 17603
PATEL MD, HARSHADKUMAR B IM
555 N OUKE ST LANCASTER PA 17604
PAUL JR MD, JOHN D OBG
716 N LIME ST LANCASTER PA 17602

PEARMAN MD, TREVOR J US
202 ST THOMAS RD LANCASTER PA 17601
PENADES MD, ENRIQUE PTH
1310 MARIETTA AVE LANCASTER PA 17603
PENCHANSKY MD, BARRY H FP
102 PEARL ST LANCASTER PA 17603
PETERS MD, HAROLD E FP
390 STATE ST NEW HOLLAND PA 17557
PETERSON JR MD, CHAS B IM
131 S W 51ST ST CAPE CORAL FL 33904
PETERSON MD, ALAN S FP
21 WILLOW VALLEY OR LANCASTER PA 17602
PETERSON MD, ROGER O R
LANC GEN HOSP LANCASTER PA 17604
PHILLIPS MD, JOHN D FP
825 MC GRANN BLVD LANCASTER PA 17601
PHIPPEN MD, WM G ORS
527 N LIME ST LANCASTER PA 17602
PICKLE JR MD, J HARRY FP
643 LOCUST ST COLUMBIA PA 17512
PIERSOL MD, LLOYD C FP
840 JANET AVE LANCASTER PA 17601
POHL MD, CHAS E U
605 HAMILTON RD LANCASTER PA 17603
PONTIUS MD, JOHN G GS
129-131 E FREDERICK ST LANCASTER PA 17602
PONTZ MD, JACK B FP
647 E ROSEVILLE RD LANCASTER PA 17601
PORTER JR MD, WM F IM
555 N DUKE ST LANCASTER PA 17604
POSEY MD, DALE M OPH
339 N OUKE ST LANCASTER PA 17602
PRANKUN MD, PETER P GS
510 N DUKE ST LANCASTER PA 17602
PRICE MD, ALBERT C PO
1875 LITITZ PIKE LANCASTER PA 17601
PROWELL MD, JOS W FP
105 E MAIN ST STRASBURG PA 17579
PUROY MD, RICHARD T GS
129-131 E FREDERICK ST LANCASTER PA 17602
RAAB MD, DAVID B FP
311 E ORANGE ST LANCASTER PA 17602
RAICH MD, WM A OPH
520 N OUKE ST LANCASTER PA 17602
RAMBACH MD, LEONARD FP
634 MANOR ST LANCASTER PA 17603
RANDALL MD, JOHN L FP
555 N DUKE ST LANCASTER PA 17604
RICE MD, SAMUEL A IM
250 COLLEGE AVE LANCASTER PA 17604
RIDGWAY MD, WM G FP
115 N 9TH ST AKRON PA 17501
RIFFERT MD, PAUL M GS
123 E MAIN ST EPHRATA PA 17522
RIGANO DO, RUDOLPH AN
1175 CLARK ST LANCASTER PA 17602
RINGWALT MD, JOHN D IM
P O BOX 6162 LANCASTER PA 17603
RIPPLE MD, PAUL H OPH
558 N OUKE ST LANCASTER PA 17602
ROBBINS MD, HOWARD S AN
779 STONY BATTERY RD LANCASTER PA 17601
ROBBINS MD, WARREN J ORS
822 MARIETT AVE LANCASTER PA 17603
ROBERTS MD, HASKELL E FP
353 MAIN ST DENVER PA 17517
RDE MD, JACQUELINE F FP
144 E CHESTNUT ST LANCASTER PA 17602
ROGERS MD, WM H FP
569 E JACKSON ST NEW HOLLAND PA 17557
ROSCHEL MD, ROBT L O
203 N LIME ST LANCASTER PA 17602
ROWAN MD, PAUL J GS
806 MARIETTA AVE LANCASTER PA 17603
ROWLAND MD, N OEAN FP
185 BIGELOW APT 15-10 PITTSBURGH PA 15212
RUBIN MD, MYRON M IM
616 N OUKE ST LANCASTER PA 17602
RUTT JR MD, CLARENCE H GS
806 MARIETTA AVE LANCASTER PA 17603
RUTT MD, JOHN M FP
RD 1 BOX 120 STRASBURG PA 17579
RYNIER MD, DONALD L P
1049 LAMBLEY RD LANDISVILLE PA 17538
SANDHAUS MD, BEATRICE W FP
43 N LIME ST LANCASTER PA 17602
SANDHAUS MD, JULIUS L FP
43 N LIME ST LANCASTER PA 17602
SAUNDERSON JR MD, ROBERT W PRM
DOVER AFB HOSP DOVER A F B DE 19901
SCATARIGE MD, CARDL S IM
1422 QUARRY LANE LANCASTER PA 17603
SCATARIGE MD, JOHN C R
1422 QUARRY LN LANCASTER PA 17603
SCHACHTERLE MD, RALPH E FP
123 E MAIN ST EPHRATA PA 17522
SCHAEFFER MD, WM A IM
443 N OUKE ST LANCASTER PA 17602
SCHAFFNER MD, MEADE O FP
844 COLUMBIA AVE LANCASTER PA 17603
SCHANTZ MD, PAUL S FP
103 W MAIN ST EPHRATA PA 17522
SCHLOSSER MD, DAVID E FP
304 E MAIN ST MOUNT JOY PA 17552
SCHUBERT MD, JOHN J U
555 N OUKE ST LANCASTER PA 17604
SCHULZ MD, AUGUST J P
320 N LIME ST LANCASTER PA 17602
SCHULZ MD, JACOB A P
164 HAMILTON RD LANCASTER PA 17603
SEIPLE MD, HARVEY H IM
734 N FRANKLIN ST LANCASTER PA 17602
SEVENTKO MD, JOSEPH M ORS
822 MARIETTA AVE LANCASTER PA 17603
SHAUB MD, A PAUL FP
156-158 S QUEEN ST LANCASTER PA 17603

SHERTZER MD, JOHN H ORS
127 E FREDERICK LANCASTER PA 17602
SHULTZ MD, MARGARITA M R
1309 WHEATLAND AVE LANCASTER PA 17603
SIEGRIST MD, J DONALD FP
86 GREENFIELD RD LANCASTER PA 17602
SIGMUND MD, WM J D
14 S BROAD ST LITITZ PA 17543
SKINNER 3RD MD, ROBT W GS
1927 MILLERSVILLE PIKE LANCASTER PA 17603
SMELZER MD, DONALD C US
207 E ORANGE LANCASTER PA 17602
SMITH MD, C STUART FP
103 W HIGH ST ELIZABETHTOWN PA 17022
SMITH MD, EUGENE C FP
647 E ROSEVILLE RD LANCASTER PA 17601
SMITH MD, RUSSELL C AN
B30 MARTIN AVE EPHRATA PA 17522
SMITH MD, STEPHEN R IM
743 BARRCREST LANE LANCASTER PA 17602
SOLOMON MD, ELIAS M FP
516 N OUKE ST LANCASTER PA 17602
SPILLMAN MD, MURRAY K FP
120 CORRY AVE LANCASTER PA 17601
SRITULANONDHA MD, NDWARATANA AN
DONEGAL HGTS RD 1 MOUNT JOY PA 17552
STAPINSKI MD, CYRIL C U
822 MARIETTA AVE LANCASTER PA 17603
STAUFFER MD, HAROLD E FP
154 E MAIN ST LEOLA PA 17540
STEFFY OO, HARRY L US
1147 W MAIN ST EPHRATA PA 17522
STEINMAN MD, ROBT C PM
555 N DUKE ST LANCASTER PA 17604
STOLTZFUS MD, VIRGIL O FP
BOX 277 MORGANTOWN PA 19543
STONER MD, ROBT E FP
54 JACKSON DR LANCASTER PA 17603
STOUT MD, WM J FP
106 N CLAY ST MANHEIM PA 17545
STUART MD, THOS J N
535 N LIME ST LANCASTER PA 17602
SUMMERS MD, KERMIT L FP
GAP PA 17527
SURRY MD, JOHN H FP
97 GLENMOORE CR LANCASTER PA 17601
SWAN MD, REYER D FP
23 S BROAD ST LITITZ PA 17543
SZUTOWICZ OO, MICHAEL P FP
248 W MAIN ST EPHRATA PA 17522
TINOALL MD, HERBERT L FP
RD 1 BOX 29 CHRISTIANA PA 17509
TINNEY JR MD, WM S IM
129 COLLEGE AVE LANCASTER PA 17603
UMIKER MD, WM O PTH
1520 HILL CREST RD LANCASTER PA 17603
VERI MD, FRANK A TS
501 W JAMES ST LANCASTER PA 17603
WAGNER JR MD, RICHARD S AN
1411 HILLCREST RD LANCASTER PA 17603
WAGNER MD, IRA G FP
PO BOX 525 EPHRATA PA 17522
WALKER MD, JON G U
822 MARIETTA AVE LANCASTER PA 17603
WEAVER MD, CHAS E FP
72 S HEINTZEIMAN MANHEIM PA 17545
WEAVER MD, R CLAIR US
NORLANCO ASSOC RT 1 ELIZABETHTOWN PA 17022
WEAVER MD, W RONALD U
440 W CHESTNUT ST LANCASTER PA 17603
WEBER MD, RICHARD H FP
817 N CHERRY ST LANCASTER PA 17602
WEODLE MD, WILLIAM E FP
204 HENRIETTA AVE LANCASTER PA 17602
WEINBERG MD, J DAVID FP
515 LOCUST ST COLUMBIA PA 17512
WELCH MD, JOHN G OTO
514 N OUKE ST LANCASTER PA 17602
WENGER MD, MARLIN E IM
420 N OUKE ST LANCASTER PA 17602
WENTZ MD, HENRY S FP
180 HILLCREST AVE STRASBURG PA 17579
WESTON MD, DAVID M IM
512 N OUKE ST LANCASTER PA 17602
WHEATLY MD, WM K OPH
324 N OUKE ST LANCASTER PA 17602
WHITE JR MD, ROBT H DPH
1254 LITILZ PIKE LANCASTER PA 17601
WILCOX JR MD, WINTHROP P AN
133 E FREDERICK ST LANCASTER PA 17602
WILLIAMS MD, HENRY N FP
556 W JAMES ST LANCASTER PA 17604
WILSKER MD, HERBERT B FP
1001 MARIETTA AVE LANCASTER PA 17603
WILSON MD, JAMES A FP
R D 1 RONKS PA 17572
WINTER MD, CHAS R ORS
822 MARIETTA AVE LANCASTER PA 17603
WISSLER MD, ROBT U FP
49 OLD MILL RD EPHRATA PA 17522
WITMER MD, DONALD B FP
BOX 188 WILLOW STREET PA 17584
WITMER MD, ROBT H GS
126 E CHESTNUT ST LANCASTER PA 17602
WOLBACH JR MD, ALBERT B FP
923 W MAIN ST EPHRATA PA 17522
WOLGEMUTH JR MD, JOHN M FP
146 E MAIN ST LEOLA PA 17540
WOOD MD, ERNEST M OBG
150 RIVER OR LANCASTER PA 17603
YAVIL DD, JULES S R
1933 GERALDSON AVE LANCASTER PA 17601
YEAKEL MD, ALLEN E AN
RT 1 BOX 428 NEWMANSTOWN PA 17073
YOUNG MD, JAMES F IM
512 N OUKE ST LANCASTER PA 17602

YDUNG MD, WILLIAM W R
20 LEAF PARK LANCASTER PA 17603
ZAEPFEL MD, JDS P DTD
702 EDEN RD LANCASTER PA 17601
ZERVANDS MD, NIKITAS J FP
LANC GEN HDSP LANCASTER PA 17602
ZIEMER MD, HARRY S FP
2 E MAIN ST ADAMSTDWN PA 19501
ZWALLY MD, ARNDLD H FP
206 S STATE ST EPHRATA PA 17522

Lawrence County

ABUL-ELA MD, AHMAD E GS
708 N JEFFERSDN ST NEW CASTLE PA 16101
ALTOMARE JR MD, FRANK J R
2563 BLOSSDM LN NEW CASTLE PA 16105
BANNISTER JR MD, WM B GS
125 E NORTH ST NEW CASTLE PA 16101
BASHARA MD, THDMAS J FP
107 E WALLACE AVE NEW CASTLE PA 16101
BASSALY MD, RIFAAT R OBG
19 SHENANGD RD NEW CASTLE PA 16105
BDWER MD, JAMES N FP
103 S MERCER ST NEW CASTLE PA 16101
BRDDKS MD, JACK C FP
26 PITTSBURGH CIRCLE ELLWDDD CITY PA 16117
CAPLAN MD, AARDN FP
510 PARK AVE ELLWDDD CITY PA 16117
CAPLAN MD, MILTDN L FP
510 PARK AVE ELLWDDD CITY PA 16117
CHERVENAK MD, JDHN P R
2975 MELVIN DR NEW CASTLE PA 16105
FLANNERY MD, WILBUR E IM
24 E GRANT ST NEW CASTLE PA 16101
FRENCH MD, TRAVIS A DBG
1ST FEDERAL PLAZA NEW CASTLE PA 16101
FUJIMAGARI MD, TAK R
JAMESDN MEM HDSP NEW CASTLE PA 16101
GARDNER MD, JAMES L GS
122 4TH ST ELLWDDD CITY PA 16117
GEER MD, FRANK D P
2100 WILMINGTUN RD NEW CASTLE PA 16105
GILLESPY MD, WM G PTH
108 PARK LANE NEW CASTLE PA 16101
GINSBERG MD, JDS E DBG
405B 1ST FEDERAL PLAZA NEW CASTLE PA 16101
GINSBURG MD, NATHAN N DBG
1ST FEDERAL PLAZA NEW CASTLE PA 16101
GRAUEL JR MD, THEDDDRE A FP
2602 WILMINGTDN RD NEW CASTLE PA 16105
HART MD, GED R DTD
424 TEMPLE BLDG NEW CASTLE PA 16101
HENDERSDN MD, RDBT E GS
2602 WILMINGTDN RD NEW CASTLE PA 16105
HENTHDRNE MD, JDHN C PTH
413 WAUGH AVE NEW WILMINGTDN PA 16142
HDENSTINE MD, ARTHUR C DPH
134 4TH ST ELLWDDD CITY PA 16117
HDFFMASTER MD, ALFRED L FP
125 E NDRTH ST NEW CASTLE PA 16101
HDUSTDN MD, R RDSS FP
411 W NESHANNDCK AVE NEW WILMINGTDN PA 16142
ISIDRD MD, EUGENIO G PTH
JAMESDN MEM HDSP NEW CASTLE PA 16101
JDNES MD, GED J FP
1406 E WASHINGTON ST NEW CASTLE PA 16101
KEHLER MD, WALTER H R
JAMESON HDSP NEW CASTLE PA 16101
KIM MD, UH G FP
425 SPRING AVE ELLWDDD CITY PA 16117
KDUKAL MD, LUDWIG R AN
11 FRUITLAND DR NEW CASTLE PA 16101
LAMANCUSA MD, NANCY C FP
836 S MILL ST NEW CASTLE PA 16101
MALVAR MD, THDS Q AN
107 E WALLACE AVE NEW CASTLE PA 16101
MANCIND MD, PETER J IM
LEAWDDD DR NEW CASTLE PA 16105
MANSELL MD, JDHN L FP
150 N NEW CASTLE ST NEW WILMINGTDN PA 16142
MARCELLA MD, LAWRENCE C DBG
518 TEMPLE BLDG NEW CASTLE PA 16101
MARKLEY MD, RALPH DRS
2602 WILMINGTDN RD NEW CASTLE PA 16105
MASTRIAN MD, ANTHDNY S GS
2602 WILMINGTDN RDAD NEW CASTLE PA 16105
MCCDNAHY MD, JDHN G D
137 E WALLACE ST NEW CASTLE PA 16101
MITTICA MD, NICHDLAS M DPH
708 N JEFFERSDN ST NEW CASTLE PA 16101
MDDRE MD, GED W U
329 TEMPLE BLDG NEW CASTLE PA 16101
MDRETTD MD, JDS L DPH
413 N JEFFERSDN ST NEW CASTLE PA 16101
NEWMARK MD, ABE A PD
112 E SHERIDAN AVE NEW CASTLE PA 16105
NDRD MD, RDLAND E FP
103 S MERCER ST NEW CASTLE PA 16101
DNG MD, BIENVENIDD S PTH
JAMESON MEM HDSP NEW CASTLE PA 16101
PAINTER MD, JDS C FP
80 PITTSBURGH CIRCLE ELLWDDD CITY PA 16117
PALATKA MD, ANDREW A FP
800 ADAMS AVE ELLWDDD CITY PA 16117
PERRY JR MD, SAML W DBG
227 E NDRTH ST NEW CASTLE PA 16101
PERRY MD, DAVID L IM
227 E NDRTH ST NEW CASTLE PA 16101
PDMMERSHEIM MD, WM J U
TEMPLE BLDG NEW CASTLE PA 16101
PDPP MD, J LUMEN FP
308 N MERCER ST NEW CASTLE PA 16101
PRABHU MD, SRINIVASA K GS
208 TEMPLE BLDG NEW CASTLE PA 16101
PRIDLETTI MD, JDHN P GS
301 TEMPLE BLDG NEW CASTLE PA 16101
PRIDLETTI MD, VINCENZD FP
1006 S MILL ST NEW CASTLE PA 16101
RAJASENAN MD, VASUDEVAN IM
3RD & LAWRENCE AVE ELLWDDD CITY PA 16117
RAYMUNDD 3D MD, RICARDD B GS
605 LAWRENCE AVE ELLWDDD CITY PA 16117
RAYMUNDO MD, RDSALINDA R IM
1005 DIVISIDN ST ZELIENDPLE PA 16063
RDGERS MD, VINCENT P DRS
2602 WILMINGTDN RD NEW CASTLE PA 16105
SANTDS MD, CESAR R DBG
605 LAWRENCE AVE ELLWDDD CITY PA 16117
SENIDW MD, RAYMDND V FP
2 E LAUREL AVE NEW CASTLE PA 16101
SHAFFER MD, HDWARD L FP
150 N NEW CASTLE ST NEW WILMINGTDN PA 16142
SHAWKY MD, MDHAMMED S AN
JAMESON MEM HDSP NEW CASTLE PA 16101
SHDAFF MD, PARIS A GS
1405 HIGHLAND AVE NEW CASTLE PA 16105
SKDLE MD, SIMDN M PD
404C 1ST FEDERAL PLAZA NEW CASTLE PA 16101
SDMMERFELD MD, JAMES P PD
2 E LAUREL AVE NEW CASTLE PA 16101
SUMNER MD, HAROLD R DBG
200 SPRING AVE ELLWDDD CITY PA 16117
SUNG MD, PYDUNG FP
202 E PDLAND AVE BESSEMER PA 16112
TAYENGCO-MAISOG MD, VICTDRIA S PD
565 W NESHANNDCK AVE NEW WILMNGTN PA 16142
UBER MD, THDS R U
329 TEMPLE BLDG NEW CASTLE PA 16101
WADHWA MD, KAMAL P IM
2602 WILMINGTDN RD NEW CASTLE PA 16105
WEINER MD, GERALD H DRS
2602 WILMINGTDN RD NEW CASTLE PA 16105
WILSDN MD, PAUL B FP
2503 HIGHLAND AVE NEW CASTLE PA 16105
WILSDN MD, THDS W FP
100 S DIVISIDN ST ZELIENDPLE PA 16063
WRIGHT MD, WM R DBG
1ST FEDERAL PLAZA NEW CASTLE PA 16101
YDUNG MD, FREDERICK F FP
BDX 194 R D 3 VOLANT PA 16156
ZIEVE MD, GERALD FP
2508 WILMINGTDN RD AP29 NEW CASTLE PA 16105

Lebanon County

ALLEY MD, ALBERT A DPH
61B CDRNWALL RD LEBANDN PA 17042
ANDREDZZI MD, RDBERT J D
924 HAUCK ST LEBANDN PA 17042
BAMBERGER MD, JDHN A DTD
621 CHESTNUT ST LEBANDN PA 17042
BARTDN MD, RDBT L FP
BDX 45 QUENTIN PA 17028
BAUER MD, RDBERT L FP
322 E MAIN ST PALMYRA PA 17078
BECKER MD, CARL K FP
E C C RETIREMENT VLG MYERSTDWN PA 17067
BELL JR MD, C RAY FP
418 CUMBERLAND ST LEBANDN PA 17042
BERGLAND MD, RICHARD M NS
RD 4 LEBANDN PA 17042
BERING MD, JDS P FP
300 WALNUT ST LEBANDN PA 17042
BERTRAM MD, HDRST N R
GDDD SAMARITAN HDSP LEBANON PA 17042
CALLEN MD, H SAMUEL R
115 MDRAVIAN AVE LITITZ PA 17543
CLARK MD, JDS M R
711 S BTH ST LEBANON PA 17042
CDNNER MD, GED H DTD
MILTDN S HERSHEY MED CT HERSHEY PA 17033
CDURTNEY MD, DREW E FP
RD 3 MYERSTDWN PA 17067
CURANZY MD, RAYMDND R FP
39 E MAPLE ST PALMYRA PA 17078
DIEHL MD, WM H DPH
212 E WALNUT ST LEBANDN PA 17042
DIGIACDMD MD, PAUL R IM
618 CDRNWALL RD LEBANON PA 17042
DINULDS MD, BALTAZAR T GS
225 S 4TH ST LEBANDN PA 17042
ODRSCH JR MD, RAYMDND M ORS
229 S FDURTH ST LEBANDN PA 17042
DRUCKMAN MD, STEPHEN M IM
61B CDRNWALL RD LEBANDN PA 17042
DYREYES MD, RDBERTD R R
1647 CAMBRIDGE DR LEBANDN PA 17042
ECKRDTH MD, RICHARD N FP
136 E CHERRY ST PALMYRA PA 17078
ENGLE MD, HAROLD H FP
322 E MAIN ST PALMYRA PA 17078
FLDWERS MD, PETER B FP
61B CDRNWALL RD LEBANDN PA 17042
FDRKER MD, THDS DRS
4 S 4TH ST LEBANDN PA 17042
FRANK MD, PATRICK J FP
925 CUMBERLAND ST LEBANON PA 17042
GINGRICH JR MD, RUSSELL L GS
34 N CENTER AVE CLEDNA PA 17042
GINGRICH MD, KERRY H FP
61B CDRNWALL RD LEBANDN PA 17042
GRDH MD, JDHN R GS
RD 5 BDX 230 LEBANDN PA 17042
GROSKY MD, MURRAY B IM
618 CDRNWALL RD LEBANDN PA 17042
HABECKER MD, ELIZABETH T PD
1654 RITA LANE LEBANDN PA 17042
HALLAHAN MD, WM F IM
618 CDRNWALL RD LEBANDN PA 17042
HARRISON MD, TIMDTHY S GS
M S HERSHEY MED CTR HERSHEY PA 17033
HARTMAN 2ND MD, SAML A PD
229 S 4TH ST LEBANDN PA 17042
HAUER MD, MARLIN L FP
330 CUMBERLAND ST LEBANDN PA 17042
HEBERLING MD, THDS P FP
601 S 12TH ST LEBANDN PA 17042
HEISEY MD, RDBT G DBG
3RD & WILLDW ST LEBANDN PA 17042
HDFFMAN MD, GLENN H FP
322 E MAIN ST PALMYRA PA 17078
HDFFMAN MD, RICHARD R R
1149 GREINER ST LEBANDN PA 17042
HDSTETTER MD, ABRAM M P
1736 E CHDCDLATE AVE HERSHEY PA 17033
JDNES MD, EDWARD L GS
422 CUMBERLAND ST LEBANDN PA 17042
KEITER MD, JAMES M FP
30 W DRCHARD DR PALMYRA PA 17078
KLATCHKD MD, WM W GS
402 S 12TH ST LEBANDN PA 17042
KLINE MD, RDBT M DBG
115 E WALNUT ST LEBANDN PA 17042
KDNCLE MD, GERALD E FP
NEWMANSTDWN PA 17073
LAPE JR MD, IRWIN S OBG
3RD & WILLDW ST LEBANDN PA 17042
LEDNARD MD, JUSTIN T R
R D 5 BDX 230 LEBANDN PA 17042
LIGHT MD, JDHN J R
25 N 9TH ST LEBANDN PA 17042
LDEHLE MD, JDHN F FP
937 CUMBERLAND ST LEBANON PA 17042
LDNG MD, THEDDDRE K DPH
327 CUMBERLAND ST LEBANON PA 17042
LDTA MD, MILDS J PM
1342 DAK ST LEBANDN PA 17042
MCCLELLAND MD, HERBERT C FP
505 CHESTNUT ST LEBANDN PA 17042
MENGES MD, CHAS G GS
S 3RD & DAK STS LEBANDN PA 17042
MEYER JR MD, MAURICE M DPH
701 MAPLE ST LEBANDN PA 17042
MILLER MD, CLAUDE J D
1151 CDRNWALL RD LEBANDN PA 17042
MDEHLMANN MD, ERNST D FP
RICHLAND PA 17087
MDNTEITH MD, JAMES R FP
301 E MAIN ST ANNVILLE PA 17003
MYSTAKAS MD, FDTIS G DRS
229 S 4TH ST LEBANDN PA 17042
NEFF MD, CHAS A P
BDX 345 RDUTE 5 LEBANDN PA 17042
NUCUM MD, AFRDDISID N FP
341 CUMBERLAND ST LEBANDN PA 17042
PATERNITI MD, SAML F DBG
3RD & WILLDW ST LEBANDN PA 17042
PLACE MD, ELMER R FP
BDX 419 R D 5 LEBANDN PA 17042
PDTASH MD, GED C DPH
513 CHESTNUT ST LEBANDN PA 17042
POUST MD, GEO S DBG
3RD & WILLDW ST LEBANDN PA 17042
PRDVENCID MD, FLORENCID PTH
1661 KRIM COURT LEBANDN PA 17042
REED MD, HARRY W FP
FREDERICKSBURG PA 17026
RYAN MD, RDBT J GS
323 CUMBERLAND ST LEBANDN PA 17042
SACKS MD, RICHARD P R
R D 3 MANHEIM PA 17545
SAYSDN MD, JOSE N IM
302 WALNUT ST LEBANDN PA 17042
SCHAEFFER JR MD, WM E IM
618 CDRNWALL RD LEBANDN PA 17042
SCHARADIN MD, NELSDN S D
102 E PENN AVE CLEDNA PA 17042
SCHREIBER MD, RICHARD D FP
801 WALNUT ST LEBANDN PA 17042
SHAVER MD, WM A GS
61B CDRNWALL RD LEBANDN PA 17042
SHERK MD, CARL R IM
618 CDRNWALL RD LEBANDN PA 17042
SILBERMAN MD, J DEWOLF FP
246 W MAIN ST ANNVILLE PA 17003
SNYDER MD, EARL J GS
61B CDRNWALL RD LEBANDN PA 17042
SDLDMDN MD, STEPHEN J N
618 CDRNWALL RD LEBANDN PA 17042
SUAREZ MD, RAMDN U GS
437 CHESTNUT ST LEBANON PA 17042
SUTER MD, STANLEY C U
437 CHESTNUT ST LEBANDN PA 17042
TANNER MD, LEDNARD M PTH
1551 RITA LANE LEBANDN PA 17042
TIBBITTS MD, JAMES A FP
KING AND QUEEN STS JDNESTDWN PA 17038
UHRICH MD, KATHRYN H FP
523 N 7TH ST LEBANDN PA 17042
UHRICH MD, RDBT W FP
523 N 7TH ST LEBANDN PA 17042
WALMER MD, JDHN D P
PHILHAVEN HDSP R 5 LEBANDN PA 17042
WEYLAND MD, CHARLETTA K PD
209 HATHAWAY PARK LEBANDN PA 17042
WISE MD, JDHN R FP
135 S 10TH ST LEBANON PA 17042

WORRILOW MD, SUZANNE H FP
400 E HIGH ST LEBANON PA 17042
ZIMMERMAN JR MD, FRANKLIN O FP
SCHAEFFERSTOWN PA 17088

Lehigh County

ALBRIGHT MD, DILL J FP
913 N 32ND STREET ALLENTOWN PA 18104
ALEXANDER MD, RAYMOND S OBG
811 N 19TH ST ALLENTOWN PA 18104
ALLMAN MD, RICHARD L IM
501 N 17TH ST ALLENTOWN PA 18104
ALMAZAN MD, ANTONIO C FP
317 BRIDGE ST CATASAQUA PA 18032
ALTOBELLI MD, JOHN A PS
501 N 17TH ST ALLENTOWN PA 18104
ANDERKO MD, FRANK T FP
414 RIDGE AVE ALLENTOWN PA 18102
ANSON MD, PETER M ORS
1405 N CEDAR CREST BLVD ALLENTOWN PA 18104
ARANGIO MD, GEORGE A ORS
32 N WEST STREET ALLENTOWN PA 18102
BACKENSTOE MD, GERALD S FP
500 CHESTNUT ST EMMAAUS PA 18049
BALZE MD, PAUL C P
1940 LAUBACH AVE NORTHAMPTON PA 18067
BANACH MD, STANLEY F IM
2015 HAMILTON ST STE 20 ALLENTOWN PA 18104
BANKS MD, WALTER A FP
8 W MAIN ST MACUNGIE PA 18062
BARNES MD, BEN C IM
MUHLENBERG MED CTR BETHLEHEM PA 18017
BARONE MD, ANTHONY AN
421 CHEW ST ALLENTOWN PA 18102
BARR MD, WM B IM
733 TURNER ST ALLENTOWN PA 18102
BARRETT MD, JUDITH N FP
2421 GREENLEAF ST ALLENTOWN PA 18104
BARRETT MD, STEPHEN J P
842 HAMILTON ST ALLENTOWN PA 18101
BAUDER MD, ELIZABETH S P
MUHLENBERG MED CTR BETHLEHEM PA 18017
BAUM MD, EDGAR S FP
1624 WALNUT ST ALLENTOWN PA 18102
BAUSCH JR MD, FREDERICK R FP
142 N 9TH ST ALLENTOWN PA 18102
BAUSCH MD, RICHARD D FP
951 N 4TH ST ALLENTOWN PA 18102
BAYRI MD, MEHMET F AN
1196 MEADOWBRK CIRCLE W ALLENTOWN PA 18103
BECK MD, THEODORE A FP
SAND SPRING FARM BX 206 GREENTOWN PA 18426
BEITEL JR MD, ROBT J OPH
1026 HAMILTON ST ALLENTOWN PA 18101
BERNHARD MD, JOHN J OBG
33 N 17TH ST ALLENTOWN PA 18104
BIERMAN MD, JOS R FP
1321 HAMILTON ST ALLENTOWN PA 18102
BLAISDELL MD, C THEODORE AN
SACRED HEART HOSP ALLENTOWN PA 18102
BLAKE MD, DOUGLAS R AN
421 CHEW ST ALLENTOWN PA 18102
BLASSER MD, EDWARD F IM
USCG ACADEMY HOSP NEW LONDON CT 06320
BLUM MD, MITCHELL E OTO
1257 S CDR CRST BLV 202 ALLENTOWN PA 18103
BONDS III MD, CHAS T FP
ALLENTWN-SACRED HRT HOS ALLENTOWN PA 18105
BOD MD, KI T IM
815 NORTH 12TH ST ALLENTOWN PA 18102
BOSANAC MD, PAUL R IM
2200 HAMILTON ST ALLENTOWN PA 18104
BOTTOMLEY DO, DONALD L OS
555 UNION BLVD ALLENTOWN PA 18103
BOUCHER MD, WM F FP
234 E 20TH ST NORTHAMPTON PA 18067
BOWEN MD, DALE T FP
1136 FIFTH ST CATASAUQUA PA 18032
BOYER MD, FRANK R IM
530 N 20TH ST ALLENTOWN PA 18104
BOYER MD, GEO S GS
740 N 19TH ST ALLENTOWN PA 18104
BOYER MD, NANCY H IM
2179 OVERHILL RO ALLENTOWN PA 18103
BRANTON MD, LEON N PD
811 N 19TH ST ALLENTOWN PA 18104
BRENNEN MD, ROBT F FP
951 N 4TH ST ALLENTOWN PA 18102
BRESLIN DO, THOMAS V IM
1530 LEHIGH PARKWAY S ALLENTOWN PA 18103
BRONG MD, GEO C FP
104 W MAIN ST BATH PA 18014
BROOKS MD, CHARLES M IM
1416 STONERIDGE RD ALLENTOWN PA 18104
BROSSMAN MD, MARTIN W FP
549 N 8TH ST ALLENTOWN PA 18102
BROWN 5TH MD, THOS W GS
305 TOHICKON AVE QUAKERTOWN PA 18951
BURKHARD JR MD, EDWARD J PTH
2184 BROOKHAVEN DR W ALLENTOWN PA 18103
CACCESE MD, DAVID M IM
LIBERTY SQ MED CTR ALLENTOWN PA 18104
CANOAL MD, MARIO A IM
628 SKYLINE OR ALLENTOWN PA 18103
CARAPELLA MD, JOHN D FP
960 N 32ND ST ALLENTOWN PA 18104
CARBAUGH MD, HOWARD L FP
614 N 6TH ST ALLENTOWN PA 18102
CARPENTER IV MD, E JOEL FP
102 N 13TH ST ALLENTOWN PA 18102
CERCIELLO MD, MARK J DRS
40 CDR CRST BLVD S ALLENTOWN PA 18104
CHANG MD, IN-HO R
ALLENTOWN HOSP ALLENTOWN PA 18102
CHEFETZ MD, MARSHALL D OBG
2200 HAMILTON ST ALLENTOWN PA 18104
CHEN MD, CHUN N GS
1200 S CEDAR CREST BLVD ALLENTOWN PA 18105
CHEN MD, JUH-HUEY PD
BOX 147 TREXLERTOWN PA 18087
CHENG MD, LAWRENCE C FP
2710 LIBERTY ST ALLENTOWN PA 18104
CHUNG MD, HAE J P
1993 KINGSLEY DR BETHLEHEM PA 18018
CLIFFORD MD, JAMES R FP
111 E HARRISON ST EMMAUS PA 18049
CRISWELL MD, SAML W FP
533 N 26TH ST ALLENTOWN PA 18104
CUNIN MD, HARRY L OPH
104 N NASSAU AVE MARGATE N J 08402
CUSICK MD, RICHARD J FP
535 E EMMAUS AVE ALLENTOWN PA 18103
CUSTODIO MD, EDGAROO C R
785 WEOGEWOOD RD BETHLEHEM PA 18107
DAVIS MD, DAVID R
3502 CONGRESS ST ALLENTOWN PA 18104
DEEB MD, RAMON J AN
421 CHEW ST ALLENTOWN PA 18102
DEX MD, WALTER J R
ALNTN HOSP 17TH & CHEW ALLENTOWN PA 18104
DICKSON JR MD, THOS B ORS
1730 CHEW ST ALLENTOWN PA 18104
DILCHER MD, ROBT H U
1111 N 19TH ST ALLENTOWN PA 18104
DILEO MD, FRANK J FP
203 N 2ND ST ALLENTOWN PA 18102
DILEO MD, LUSCIAN W D
1136 LINDEN ST ALLENTOWN PA 18102
DIMICK MD, DEAN F IM
ALLENTOWN HOSPITAL ALLENTOWN PA 18102
DONIO MD, DOMINIC A PM
528 WASHINGTON ST ALLENTOWN PA 18102
DONMOYER MD, THEODORE L IM
2635 PKWY BLVD ALLENTOWN PA 18104
DORSEY MD, JAMES T OBG
160 MAIN ST EMMAUS PA 18049
DOWNIE MD, ROBERT W PM
1062 LOUISE LANE ALLENTOWN PA 18103
DRAUCH MD, EUGENE W FP
1215 W HIGHLAND ST ALLENTOWN PA 18102
DRY MD, FREDERICK A FP
730 HARRISON EMMAUS PA 18049
DUBBS MD, ALFRED W IM
1443 HAMILTON ST ALLENTOWN PA 18102
DUNN MD, JEROME PD
501 N 17TH ST STE 207 ALLENTOWN PA 18104
EARNEST MD, TAMAR D GS
MIDDLESEX GEN HOSP NEW BRUNSWICK N J 08903
EASTLAND JR MD, THEODORE W FP
111 E HARRISON ST EMMAUS PA 18049
EDDINGER MD, LEO C FP
951 N 4TH ST ALLENTOWN PA 18102
EICHER MD, WENDELL P GS
136 S 10TH ST QUAKERTOWN PA 18951
ENDRES MD, WARREN H FP
6000 MAIN ST FOGELSVILLE PA 18051
ESLER JR MD, JAMES W AN
421 CHEW ST ALLENTOWN PA 18102
EVERETT MD, HAROLD E IM
501 N 17TH ST ALLENTOWN PA 18104
EZAKI MD, TOSHIO GS
18 N 13TH ST ALLENTOWN PA 18102
FALCONE MD, DOMENICO AN
RO 2 ALLENTOWN PA 18103
FARRELL MD, PETER E OTO
1251 S CDR CRST BLVD 11 ALLENTOWN PA 18103
FEENEY MD, ROBT A FP
3710 HAMILTON ST ALLENTOWN PA 18104
FENNER MD, HENRY E PTH
ALLENTOWN HOSP ALLENTOWN PA 18102
FENSTERMACHER MD, ROBT P FP
ALLENTOWN HOSP ALLENTOWN PA 18102
FETTERMAN MD, HENRY H OBG
501 N 17TH ST ALLENTOWN PA 18104
FETZER MD, ARTHUR E U
1405 CEDAR CREST BLVD ALLENTOWN PA 18104
FIEDLER MD, HOWARD T P
2030 S OCEAN OR APT 314 HALLANDALE FL 33009
FINNEGAN MD, WALTER J ORS
1730 CHEW ST ALLENTOWN PA 18104
FISTER MD, FREDERICK D US
R D 2 WESCOSVILLE PA 18106
FITZGERALD MD, JAMES L OBG
1633 ALLEN ST ALLENTOWN PA 18102
FOX MD, CHAS R FP
LUTHERAN HOME TOPTON PA 19564
FOX MD, WM F FP
4102 LEHIGH AVE WHITEHALL PA 18052
FRAILEY JR MD, WM W GS
226 SPRUCE ST EMMAUS PA 18049
FRANKENFIELD MD, BRUCE A IM
2200 HAMILTON ST RM 203 ALLENTOWN PA 18104
FRIEDBERG MD, MILTON J GS
2200 HAMILTON ST ALLENTOWN PA 18104
FROST MD, STEPHEN S IM
1335 MORRIS RO WYNNEWOOD PA 19096
FUGAZZOTTO MD, PASQUALE J PD
LIBERTY SQ MED CTR ALLENTOWN PA 18104
GALGON MD, JOHN P IM
1162 BELLAIR OR ALLENTOWN PA 18103
GALLAGHER MD, A CORNELIUS FP
40 S 16TH ST ALLENTOWN PA 18102
GALLAGHER MD, HUGH S IM
901 N 19TH ST ALLENTOWN PA 18104
GASTINGER MD, JOSEPH W IM
625 N BERKS ST ALLENTOWN PA 18104
GAYLOR MD, DONALD H GS
1200 S CEDAR CREST BLVD ALLENTOWN PA 18105
GEARHART MD, LYSTER M OBG
501 N 17TH ST ALLENTOWN PA 18104
GEE MD, WILLIAM GS
2200 HAMILTON ST 212 ALLENTOWN PA 19104
GELLER MD, EDWARD I FP
1027 N 19TH ST ALLENTOWN PA 18104
GERCHMAN MD, LEROY B FP
3710 HAMILTON ST ALLENTOWN PA 18104
GINSBERG MD, GENE H IM
1251 S CEDAR CREST #212 ALLENTOWN PA 18103
GOLDFARB MD, DANIEL D P
2200 HAMILTON ST ALLENTOWN PA 18104
GOLDFARB MD, HAROLD J DPH
101 S 17TH ST ALLENTOWN PA 18104
GOLDSMITH MD, CHAS P OPH
LIBERTY SQUARE MED CTR ALLENTOWN PA 18104
GOOD MD, HARRY S GS
1711 HAMILTON ST ALLENTOWN PA 18104
GORDON MD, CHARLES A FP
51 C GLENMEAD OR PORTSMOUTH RI 02871
GORDON MD, MICHAEL J OTO
1251 S CED CRST BVD 202 ALLENTOWN PA 18103
GREYBUSH MD, JOS N OBG
2200 HAMILTON ST ALLENTOWN PA 18104
GROSS MD, PAUL K P
1600 LEHIGH PKWY E ALLENTOWN PA 18103
GRUNBERG MD, ROBT W IM
1600 LEHIGH PKWY E AP6F ALLENTOWN PA 18103
HAAS MD, FREDERICK M FP
554 BENNER RO ALLENTOWN PA 18104
HABERERN MD, EDWARD J FP
4205 LEHIGH ST WHITEHALL PA 18052
HAFF MD, DONALD W FP
4 GOLF CIR EMMAUS PA 18049
HARDIN MD, VIRGIL M IM
1426 LINCOLN PKWY W ALLENTOWN PA 18104
HARMAN MD, ROBT G FP
TREXLERTOWN PA 18087
HARRIS MD, STANLEY R R
SACRED HEART HOSP ALLENTOWN PA 18102
HARTZELL JR MD, GEO W GS
2004 ALLEN ST ALLENTOWN PA 18104
HARVEY MD, KENNETH L FP
302 WALNUT ST CATASAUQUA PA 18032
HASTINGS JR MD, LEO J FP
324 N 6TH ST ALLENTOWN PA 18102
HEFFERNAN MD, ANDREW H PS
2200 HAMILTON ST ALLENTOWN PA 18104
HEILIGMAN MD, NATHAN H IM
1251 S CEDAR CREST BLVD ALLENTOWN PA 18103
HEINTZELMAN MD, GEO W FP
NEFFS PA 18065
HELWIG MD, FRED G IM
28 N 15TH ST ALLENTOWN PA 18102
HENTOSH MD, JOHN P PD
331 S 16TH ST ALLENTOWN PA 18102
HERTZ MD, CHAS S GS
1532 PARK AVE QUAKERTOWN PA 18951
HILL MD, E MERTON PRM
1833 W CONGRESS ST ALLENTOWN PA 18104
HOFFMAN MD, WM W FP
2416 3RD ST WHITEHALL PA 18052
HOLLAND MD, CLARENCE A GS
1118 HAMILTON ST ALLENTOWN PA 18101
HOUIDES MD, ATHANASIOS C GS
219 N 17TH ST ALLENTOWN PA 18104
HUDSON JR MD, HOWARD E AN
421 CHEW ST ALLENTOWN PA 18102
HYMAN MD, HERBERT L IM
1033 HAMILTON ST ALLENTOWN PA 18101
JAEGER MD, ROBT M NS
1746 ALLEN ST ALLENTOWN PA 18104
JAIN MD, MOHN H P
2829 LIVINGSTON ST ALLENTOWN PA 18104
JEFFERIS MD, EARL S OBG
744 N 19TH ST ALLENTOWN PA 18104
JERANT MD, VINCENT J FP
507 ALLEN ST ALLENTOWN PA 18102
JOHNSON MD, CHAS F IM
216 N 4TH ST EMMAUS PA 18049
JONES MD, DAVID G OPH
501 N 17TH ST ALLENTOWN PA 18104
JUNG MD, JAY SOO PD
1031 KEYSTONE DR SELLERSVILLE PA 18960
KASPRENSKI MD, MATTHEW A FP
2416 3RD ST WHITEHALL PA 18052
KATZ MD, MITCHELL E FP
727 N 19TH ST ALLENTOWN PA 18104
KAUFMAN MD, BARRE D IM
2202 TILGHMAN ST ALLENTOWN PA 18104
KAUPP JR MD, HARRY A GS
3233 UNION ST ALLENTOWN PA 18103
KEAN MD, DENNIS W PD
4432 HAWTHORNE CT MACUNGIE PA 18062
KEBLISH JR MD, PETER A ORS
1730 CHEW ST ALLENTOWN PA 18104
KELCHNER MD, CLYDE H IM
1125 TURNER ST ALLENTOWN PA 18102
KELLY MD, JOHN S GS
RD 2 BOX 31A NEW TRIPOLI PA 18066
KENVIN MD, JOHN E PD
811 N 19TH ALLENTOWN PA 18104
KHINDRI MD, CHETAN O TS
1125 S CEDAR CREST BLVD ALLENTOWN PA 18103
KHUBCHANDANI MD, INDRU T CRS
LIB SQ MEDCT 17TH&LIBRT ALLENTOWN PA 18104
KIBELSTIS MD, JOHN A IM
1730 CHEW ST ALLENTOWN PA 18104
KIESEL MD, ROBT OPH
3710 HAMILTON ST ALLENTOWN PA 18104
KIM MD, CHUNG H R
106K VILLAGE ROUND WESCOSVILLE PA 18106
KIM MD, JIN I AN
927 PATRICIA DR ALLENTOWN PA 18103

KINTZEL MD, JAMES E IM
2200 HAMILTDN ST ALLENTDWN PA 18104
KINTZI MD, HARRY E FP
350 K MICKLEY RUN APT WHITEHALL PA 18052
KISTLER MD, JDHN C FP
2940 LIVINGSTDN ST ALLENTDWN PA 18104
KISTLER MD, KERMIT K DPH
106 N 13TH ST ALLENTDWN PA 18102
KLECKNER MD, FRANCIS S IM
202 N 8TH ST ALLENTDWN PA 18102
KLEES MD, ATHANASIUS C PTH
21 LEHIGH PKWY N ALLENTDWN PA 18103
KLDTZ MD, ODNALD J FP
36 S 17TH ST ALLENTDWN PA 18104
KNAPPER MD, ELIZABETH J D
3015 CDLLEGE HGTS BLVD ALLENTDWN PA 18104
KNECHT MD, CHAS L R
111 E HARRISDN ST EMMAUS PA 18049
KNI88E MD, PIETER IM
901 N 19TH ST ALLENTDWN PA 18104
KDPENHAVER MD, DDNALD 8 D8G
1251 S CEDAR CREST BLVD ALLENTDWN PA 18103
KDSTELNIK MD, ELIZABETH V R
P D 80X R HELLERTDWN PA 18055
KDSTELNIK MD, FRANCIS V PTH
SACRED HEART HUSP ALLENTDWN PA 18102
KRATZER MD, ALBERT E FP
563 CHESTNUT ST EMMAUS PA 18049
KRATZER MD, GLENN S IM
223 N FULTDN ST ALLENTOWN PA 18103
KRATZER MD, GUY L CRS
1447 HAMILTDN ST ALLENTDWN PA 18102
KRAYNICK MD, BENJ M DRS
40 CEDAR CREST BLVD S ALLENTDWN PA 18104
KREITHEN MD, HARDLD IM
1033 HAMILTDN ST ALLENTOWN PA 18101
KRISUKAS MD, VERA J FP
1425 LINDEN ST ALLENTDWN PA 18102
KUCHARCZUK MD, JDHN B D8G
1357 MAIN ST NDRTHAMPTON PA 18067
LACHMAN MD, 8ERNARD E DPH
1140 WALNUT ST ALLENTDWN PA 18102
LAM MD, CARL A D8G
160 MAIN ST EMMAUS PA 18049
LAPP MD, JDHN R FP
TREXLERTDWN PA 18087
LATTIMER MD, GARY L IM
2200 HAMILTDN ST ALLENTDWN PA 18104
LEE MD, YDNG H PS
728 PEASE LANE WEST ISLIP NY 11795
LEET MD, THOMAS E R
1247 N CEDAR CREST BLVD ALLENTDWN PA 18104
LEHRICH MD, HENRY E IM
825 N CEDAR CREST BLVD ALLENTDWN PA 18104
LEISTER MD, C MERRILL PD
1731 W BRDAD ST BETHLEHEM PA 18018
LENTZ MD, RD8T E FP
2004 S 5TH ST ALLENTOWN PA 18103
LERNER MD, SAMUEL M AN
1600 LEHIGH PKWAY ALLENTDWN PA 18103
LEVINE MD, CHARLES R DRS
99 POND AVE 0-121 BRDDKLINE MA 02146
LEVITT MD, LAWRENCE P N
1033 HAMILTON ST ALLENTOWN PA 18101
LEVY MD, ELLIS H P
1-G REGENCY TOWERS ALLENTDWN PA 18103
LEVY MD, JACD8 J FP
44 S 10TH ST ALLENTDWN PA 18102
LIE8ERMAN JR MD, JDS A FP
1541 DLYMPIC CIR E APT WHITEHALL PA 18052
LIE8ERMAN MD, FRANCIS A FP
1751 TURNER ST ALLENTDWN PA 18104
LINDENFELD MD, ARTHUR P
LI8ERTY SQUARE MED CTR ALLENTDWN PA 18104
LDM8DY MD, NDRMA T IM
4282 8EVERLY CDURT RD ALLENTOWN PA 18104
LONG MD, ELMER C PO
17TH & LI8ERTY ST ALLENTDWN PA 18102
LDNGENHAGEN MD, JOHN 8 IM
2200 HAMILTON ST ALLENTDWN PA 18104
LDWRIGHT JR MD, WALLACE J FP
CENTER VALLEY PA 18034
LUSSER MD, MARTHA A N
1600 LEHIGH PRKWY E ALLENTDWN PA 18103
LUTZ MD, RAYMDND J R
1116 HAMILTDN ST ALLENTDWN PA 18101
LUTZ MD, RONALD A IM
526 MICKLEY RD WHITEHALL PA 18052
MADDNNA MD, JDHN J GS
501 N 17TH ST ALLENTDWN PA 18104
MAQUERA MD, ANDRES G GS
3710 HAMILTDN ST ALLENTDWN PA 18104
MARCKS MD, KERWIN M PS
VILLAGE RDUND 109-1 WESCDSVILLE PA 18106
MARTIN MD, FREDERICK H FP
308 MAIN ST EMMAUS PA 18049
MARTDN MD, VICTDR W FP
229 N 4TH ST ALLENTDWN PA 18102
MARVI MD, DAVDUD P
609 N 29TH ST ALLENTDWN PA 18104
MCCDNNEL JR MD, CHAS S OTD
1251 S CDR CRST BLVD 11 ALLENTDWN PA 18103
MCDDNALD MD, KENNETH M GS
2200 HAMILTDN ST ALLENTDWN PA 18104
MCDDNDUGH MD, GERARD A TS
1251 S CEDAR CREST BLVD ALLENTDWN PA 18103
MCGINLEY MD, GEO W DPH
501 N 17TH ST ALLENTDWN PA 18104
MECCA MD, JDHN J US
3710 HAMILTDN ST ALLENTOWN PA 18104
MENCH MD, JDHN R DTD
2128 PENNA ST W ALLENTOWN PA 18104
MENGEL MD, CHARLES L R
304 E 8URNAM RD CDLUM8IA MD 65201
MERCADD MD, MDDE8TO G AN
421 CHEW ST ALLENTDWN PA 18102
MERKLE MD, LARRY N IM
MED CTR 17TH & LI8ERTY ALLENTDWN PA 18104
MERKLE MD, RALPH F FP
219 N 7TH ST ALLENTOWN PA 18102
MIHALAKIS MD, ISIDDRE PTH
PATH LA8 SACRED H HDSP ALLENTDWN PA 18102
MILLER MD, JDS A D8G
3015 CDLLEGE HTS BLVD ALLENTDWN PA 18104
MINNER MD, ROGER J FP
143 N 8TH ST ALLENTDWN PA 18101
MDATZ MD, JAMES D FP
44 N 15TH ST ALLENTDWN PA 18102
MDERKIRK MD, GEO E GS
SACRED HEART HOSP ALLENTDWN PA 18102
MDNTANER MD, CARMEN G AN
RD 3 8DX 722 CDOPERS8URG PA 18036
MDREL MD, DONALD E IM
1433 CEDARWDDD RD ALLENTDWN PA 18104
MDRRISDN MD, ALAN N IM
3821 TREXLER BLVD ALLENTDWN PA 18104
MDRRISDN MD, MARJURIE G P
603 THE TDWERS 555SPRIN 8ETHLEHEM PA 18018
MDRRDW MD, GERALD J GS
730 HARRISON ST EMMAUS PA 18049
MDYER MD, FDRREST G PD
227 N 17TH ST ALLENTDWN PA 18104
MULLIN JR MD, EDWARD M U
1405 CEDAR CREST BLVD ALLENTDWN PA 18104
MUNCHAK JR MD, JDHN FP
440 RIDGE AVE ALLENTOWN PA 18102
NADER MD, JDS N IM
2200 HAMILTDN ST 208 ALLENTDWN PA 18104
NAPDLI MD, MICHAEL J D8G
1357 MAIN ST NDRTHAMPTDN PA 18067
NASS MD, JDEL GS
2416 HIGHLAND ST ALLENTDWN PA 18104
NEDWICH MD, ALEXANDER PTH
1200 S CEDAR CREST BLVD ALLENTDWN PA 18105
NORMINGTON II MD, ERNEST Y D8G
1815 GREENWOOD RD ALLENTDWN PA 18103
OELS MD, HELEN C PTH
7646 MASSEY WAY ELKINS PARK PA 19117
OKUNSKI MD, WALTER J PS
2200 HAMILTDN ST ALLENTDWN PA 18104
ONSANIT MD, TAWACHAI CRS
1201 WITCH DUCK 8AY CT VA 8EACH VA 23455
DRSI MD, JAMES M AN
35 E ELIZA8ETH AVE BETHLEHEM PA 18018
DVITZ MD, MORRIS P
1245 N DTT ST ALLENTOWN PA 18104
PA8LO MD, CARMELITA S AN
1600 LEHIGH PKWY E ALLENTDWN PA 18103
PANAS MD, PAUL G PTH
ALLENTOWN HDSP ALLENTDWN PA 18102
PANE8IANCD MD, ANTDNID C TS
1251 S CEDAR CREST BLVD ALLENTDWN PA 18103
PANTAND MD, JAMES A IM
901 N 19TH ST ALLENTDWN PA 18104
PARK MD, JUNESEDK GS
3401 2NO AVE 20 WHITEHALL PA 18052
PERSDN MD, MDRGAN O FP
1336 HAMILTON ST ALLENTOWN PA 18102
PETERS MD, ALEXANDER M IM
45 N 11 TH ST ALLENTDWN PA 18101
PETERS MD, CHAS O IM
LI8ERTY SQ MED CTR ALLENTDWN PA 18104
PFROMM MD, JDHN DTD
530 N 20TH ST ALLENTDWN PA 18104
PLANO DD, VINCENT F D8G
838 MIXSELL ST EASTON PA 18042
PDST MD, RO8T M IM
1730 CHEW ST ALLENTDWN PA 18104
PRAGER MD, DAVID US
1394 NDRTH 39TH ST ALLENTDWN PA 18104
PRDRDK MD, JDS J GS
2833 GREENLEAF ST ALLENTOWN PA 18104
PUSCHAK MD, RUSSELL 8 PO
2200 HAMILTDN ST ALLENTDWN PA 18104
RADER MD, HERBERT C GS
C 8DDTH HDSP NAGERCDIL TAMILNAD S INDIA
RADER MD, MARK D D8G
1251 S CEDAR CRST 8LVD ALLENTDWN PA 18103
RAOID MD, GREGDRY J D8G
4357 CREST LANE ALLENTOWN PA 18104
RAPPAPDRT MD, MELVIN M FP
3321 CHESTNUT AVE WHITEHALL PA 18052
REINHARDT MD, PAULINE K FP
625 N DTT ST ALLENTDWN PA 18104
REINHART MD, JDHN W FP
2200 HAMILTDN ST ALLENTDWN PA 18104
REX MD, JAMES C TS
1251 S CEDAR CREST 8LVD ALLENTDWN PA 18103
RHDDES MD, MICHAEL GS
1200 S CEDAR CREST 8LVD ALLENTDWN PA 18105
RIETHER MD, RO8ERT D GS
1222 PERICLES PL WHITEHALL PA 18052
RDDEN8ERGER MD, BRUCE M D8G
1251 S CEDAR CREST 8LVD ALLENTDWN PA 18103
RDLAND MD, FREDERICK H FP
790 SPRUCE ST EMMAUS PA 18049
RDSE JR MD, CHAS K FP
2115 HANOVER AVE ALLENTDWN PA 18103
ROSS MD, A8RAHAM AN
421 CHEW ST ALLENTOWN PA 18102
RDSSMAN MD, MAX P
1546 WALNUT ST ALLENTDWN PA 18102
ROTHEN8ERGER MD, MARVIN K DTD
206 N 8TH ST ALLENTOWN PA 18102
RUDDELL MD, THDS A P
1960 NDTTINGHAM RD ALLENTOWN PA 18103
RUTT MD, GED P IM
901 N 19TH ST ALLENTDWN PA 18104
SAOR MD, FARRDKH S TS
1251 S CEDAR CRST BLVD ALLENTDWN PA 18103
SARACHEK MD, NDRMAN S IM
3231 DXFORD CIR S ALLENTDWN PA 18104
SCAGLIOTTI MD, CHAS J GS
ALLENTDWN HDSPITAL 501 N 17TH ST 18104
SCHADT JR MD, DLIVER S FP
721 TURNER ST ALLENTDWN PA 18102
SCHAEFFER MD, CHAS D GS
17TH & LIBERTY SUITE 21 ALLENTDWN PA 18104
SCHANTZ MD, EDWARD T FP
1217 WALNUT ST ALLENTOWN PA 18102
SCHANTZ MD, GLENN H GS
1121 W 8RDAD ST QUAKERTDWN PA 18951
SCHENCK MD, PAUL H DPH
1349 WINCHESTER RD ALLENTDWN PA 18106
SCHRAGGER MD, ALAN H D
1317 HAMILTDN ST ALLENTDWN PA 18102
SECKINGER MD, RAYMDND P DS
4285 TILGHMAN ST ALLENTOWN PA 18104
SELL MD, CHAS P IM
932 N 32ND ST ALLENTDWN PA 18104
SEM8RDT MD, JOS T IM
17TH & LIBERTY STS ALLENTDWN PA 18104
SHAMAI MD, HARDUN A IM
721 TURNER ST ALLENTDWN PA 18102
SHEETS MD, JAMES A CRS
17TH & LIBERTY STS ALLENTDWN PA 18104
SHERWIN MD, GERALD P GS
17TH & LIBERTY STS ALLENTDWN PA 18104
SHDEMAKER MD, PAUL C US
2322 HAMILTDN ST 3-A ALLENTOWN PA 18104
SHOEMAKER MD, RDBT E DPH
1248 HAMILTDN ST ALLENTDWN PA 18102
SHDLEHVAR MD, JAVAD DTD
1251 S COR CRST 8LVD ALLENTDWN PA 18103
SIEGER MD, CHAS E R
RD 2 ALLENTDWN PA 18102
SIEGFRIED MD, MYRTLE M FP
1344 HAMILTDN ST ALLENTDWN PA 18102
SILBERG MD, SAML J U
1111 N 19TH ST ALLENTDWN PA 18104
SILON MD, NATHANIEL R
ALLENTDWN HDSP ASSN ALLENTDWN PA 18102
SILVERMAN MD, HDWARD A FP
2200 HAMILTDN ST ALLENTOWN PA 18104
SILVERMAN MD, MDRTDN I IM
1323 HAMILTON ST ALLENTDWN PA 18102
SILVERMAN MD, MDRTON L IM
4334 VALLEY DR ALLENTDWN PA 18104
SIPES MD, EARL K GS
24 N 18TH ST ALLENTDWN PA 18104
SLEDZ MD, DDNALD M U
821 PRDSPECT AVE 8ETHLEHEM PA 18108
SMITH JR MD, GEO S D8G
1139 MEADDW8RDDK CIR ALLENTDWN PA 18103
SMITH JR MD, RAYMOND M AN
1123 N 18TH ST ALLENTDWN PA 18104
SMITH MD, JERE P PD
811 N 19TH ST ALLENTDWN PA 18104
SNYDER MD, STANLEY D8G
2200 HAMILTDN ALLENTDWN PA 18104
SOSIS MD, ARTHUR C O
1317 HAMILTDN ST ALLENTDWN PA 18102
SDUDER MD, C LAWRENCE P
757 E MAIN ST APT G202 LANSDALE PA 19446
STADER MD, ODNALD E PTH
3515 UNIDN ST ALLENTDWN PA 18104
STAHLER MD, EARLIN J GS
2004 ALLEN ST ALLENTDWN PA 18104
STAMATAKDS MD, MICHAEL J R
SACREO HEART HOSP ALLENTDWN PA 18102
STASIK JR MD, JDHN J GS
501 N 17TH ST ALLENTOWN PA 18104
STELLMACHER MD, VIRGINIA M P
1251 S CDR CRST 8LVD108 ALLENTDWN PA 18103
STEPHENS JR MD, HARRY W NS
RD 2 RIVER8ENO RO 274A ALLENTOWN PA 18103
STIERSTORFER MD, MAX J FP
1123 N VAN 8UREN ST ALLENTDWN PA 18103
STRAUSS MD, RD8T O DTD
1251 S COR CRST BLVD 11 ALLENTDWN PA 18103
STULL JR MD, WALTER F FP
1129 N VAN 8UREN ST ALLENTOWN PA 18103
SUGARMAN MD, HARVEY J GS
2 HDPEWELL RD. R D 2 CENTER VLY PA 18034
SUGERMAN MD, HARVEY J GS
2 HOPEWELL RD. R D 2 CENTER VLY PA 18034
SUSSMAN MD, DAVID DRS
1405 N CEDAR CREST BVD ALLENTDWN PA 18104
SUSSMAN MD, SYLVIA AN
3045 WHITEHALL ST ALLENTDWN PA 18104
TAN MD, ANTDNIUS H R
SACRED HEART HDSP ALLENTDWN PA 18102
TATE MD, FREDERICK J FP
751 N 7TH ST ALLENTDWN PA 18102
TERMINI MD, JOS T FP
698 CEDAR CREST BLVD S ALLENTOWN PA 18103
TILLY MD, DAVID A NS
1746 ALLEN ST ALLENTDWN PA 18104
TDMPA MD, ALEXANDER F FP
125 N 8TH ST ALLENTDWN PA 18101
TDDNDER MD, F GEDFFREY TS
1251 S CEDAR CREST BLVD ALLENTDWN PA 18103
TORRES MD, JULID E IM
332 CARVER DR BETHLEHEM PA 18017
TRACHTEN8ERG MD, WILLIAM M DPH
103 S 17TH ST ALLENTDWN PA 18104
TREVASKIS MD, ALLAN E PS
2200 HAMILTDN ST ALLENTDWN PA 18104
TRIMPI MD, HDWARD D CRS
LI8ERTY SQ MED CTR ALLENTDWN PA 18104
TRDXEL MD, RICHARD S FP
46 S 13TH ST ALLENTOWN PA 18102
UF8ERG MD, MICHAEL H IM
1633 ALLEN ST ALLENTDWN PA 18104
UMLAUF MD, CHAS W P
2200 HAMILTDN STE 300 ALLENTDWN PA 18104
VALVO MD, 8AR8ARA-ANN V GS
330 PDWDER MILL LA7WAYN EMMAUS PA 18049

VELAYDS MD, EDUARDD J CRS
578 CEDAR HILL DR ALLENTDWN PA 18103
VERNICK MD, CLIFFORD G DRS
1730 CHEW ST ALLENTDWN PA 18104
VIECHNICKI MD, MICHAEL 8 FP
4367 HEATHER LN ALLENTDWN PA 18103
VIGILANTE MD, MICHAEL O8G
1344 HAMILTDN ST ALLENTDWN PA 18102
VINCENT MD, JDS E IM
4133 KILMER AVE ALLENTDWN PA 18104
WALL MD, JAMES R D
1136 LINDEN ST ALLENTOWN PA 18102
WALP MD, FREDERIC M FP
PD 8X 652 POTTSTDWN PA 19464
WAPNER MO, JOHN M OPH
2015 HAMILTON ST ALLENTOWN PA 18104
WASKO MO, RO8T U
1111 N 19TH ST ALLENTDWN PA 18104
WASSERMAN MD, RDNALO E N
1033 HAMILTON ST ALLENTOWN PA 18101
WEA8ER JR MO, THOS H FP
211 N 8TH ST ALLENTOWN PA 18102
WEAVER MO, HAROLO P GS
2211 FAIRVIEW ST ALLENTOWN PA 18104
WEIS MO, PAUL R IM
1453 LINDEN ST ALLENTOWN PA 18102
WEIS8ROO MO, LAWRENCE M ORS
2200 HAMILTDN ST ALLENTDWN PA 18104
WERES MO, JAMES FP
156 S 20 ST COPLAY PA 18037
WESTDN MO, KENNETH R ORS
1304 HAMILTDN ST ALLENTOWN PA 18102
WHITE JR MO, HEAOLEY S FP
2806 HAMILTON BLVO ALLENTDWN PA 18103
WHITE MO, RICHARO K ORS
1702 WALNUT ST ALLENTOWN PA 18104
WHITSDN MO, DAVID W D8G
2863 EDGEMONT DR ALLENTOWN PA 18103
WIDGE MD, TDERUNA S AN
37 FAIRWAY LANE WESCOSVILLE PA 18106
WILKINS MO, 8YRON O CRS
235 N 7TH ST ALLENTOWN PA 18102
WILLIAMS MO, OAVIO O R
2200 HAMILTON ST ALLENTOWN PA 18104
WILSON MO, RICHARD C IM
2200 HAMILTON ST ALLENTOWN PA 18104
YAMASHITA MO, TAKEO GS
1629 HAMILTDN ST ALLENTDWN PA 18102
YEN MO, CONCEPTION T PTH
1051 N 18TH ST ALLENTOWN PA 18104
YIP MO, LUKE C TS
R O #7 ALLENTOWN PA 18103
YOUNG MO, JACK A AN
38 FOROCROFT GROSSE PT SHRS MI 48236
ZALAOONIS MD, JOS J FP
1809 COLUM8INE AVE 8ETHLEHEM PA 18018
ZALAOONIS MO, SYLVIA P FP
1809 COLUM8INE AVE 8ETHLEHEM PA 18018
ZEEMAN MO, STANLEY E IM
2947 CHEW ST ALLENTUWN PA 18104
ZIEGLER MD, ANNA M O8G
31 S 9TH ST ALLENTOWN PA 18102

Luzerne County

A88OTT MO, ALBERT J OPH
203 E GREEN ST NANTICOKE PA 18634
ABRANTES MD, F JURGE GS
610 WYOMING AVE KINGSTON PA 18704
AICHER MD, O CRAIG DPH
337 WYOMING AVE KINGSTON PA 18704
ALEXANOERIAN MO, HARRY A O8G
1010 SUSQUEHANNA AVE WEST PITTSTON PA 18643
ALLEN MO, ARTHUR W FP
557 N LOCUST HAZLETUN PA 18201
ALLEY MD, RICHARD A IM
272 PIERCE ST KINGSTDN PA 18704
AM8RUSO MD, VICTOK T NS
729 RIVER RO WILKES BARRE PA 18702
AMENTLER MO, JUHN P FP
452 RIOGE ST FREELAND PA 18224
ANOREWS MO, PAUL J ORS
135 HANOVER ST WILKES-BARRE PA 18702
ANOREWS MO, PETER J FP
195 E MAIN ST WILKES-8ARRE PA 18705
ANORIOLE MD, GERALO L U
10 W BRDAO ST HAZLETON PA 18201
ARAYA MO, FERNANDO FP
1931 ENGLEWOOO AVE FORTY FORT PA 18704
AUER8ACH MO, HERMAN L IM
2 E 8ROAO ST HAZLETON PA 18201
BAHNMILLER MD, EOWIN C FP
317 S RIVER ST WILKES-8ARRE PA 18702
8AKER MO, THOMAS E IM
RO 3 8X 449 SHRINE ACRE OALLAS PA 18612
8ARNES JR MO, MILFURO E P
335 S FRANKLIN ST WILKES-8ARRE PA 18702
8ATTISTA MO, JOHN M FP
534 WYOMING AVE KINGSTON PA 18704
8ENOVITZ MO, BURTON S OBG
425 TIOGA AVE KINGSTON PA 18704
8ERRETTINI MO, ACHILLES A OTO
65 W UNION ST WILKES 8ARRE PA 18702
8EVAN DO, OAVID A IM
1000 UNITEO PENN BK BLO WILKES-BARRE PA 18701
8EZIER MO, HONORIU S NS
ST 802-804 N EASTERN 8L HAZELTON PA 18201
8LAUM MO, LOUIS C GS
69 W UNION ST WILKES-8ARRE PA 18702
BLUM MO, MARVIN IM
440 DRCHARO WEST DALLAS PA 18612
8DBECK MO, JDS J FP
841 MAIN ST SUGAR NDTCH PA 18706
8D8EN MO, WM R FP
318 S FRANKLIN ST WILKES-BARRE PA 18702
8DNACCI MO, RICHARO J FP
68 MARKET ST TRESCKOW PA 18254
8DNITA MO, LUUIS B FP
234 S RIVER ST PLAINS PA 18705
8DNITA MO, RAPHAEL IM
234 S RIVER ST PLAINS PA 18705
8DRTHWICK MO, MALCOLM J FP
149 N PIDNEER AVE SHAVERTDWN PA 18708
8DYLE MO, HUGH G R
1732 WYDMING AVE FORTY FORT PA 18704
8OYLE MO, JAMES W FP
1732 WYOMING AVE FURTY FORT PA 18704
8OYLE MO, WM H FP
1732 WYOMING AVE FORTY FORT PA 18704
8RADY MO, JOHN C FP
228 HORTON ST WILKES 8ARRE PA 18702
8RANTZ MO, EOWARO A FP
454 WARREN AVE KINGSTON PA 18704
8RENNAN MO, JOHN P IM
50 W RIOGE ST NANTICOKE PA 18634
8RILMYER MO, GEURGE J US
711 N BROUM ST WILMINGTON OE 19805
8RD8YN MO, CHAS W AN
WILKES-BARRE GEN HUSP WILKES-8ARRE PA 18702
8RUNACCI MO, ALFREO W ORS
3 FURDHAM RO R O 2 WILKES BARRE PA 18702
BRUNO JR MO, JUSEPH N R
1318 SUSQUEHANNA AVE W PITTSTON PA 18643
BRUNO SR MO, JUS N R
1304 SUSQUEHANNA AVE WEST PITTSTON PA 18643
BUCAN MO, MICHAEL FP
8 W CENTER ST SHAVERTDWN PA 18708
BUCKEY MO, JOS T FP
10 8IRCH ST MOUNTAINTOP PA 18707
BUCKMAN MO, LEWIS T DPH
26 W RIVER ST WILKES BARRE PA 18702
8UCKMAN MO, SAML T DPH
70 S FRANKLIN ST WILKES-8ARRE PA 18701
BURAK MO, RD8ERT F FP
618 WYOMING AVE KINGSTON PA 18704
8URAK MO, WM E U
10 W OORRANCE ST KINGSTON PA 18704
8URNS MO, CHAS N U
279 JUSEPH DR KINGSTON PA 18704
BUTCOFSKI MO, JAMES S FP
245 E SOUTH ST WILKES-8ARRE PA 18702
CAMP8ELL MO, JOHN H O8G
167 S LAUREL HAZLETON PA 18201
CANOAL MO, ALFREOO R GS
26 REYNOLDS ST KINGSTON PA 18704
CAREY MO, EOWARO J FP
505 WARREN AVE KINGSTON PA 18704
CAVAN MO, AL8INA B FP
352 S RIVER ST WILKES-8ARRE PA 18702
CAVAN MO, JOHN F FP
30 WYOMING ST WILKES-8ARRE PA 18702
CHIAMPI MO, XAVIER J FP
932 WYOMING AVE WEST PITTSTON PA 18643
CHILOS MO, RDBERT W PO
608 N E 8ANK BUILDING HAZLETON PA 18201
CHOLLAK MO, JOS P FP
329 W MAIN ST PLYMDUTH PA 18651
CHU MO, JEFFREY O O8G
534 WYOMING AVE KINGSTDN PA 18704
CHUNG MO, CHAN K PS
8 CHURCH ST WILKES BARRE PA 18702
CHUNG MD, HI-YOUNG O8G
171 STANTON ST WILKES-8ARRE PA 18702
CIDTOLA MO, AUGUSTINE A FP
565 N LAUREL ST HAZLETON PA 18201
COHEN MD, SHELOON G IM
NIAID RM 7A52 BLOG 31 8ETHESOA MO 20014
CONAHAN MO, THOS J R
336 W GREEN ST HAZLETON PA 18201
COOPER MO, HELEN C FP
42 E MAIN ST PLYMOUTH PA 18651
COOPER MO, JOS E FP
380 OLO RIVER RO WILKES-8ARRE PA 18702
CORAZZA MO, LEO J IM
2 EAST BROAD ST HAZLETON PA 18201
COREY MO, PETER J GS
234 S RIVER ST STE 2 PLAINS PA 18705
CORRIGAN MO, LAWRENCE F O8G
29 W HOLLY ST HAZELTON PA 18201
COYLE MO, JUHN J OPH
510 TRADERS BLOG HAZLETON PA 18201
CRAMTON MO, OAVIO C IM
610 WYOMING AVE KINGSTON PA 18704
CROMPTON MO, RICHARO E FP
206 CARVERTON RO TRUCKSVILLE PA 18708
OAINIUS MO, ALFONSAS FP
28 HILLCREST OR OALLAS PA 18612
OANCA MO, ALFREO F ORS
1100 UNITEO PENN 8NK BL WILKES BARRE PA 18701
OANISHANKO MO, ALBERT G FP
174 SCOTT ST WILKES-8ARRE PA 18702
OATTNER MO, HERMAN 8 OTO
1000 MINERS BANK 8LOG WILKES-8ARRE PA 18701
OAVIS MO, GEO 8 FP
256 N MAPLE AVE KINGSTON PA 18704
OAW MO, WM J U
8OX 4578 RO #4 OALLAS PA 18612
OE8ONIS MO, CHAS S IM
972 WYOMING AVE FORTY FORT PA 18704
OECURTIS MO, GEO M FP
465 WYOMING AVE KINGSTON PA 18704
OEGENNARD MO, PATRICK J R
WILKES BARRE GEN HOSP WILKES 8ARRE PA 18702
OEPASQUALE MO, SAM C GS
501 MONROE AVE SCRANTON PA 18510
OESSEN MO, EOGAR L R
NORTHEASTERN BANK BLDG HAZLETON PA 18201
DIDRID MO, NDRINA M FP
270 WILLIAM ST PITTSTON PA 18646
DORN8LASER MD, GEO 8 FP
403 HAZ NATL BANK BLDG HAZLETON PA 18201
DOUGHERTY MO, EDWARD S FP
31 TIMPSON ST ASHLEY PA 18706
DRAPIEWSKI MO, JOHN F PTH
196 HANOVER ST WILKES-8ARRE PA 18703
DRAPIEWSKI MO, VINCENT A IM
8 CHURCH ST WILKES BARRE PA 18702
DURAN MO, TOMAS A IM
209 8EECHWOOO OR WILKES-8ARRE PA 18702
EARLES MO, GORDON H FP
534 WYOMING AVE KINGSTON PA 18704
ECHENBERG MO, MAX N
NARROWS MALL OFF 8LOG KINGSTON PA 18704
EOMUNOS MO, ELIZABETH H FP
534 WYOMING AVE KINGSTON PA 18704
EHRHART MO, JOS W FP
1174 WYOMING AVE FORTY FORT PA 18704
ENGLISH MO, RICHARO B FP
534 WYOMING AVE KINGSTON PA 18704
FATEMI MO, JALAL 8 TS
234 S RIVER ST STE 3 PLAINS PA 18705
FELLERMAN MO, HER8ERT IM
116 S MAIN ST WILKES 8ARRE PA 18701
FERRY MO, PHILIP J CRS
290 CHESTNUT AVE KINGSTON PA 18704
FESCINA MO, JOS V O8G
417-419 NORTHEASTERN 8L HAZLETON PA 18201
FISCHER JR MO, HERMAN A FP
25 W ROSS ST WILKES-8ARRE PA 18702
FLECK JR MO, ROLANO F O8G
22 TWAIN CIRCLE CONYNGHAM PA 18219
FOLOES MO, JULIUS PTH
105 W 8ROAO ST HAZLETON PA 18201
FRIEOMAN MO, HENRY 8 IM
610 WYOMING AVE KINGSTON PA 18704
GA8RIEL MO, AL8ERT H FP
418 W MAIN ST PLYMOUTH PA 18651
GAIA MO, JUAN O R
196 HANOVER ST WILKES 8ARRE PA 18703
GALANTE MO, JAMES G IM
444 RIVER ST FORTY FORT PA 18704
GALLAGHER MO, HENRY G FP
33 LAKE ST OALLAS PA 18612
GAUOIO MO, JOHN C PO
425 TIOGA AVE KINGSTON PA 18704
GAZOWSKI MO, THOS E FP
82 OIVISION ST KINGSTON PA 18704
GEGWICH MO, FRANK IM
429 FRONT ST BERWICK PA 18603
GI88ONS MO, RO8T J GS
12 W 8ROAO ST HAZLETON PA 18201
GIERING MO, JOHN F IM
84 JAMES ST KINGSTON PA 18704
GILL MO, JOHN J R
69 W UNION ST WILKES 8ARRE PA 18702
GILLESPIE MO, PATRICK J FP
1225 E 8ROAO ST HAZLETON PA 18201
GOLOMAN MO, LEE M FP
40 N GOOOWIN AVE KINGSTON PA 18704
GRA8OWSKI MO, MARIE A PO
259 E UNION ST NANTICOKE PA 18634
GRECO MO, VICTOR F GS
GRECO MEM ARTS 8LOG ORUMS PA 18222
GRIESMER MO, PAUL O O8G
425 TIOGA AVE KINGSTON PA 18704
GRINAWAY MO, GEU A PTH
WILKES BARRE GEN HOSP WILKES 8ARRE PA 18702
GROSSMAN MO, WM K US
58 HIGHLANO 8LVO OALLAS PA 18612
GROW MO, OAVIO V IM
15 FDROHAM OR OAKWOOO P WILKES-8ARRE PA 18702
GUNOERSON MO, RUBT L ORS
NORTHEASTERN BLDG HAZLETON PA 18201
GUNSTER MO, GERALD O O8G
RO 1 UPPER OEMUNOS RO OALLAS PA 18612
GUTTERMAN MO, PAUL NS
STS 802-804 N E 8LDG HAZLETOWN PA 18201
HA8ER MO, ARTHUR S R
214-19 NORTHEASTERN BLO HAZLETON PA 18201
HAGAN MO, PATRICK J OTO
NARROWS MALL BLOG KINGSTON PA 18704
HANGEN MO, RUSSELL J FP
STERLING HOTEL WILKES BARRE PA 18701
HANLON MO, PAUL A O8G
8 CHURCH ST 2NO FL WILKES-8ARRE PA 18702
HARRIS MO, H 8YRON GS
133 WAROEN AVE TRUCKSVILLE PA 18708
HARRIS MO, HAROLO J OS
228 S FRANKLIN ST WILKES-BARRE PA 18702
HARRIS MO, HOWARO Y PO
40 JAMES ST KINGSTUN PA 18704
HAZLETT MO, JANE O8G
260 PIERCE ST KINGSTON PA 18704
HAZLETT MO, WM H O8G
562 WYOMING AVE KINGSTON PA 18704
HECHLER MO, RO8T F FP
R O 3 SHICKSHINNY PA 18655
HERNANOEZ MO, WILBERT E AN
1172 SCOTT ST WILKES-8ARRE PA 18705
HOLLERAN MO, BERNARD L IM
308 W 8TH ST WYOMING PA 18644
HORA MO, JAMES F OTO
NARROWS MALL OFF BLOG KINGSTON PA 18704
HURAN MO, H WALTER O8G
8 CHURCH ST 2NO FL WILKES-8ARRE PA 18702
HORVAT MO, ARTHUR J GS
449 STEPHENSON ST OURYEA PA 18642
HOWANITZ MO, EMIL P GS
619 MINERS BANK 8LOG WILKES-8ARRE PA 18701
HUDOCK JR MO, GEO E PTH
51 E VALLEY VIEW OR COURTOALE PA 18704
HYMAN MO, JACOB G FP
295 S RIVER ST WILKES BARRE PA 18702

IMBRIGLIA MD, JUSEPH E PTH
155 W RIVER ST WILKES BARRE PA 18702
IMPERIALE MD, SALVATORE M R
425 ORCHARD W DALLAS PA 18612
JACKIER MD, LEONARD J IM
275 SOUTH RIVER ST WILKES-BARRE PA 18702
JACOBS MD, IRVIN FP
1 STERLING AVE DALLAS PA 18612
JAMES MD, RUSSELL E IM
52 W HOYT ST KINGSTON PA 18704
JANJIGIAN MD, EDWARD R N
22 PIERCE ST KINGSTON PA 18704
JOHNSON MD, DOROTHY E FP
25 W ROSS ST WILKES-BARRE PA 18702
JONES MD, ROBERT T US
8661 S W 19TH ST FT LAUDERDALE FLA 33315
JUDGE JR MD, JAMES W OPH
607 CAREY AVE WILKES BARRE PA 18702
KAFRISSEN MD, STEVEN R P
HAZLETON-NANTICOKE MHC NANTICOKE PA 18634
KAHN MD, DAVID A P
335 S FRANKLIN ST WILKES BARRE PA 18702
KAMEEN MD, ANTHONY J DPH
16 S FRANKLIN ST WILKES-BARRE PA 18701
KANTOR MD, MILTON IM
245 E SOUTH ST WILKES-BARRE PA 18702
KAO MD, YU S N
9 FARMHOUSE RD MOUNTAIN TOP PA 18707
KAUFMAN MD, SAML R D
84 W ROSS WILKES-BARRE PA 18702
KENNEDY MD, JOHN N FP
RD 1 BOX 5 HARVEYS LAKE PA 18618
KERR MD, ROBT M IM
204 S FRANKLIN ST WILKES-BARRE PA 18701
KETTRICK MD, JAMES P GS
2 EAST BROAD ST HAZLETON PA 18201
KIELAR MD, EDWARD J IM
30 W MAIN ST GLEN LYON PA 18617
KISTLER MD, CHAS J DPH
LAKE SILKEVORTH RD 2 HUNLOCK CREEK PA 18621
KISTLER MD, DAVID W FP
534 WYOMING AVE KINGSTON PA 18704
KISTLER MD, WALTER W FP
142 HANOVER ST WILKES-BARRE PA 18702
KLEIN MD, JOS M PD
425 TIOGA AVE KINGSTON PA 18704
KLEM MD, ALBERT J FP
194 DORRANCE ST KINGSTON PA 18704
KLEM MD, GABRIEL W GS
18 PIERCE ST KINGSTON PA 18704
KO MD, YIH SHYONG AN
2000 E DIAMOND AVE HAZLETON PA 18201
KOEHL JR MD, C WARREN U
ELMCREST DR DALLAS PA 18612
KOENIG MD, JOHANN A PTH
646 N CHURCH ST HAZLETON PA 18201
KONECKE MD, MAXIMILIAN L P
33 FORREST RD MOUNTAINTOP PA 18707
KOO MD, WOOK H AN
196 HANOVER ST WILKES BARRE PA 18703
KORN MD, JOHN J FP
825 S MAIN ST WILKES-BARRE PA 18702
KOTCH MD, MICHAEL J FP
40 N MARKET ST NANTICOKE PA 18634
KOVEN MD, ARTHUR L DPH
175 N VINE ST APT 28 HAZLETON PA 18201
KOWALSKI MD, JOSEPH J P
W-8 CTR 39 PUBLIC SQ WILKES BARRE PA 18701
KOZLEK MD, THOMAS F DTD
214 HUGHES ST SWOYERSVILLE PA 18704
KRAJESKI MD, DELPHIN S CRS
72 W RIVER ST WILKES-BARRE PA 18702
KRISTOFF MD, JOS S FP
19 W SPRING ST HAZLETON PA 18201
KRIVENKO MD, CHAS A FP
STERLING & MACNELL AVE DALLAS PA 18612
LABUZ MD, EUGENE F GS
105 W BROAD ST HAZLETON PA 18201
LAKATOS MD, NICHOLAS R FP
143 E BROAD ST NANTICOKE PA 18634
LAMBERT MD, WALTER H FP
484 CHARLES ST LUZERNE PA 18709
LEE MD, CHUNG H AN
BOX 362 RD 5 LEHIGHTON PA 18235
LEE MD, KI B OBG
1751 E BROAD ST HAZLETON PA 18201
LENTINI MD, JOS A FP
158 S SHERMAN ST WILKES-BARRE PA 18702
LENYO MD, GEO E FP
RD 2 TAMAQUA PA 18252
LIVENGOOD MD, MARGARET A PRM
8 CHURCH ST MED ARTS BL WILKES BARRE PA 18702
LOFTUS MD, JOS A FP
10 UNION ST WILKES-BARRE PA 18705
LONG MD, JULIAN S IM
67 PUBLIC SQ WILKES-BARRE PA 18701
LOTTICK MD, EDWARD A FP
649 WYOMING AVE KINGSTON PA 18704
LOVRINIC MD, DANL F DRS
412 NORTHEASTERN BANK HAZLETON PA 18201
LUCCHINO MD, DAVID B TS
12 HOLIDAY CT KINGSTON PA 18704
LUCHI MD, ANGELO L IM
395 S RIVER ST WILKES-BARRE PA 18702
LYONS MD, EDWIN L PD
854 NANOY DR KINGSTON PA 18704
MACKALL MD, SAML J NS
272 PIERCE ST KINGSTON PA 18704
MAJOR MD, EDWARD H DTD
1112 E BROAD ST HAZLETON PA 18201
MANTIONE MD, ROSARIO L FP
804 SUSQUEHANNA AVE WEST PITTSTON PA 18643
MARSDEN MD, WILSON C OPH
MANOR RD APT 80C EDWARDSVILLE PA 18704
MARTYAK MD, EMIL T FP
2 E BROAD ST HAZLETON PA 18201
MARTYAK MD, GABRIEL S FP
838 WASHINGTON ST FREELAND PA 18224
MARTYAK MD, NICHOLAS A PO
1035 E CHESTNUT ST HAZLETON PA 18201
MASCALI MD, ANGELO A FP
55 MACNELL AVE DALLAS PA 18612
MATSKO MD, MICHAEL E FP
93 N KENNEDY DR MC ADOO PA 18237
MATSKO MD, STEPHEN E GS
15 TRESCKOW RD MCADOO PA 18237
MCALOOSE MD, LOUIS T U
2803 ST ANBRIOGE ST 851 NORRISTOWN PA 19401
MCGRATH MD, EDMUND M FP
BOX 83 LEHMAN PA 18627
MEHOLCHICK MD, JEAN M FP
2 N PIONEER AVE SHAVERTOWN PA 18708
MENAPACE MD, FRANCIS J FP
87 ACADEMY ST WILKES-BARRE PA 18702
MEYER MD, ARTHUR N IM
310 FRANKLIN FED BLOG WILKES BARRE PA 18701
MOKYCHIC MD, WALTER E FP
42 N PIONEER AVE SHAVERTOWN PA 18708
MONTGOMERY MD, CHAS C FP
924 S FRANKLIN ST WILKES-BARRE PA 18702
MORGAN MD, DAVID R PTH
% VAN HORN RT 4 BX 40 EDWARDSVILLE IL 62025
MORRISON MD, JOS F DPH
WYOMING NATL BANK BLOG WILKES BARRE PA 18701
MULLEN MD, STANLEY H FP
BOX 392 R D 4 DALLAS PA 18612
MULLIN JR MD, HUGH J R
1320 E BROAD ST HAZLETON PA 18201
MURPHY MD, MICHAEL J US
3 YORK AVE WEST PITTSTON PA 18643
MYERS MD, CHAS E IM
610 WYOMING AVE KINGSTON PA 18704
MYERS MD, FREDERICK B IM
540 GIBSON AVE KINGSTON PA 18704
NAUSS MD, THOS J PS
8 CHURCH ST WILKES-BARRE PA 18702
NORK MD, EDWARD P AN
777 WYOMING AVE KINGSTON PA 18704
OOONNELL MD, GEO J PD
272 S RIVER ST WILKES-BARRE PA 18702
OLSON MD, RONALO A DPH
500 SUSQUEHANNA AVE W PITTSTON PA 18643
ONG MD, ARSENIO M GS
228 N LAUREL ST HAZELTON PA 18201
ORLANDO MD, JOSEPH O R
MOUNTAIN VIEW DR RD 5 DALLAS PA 18612
OWENS MD, OAVID E FP
245 E SOUTH ST WILKES BARRE PA 18072
PELCZAR MO, EUGENE W OS
71 TILBURY TERR W NANTICOKE PA 18634
PENUGONOA MD, OWARAKI B PD
28 MARJORIE AVE WILKES-BARRE PA 18702
PENUGONDA MD, MARAGOPAL S U
28 MARJORIE AVE WILKES BARRE PA 18702
PERKINS MO, CHAS G FP
16 HARRIS HILL RD TRUCKSVILLE PA 18708
PETERS JR MO, ROBT H FP
1221 WYOMING AVE FORTY FORT PA 18704
PETERS MD, FRANK S FP
173 E BROAD ST NANTICOKE PA 18634
PICCIONE MD, FRANK V IM
1208 E BROAD ST HAZLETON PA 18201
PIEKARSKI MO, JOS W P
27 E SOUTH ST WILKES-BARRE PA 18701
POPIELARSKI MD, EOMUNO P FP
67 DILLON ST WILKES BARRE PA 18703
POSATKO MD, PETER C FP
52 HUDSON RO WILKES-BARRE PA 18705
POTERA MD, LEU P IM
269 CHURCH ST KINGSTON PA 18704
PRASAD MD, SHISHIR C GS
1111 E ENO BLVD WILKES BARRE PA 18703
PUGLIESE MD, JOS F DPH
NARROWS MALL BLOG KINGSTON PA 18704
PUMA MD, SAML J GS
44 W BENNETT ST KINGSTON PA 18704
PYUN MD, KWANG W OBG
409 CITIZENS BANK BLOG HAZLETON PA 18201
RACHO MD, GEO J OTD
22 N CHURCH ST HAZLETON PA 18201
REICH MD, HARRY OBG
260 PIERCE ST KINGSTON PA 18704
REICH MD, SYLVIA R FP
171 WYOMING AVE WYOMING PA 18644
RIMPLE MD, OAVID F IM
610 WYOMING AVE KINGSTON PA 18704
RIDFSKI MO, ANTHONY F FP
1340 N WASHINGTON ST WILKES-BARRE PA 18705
ROBINS MD, ISADORE M FP
109 S FRANKLIN ST WILKES-BARRE PA 18701
ROBINSON MD, JUS PD
47 PIERCE ST KINGSTON PA 18704
ROSENBERG MD, IRVIN E IM
570 WESTMORELAND AVE KINGSTON PA 18704
ROSENSWEIG MD, WM O
79 W NORTHAMPTON ST WILKES-BARRE PA 18701
ROTHSCHILD MO, JOHN A IM
56-58 W LINDEN ST WILKES BARRE PA 18702
RUDUSKY MO, BASIL M IM
FRANKLIN FED BOG STE 20 WILKES-BARRE PA 18701
RUGGIERO MD, NICHOLAS J FP
15 FORDHAM RD OAKWOOD P WILKES-BARRE PA 18702
RUMBAUGH MD, MARSHALL U U
RD 4 BOX 507 DALLAS PA 18612
RUSIN MD, WM A OTD
NARROWS MALL OFF BLOG KINGSTON PA 18704
SAHILLIOGLU MD, REFIK IM
MERCY HOSPITAL WILKES-BARRE PA 18703
SAIOMAN MO, LESTER M FP
57 GIBSON AVE KINGSTON PA 18704
SALAZAR MD, PEDRO A U
54 N LOCUST ST HAZLETON PA 18201
SAMII MD, ABOOL H N
777 WYOMING AVE KINGSTON PA 18704
SARAS MO, PETER L IM
101 S LAUREL ST HAZLETON PA 18201
SAVAGE MO, PETER J FP
28 CENTER AVE PLYMOUTH PA 18651
SCARAND MO, OOMENICO GS
122 SPRUCE ST MOUNTAINTOP PA 18707
SCHAOE MO, JOHN F GS
609 HAZLETON NATL BANK HAZLETON PA 18201
SCHEERS MO, GEO F OBG
311 HAZLETON NAT BNK BO HAZLETON PA 18201
SCHIOWITZ MO, ALBERT GS
SHRINE VIEW RD 3 DALLAS PA 18612
SCHLESINGER MO, SAM FP
218 W 10TH ST HAZLETON PA 18201
SCHMIDT MO, ARNOLD P FP
55 SPRUCE ST MOUNTAINTOP PA 18707
SCHOOLEY MO, FRANK B FP
150 LAKE ST DALLAS PA 18612
SCHREINER MO, GLENWOOD R FP
30 W BROAD ST WEST HAZLETON PA 18201
SCHULMAN MO, NORMAN R
WILKES-BARRE GEN HOSP WILKES-BARRE PA 18702
SCHULTZ MO, JOHN G FP
245 E SOUTH ST WILKES-BARRE PA 18702
SCOTT MO, ALVIN J FP
PO BOX 55 SHICKSHINNY PA 18655
SCOTT MO, DURELLE T IM
610 WYOMING AVE KINGSTON PA 18704
SCROGGLA MO, CHAS C FP
638 WYOMING AVE WYOMING PA 18644
SGARLAT MD, JOS R DRS
109 JAMES ST KINGSTON PA 18704
SHAFER MD, EDWARD A FP
219 N SPRAGUE AVE KINGSTON PA 18704
SHERWOOD MO, JOHN W FP
55 NEW ALEXANDER ST WILKES-BARRE PA 18702
SIBENSKI MO, JOHN R US
GEISINGER MED CTR DANVILLE PA 17821
SMEDLEY MD, WM P GS
260 PIERCE ST KINGSTON PA 18704
SMITH JR MD, HARRY A DRS
259 S FRANKLIN ST WILKES BARRE PA 18702
SMITH MO, OONALD C GS
130 REEF RO S DAYTONA FL 32019
SMITH MD, HAROLD C GS
584 WYOMING AVE KINGSTON PA 18704
SMITH MO, HARRY A DRS
259 S FRANKLIN ST WILKES-BARRE PA 18702
SMITH MD, HENRY F FP
126 S MOUNTAIN BLVD MOUNTAINTOP PA 18707
SMITH MD, ISAAC R FP
352 E GREEN ST NANTICOKE PA 18634
SOBELMAN MD, PAUL B FP
534 WYOMING AVE KINGSTON PA 18704
SONSTEIN MD, ALLEN FP
534 WYOMING AVE KINGSTON PA 18704
STEGURA MD, BARNEY A OPH
630 S HANOVER ST NANTICOKE PA 18634
STERNLIEB MO, SANFORD B DRS
MINERS NATL BANK BLOG WILKES BARRE PA 18701
STISH MO, WESLEY G FP
2 E BROAD ST HAZLETON PA 18201
STRICKER MO, ROBERT S P
375 CARRY AVE WILKES BARRE PA 18702
STUCCIO MD, DOMINICK A U
208 HAVERFORD OR WILKES-BARRE PA 18702
STUCCIO MD, JOS J U
70 W UNION ST WILKES-BARRE PA 18702
SUTULA MO, JOHN V FP
4 N BROAD ST WEST HAZELTON PA 18201
TAGGART MO, GEO W OPH
2 EAST BROAD ST HAZLETON PA 18201
TEITELBAUM MO, CARL US
13 SUMMIT VIEW DR MOUNTAINTOP PA 18707
TESTA MO, JOHN W FP
108 SUSQUEHANNA AVE PITTSTON PA 18643
THOMAS MD, ALBERT M US
21 MAIN ST NANTICOKE PA 18634
THOMAS MD, IRVING D FP
425 N WASHINGTON ST WILKES-BARRE PA 18705
THOMAS MD, LEWIS B FP
R D 2 HUNLOCK CREEK PA 18621
TONREY MO, FRANCIS G FP
3401 SPANISH TR AP G250 DELRAY BEACH FL 33444
TURCHETTI MD, ANTHONY J P
165 E 8TH ST WYOMING PA 18644
USHINSKI MO, STANLEY C IM
275 PIERCE ST KINGSTON PA 18704
VALENTI MD, JOHN T FP
54 CAREY AVE WILKES-BARRE PA 18702
VOLPETTI MD, GEORGE W GS
364 HIGH ST WILKES BARRE PA 18702
WALSH MD, JAMES C D
30 FORDHAM RD OKWO PK WILKES-BARRE PA 18702
WALSH MO, MARTIN J FP
70 WILLIAM ST PITTSTON PA 18640
WARTELLA JR MD, STEPHEN R
WILKES BARRE GEN HOSP WILKES-BARRE PA 18702
WARTONICK MD, WALTER IM
7 PARK LANE MOUNTAINTOP PA 18707
WASNICK MO, WM FP
22 LEE PARK AVE WILKES-BARRE PA 18702
WENNER MO, ROBT B FP
CALBETH PL HAZLETON PA 18201
WICKS MD, WM A AN
87 S PIONEER AVE WILKES-BARRE PA 18708
WISE MO, RICHARD J FP
CONYNGHAM PA 18219
YAMULLA MD, STANLEY J GS
10 W BROAD ST HAZLETON PA 18201
YANKEVITCH JR MD, JOHN J FP
816 CHESTNUT ST FREELAND PA 18224
ZEVENEY JR MO, OENNIS J GS
75 SPRUCE ST MOUNTAINTOP PA 18707

ZOGBY MD, ALBERT J FP
141 S CEDAR ST HAZLETDN PA 18201

Lycoming County

AHMED MD, GALAL M PTH
DIVINE PRDVIDENCE HDSP WILLIAMSPDRT PA 17701
AMSLER JR MO, FRED R ORS
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
ANGLE MO, WM D OPH
520 W 4TH ST WILLIAMSPORT PA 17701
BALLENTINE MD, GED N DBG
RR 3 MUNCY PA 17756
BASTIAN MD, JAMES R FP
1001 GRAMPIAN BLVD WILLIAMSPORT PA 17701
BEDNARZ MO, WALLACE W R
1527 HARDING AVE WILLIAMSPDRT PA 17701
BERGER MO, GARY W FP
MAIN ST HUGHESVILLE PA 17737
BIDDLE MD, JDHN E FP
212 MAIN ST WATSDNTDWN PA 17777
BLUMBERG MD, ALEXANDER W PD
416 PINE ST WILLIAMSPORT PA 17701
BDNNER MD, RDBT A DTD
2200 GRAMPIAN BLVD WILLIAMSPORT PA 17701
BONTOMASE MD, JASPER E FP
27 S WASHINGTDN ST MUNCY PA 17756
BOZIC MD, ALBERT F DPH
520 W 4TH ST WILLIAMSPORT PA 17701
BRICKHDUSE MD, HERMAN M P
414 W 4TH ST WILLIAMSPORT PA 17701
BRINK MD, WM R IM
410 LDCUST ST WILLIAMSPDRT PA 17701
BULATAD MD, AGAPITD V GS
116 KERR AVE JERSEY SHDRE PA 17740
BUZZERD MD, HARRY W DTD
760 GLENWDDD AVE WILLIAMSPORT PA 17701
CALDER JR MD, JOSEPH R IM
777 RURAL AVE WILLIAMSPORT PA 17701
CALLENBERGER MD, GEO J FP
52 S MAIN ST HUGHESVILLE PA 17737
CAMPANA MD, JDS F DTD
151 E 3RD ST WILLIAMSPORT PA 17701
CAMPANA MD, LDUIS F DBG
107 6TH ST WILLIAMSPDRT PA 17701
CAMPBELL MD, JAMES M P
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
CHAYAPRUKS MD, PRAYAD IM
189 E HIGH ST WAYNESBURG PA 15370
CIPDLLA MD, CHAS F GS
201 E 3RD ST WILLIAMSPORT PA 17701
CLEMENT MD, JDHN F US
699 RURAL AVE WILLIAMSPDRT PA 17701
CDFFMAN MD, KAOHLIN M FP
R D 2 BDX 634 MONTDURSVILLE PA 17754
COHEN MD, EDWIN E GS
520 W 4TH ST WILLIAMSPORT PA 17701
CDLE MD, CHAS E P
699 RURAL AVE WILLIAMSPORT PA 17701
CONWAY MD, CYRIL F DBG
1300 WDODMDNT AVE WILLIAMSPORT PA 17701
CDDPER MD, KENNETH L DBG
230 DUNBAR RD WILLIAMSPORT PA 17701
DAYTDN MD, DAVID A IM
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
DISALVD MD, ISIDDRE FP
118 E 4TH ST WILLIAMSPORT PA 17701
DUNKLE MD, NEIL F FP
201 N BROAD JERSEY SHDRE PA 17740
DURRWACHTER MD, RDBT J OBG
RD 2 MDNTDURSVILLE PA 17754
ECKER MD, HERBERT A PS
420 W 4TH ST WILLIAMSPORT PA 17701
ENGLISH MD, JDS G FP
324 TINSMAN AVE WILLIAMSPORT PA 17701
FAMORCA MD, FLDRENTIND P GS
2830 DRCHARD AVE MDNTDURSVILLE PA 17754
FERNANDEZ MD, EDUARDD I AN
2701 BLAIR ST RD 3 MDNTDURSVILLE PA 17754
FERNANDEZ MD, DSCAR V PTH
1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701
FINKELSTEIN MD, HERMAN IM
6010 FALL CR SD APT 215 LAUDERHILL FL 33313
FINN MD, DAVID R IM
777 RURAL AVE WILLIAMSPORT PA 17701
FISSEL MD, GEO E R
50 FAIRVIEW AVE WILLIAMSPORT PA 17701
FORCEY MD, LLDYD R FP
201 MT PLEASANT AVE JERSEY SHDRE PA 17740
FDRD MD, WM T D
699 RURAL AVE WILLIAMSPORT PA 17701
FRIES MD, GENE T PTH
777 RURAL AVE WILLIAMSPORT PA 17701
FUNK JR MD, FREDERICK C FP
RD 5 MUNCY PA 17756
GANDY DD, DANIEL R IM
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
GEHRDN JR MD, WM H U
699 RURAL AVE WILLIAMSPORT PA 17701
GEORGY MD, FAROUK M DBG
528 W 4TH ST WILLIAMSPORT PA 17701
GINTER JR MD, GEO C AN
RD 1 BOX 256 WILLIAMSPORT PA 17701
GRIECO MD, VICTDR F FP
2 W 4TH ST WILLIAMSPORT PA 17701
GROSS MD, MICHAEL A FP
VLY COMM HEALTH CARE CT PICTURE RDCKS PA 17762
HAMM MD, WM G FP
610 W 4TH ST WILLIAMSPORT PA 17701
HANNEN MD, ALLEN J IM
441 MARKET ST WILLIAMSPORT PA 17701
HARRISDN MD, JAMES L TS
699 BELMONT AVE WILLIAMSPORT PA 17701
HARTZ MD, LEO M FP
699 RURAL AVE WILLIAMSPORT PA 17701
HAYES MD, WARREN H FP
2116 W 4TH ST WILLIAMSPORT PA 17701
HENDERSDN MD, K WAYNE IM
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
HIGH MD, JDHN D FP
931 ARCH ST WILLIAMSPORT PA 17701
HILL MD, DANL E PTH
WILLIAMSPORT HDSP WILLIAMSPORT PA 17701
HIPPLE MD, RANDALL F DBG
528 W 4TH ST WILLIAMSPORT PA 17701
HOCH MD, AARDN A FP
73 N MAIN ST HUGHESVILLE PA 17737
HONG MD, SDD W DTD
699 RURAL AVENUE WILLIAMSPORT PA 17701
JACDBSDN MD, PHILIP DPH
460 WILLIAM ST WILLIAMSPORT PA 17701
JENNINGS MD, DAVID T DPH
21 W THIRD ST WILLIAMSPORT PA 17701
JUDSON MD, SUSAN C IM
RD 3 BOX 159 WILLIAMSPORT PA 17701
JUDSDN MD, WILLIAM W IM
699 RURAL AVE WILLIAMSPORT PA 17701
KAAR MD, RICHARD C FP
603 CENTER ST MILTDN PA 17847
KAISER MD, RALPH H PD
2326 BLAIR ST WILLIAMSPORT PA 17701
KIM MD, IL G GS
MED ARTS BLDG RD 1 HUGHESVILLE PA 17737
KNIGHT MD, JDHN E FP
2105 W 4TH ST WILLIAMSPORT PA 17701
KD MD, HARRY H R
R D 3 MUNCY PA 17756
KDLB MD, CHAS E DPH
25 W THIRD ST WILLIAMSPORT PA 17701
LAPDINTE MD, THOMAS A FP
BX 4 RD 3 FAIRWAY DR AMHERST N H 03031
LARSDN JR MD, THEDDRE S R
1200 CAMPBELL ST WILLIAMSPORT PA 17701
LECHNER MD, FREDERIC C IM
331 CENTER ST WILLIAMSPORT PA 17701
LEHMAN JR MD, CHAS A FP
335 MAYNARD ST WILLIAMSPORT PA 17701
LEHMAN MD, RICHARD M NS
699 RURAL AVE STE N WILLIAMSPORT PA 17701
LIDDELL MD, ALBERT G ORS
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
LUKAS MD, RAYMDND A AN
1570 WATSDN ST WILLIAMSPORT PA 17701
LYDN JR MD, EDWARD DBG
528 W 4TH ST WILLIAMSPORT PA 17701
MACHANIC MD, HARMON J R
RD 2 LINDEN PA 17744
MANNING MD, HARRY L N
699 RURAL AVE WILLIAMSPORT PA 17701
MANSUY MD, MATTHEW M IM
410 LDCUST ST WILLIAMSPORT PA 17701
MARIAND JR MD, TDMAS A DBG
318 ALLEGHENY ST JERSEY SHDRE PA 17740
MARTELL MD, STEPHEN P FP
699 RURAL AVE WILLIAMSPORT PA 17701
MAYS MD, RICHARD R P
BDX 57 RD 2 MUNCY PA 17756
MCCAULEY MD, WILLIAM C IM
777 RURAL AVE WILLIAMSPORT PA 17701
MCELIECE MD, FREDERICK J NS
795 BELMONT AVE WILLIAMSPORT PA 17701
MCMDRRIS MD, DAVID L IM
329 MAYNARD ST WILLIAMSPORT PA 17701
MILLER MD, EARL R FP
206 W SOUTHERN AVE S WMSPORT PA 17701
MDNDEJAR MD, MAGDALENA D PTH
MUNCY VALLEY HDSP MUNCY PA 17756
MDSER MD, EDWARD N GS
699 RURAL AVE WILLIAMSPORT PA 17701
MURPHY MD, EDITH L US
R D 2 MDNTDURSVILLE PA 17754
NELSDN MD, PHILIP K DBG
528 W 4TH ST WILLIAMSPORT PA 17701
NIELSEN MD, R CRAIG FP
736 HIGH ST WILLIAMSPORT PA 17701
NIERLE MD, RICHARD H FP
95 E HOUSTDN AVE MDNTGDMERY PA 17752
PATRIZIO MD, RUDDLPH J FP
RD 3 MUNCY PA 17756
PEPPERMAN MD, LARUE E FP
807 GRAMPIAN BLVD WILLIAMSPORT PA 17701
PFEIL MD, RUSSELL W FP
264 BROAD ST MDNTDURSVILLE PA 17754
PDPHAL MD, MAHLDN J PTH
1495 PRINCETDN AVE WILLIAMSPORT PA 17701
QUERIMIT MD, JDRGE A GS
699 RURAL AVE WILLIAMSPORT PA 17701
RANNELS MD, HERMAN W DBG
777 RURAL AVE WILLIAMSPORT PA 17701
RATKE MD, HENRY V GS
831 HEPBURN ST WILLIAMSPORT PA 17701
REIS MD, PAUL B GS
416 PINE ST WILLIAMSPORT PA 17701
RDDGERS MD, CHAS J FP
511 W 4TH ST WILLIAMSPORT PA 17701
RODRIGUEZ MD, TEDDDRICD C IM
27 S WASHINGTDN ST MUNCY PA 17756
RDDDE MD, PETER G GS
27 S WASHINGTON ST MUNCY PA 17756
SANDERS MD, WM M P
699 RURAL AVE STE 301 WILLIAMSPORT PA 17701
SANFDRD MD, FREDERIC E GS
699 RURAL AVE WILLIAMSPORT PA 17701
SAUL MD, THEDDDRE J DBG
HEADLEY AVE OUSHDRE PA 18614
SCHDPFER MD, RALPH E AN
712 VALLAMONT DR WILLIAMSPORT PA 17701
SCHWEIKLE MD, MARY R IM
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
SERVDSS MD, SPENCER J U
433 MARKET ST WILLIAMSPORT PA 17701
SHARE MD, FREDERICK S R
1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701
SHEARER MD, DDNALD E FP
217 BROAD ST MDNTDURSVILLE PA 17754
SHIEH MD, RICHARD C R
R D 3 WILLIAMSPORT PA 17701
SINCLAIR MD, SYDNEY E PD
608 HIGHLAND TERR WILLIAMSPORT PA 17701
SDUNDARARAJAN MD, RANGANATHA U
WILLIAMSPORT HDSPITAL WILLIAMSPORT PA 17701
SPINNEY MD, CARMEN E IM
BDX A AVIS PA 17721
STEVENS MD, RDBT G PM
777 RURAL AVE WILLIAMSPORT PA 17701
STONE MD, WALKER H GS
989 COUNTRY CLUB DR WILLIAMSPORT PA 17701
STRALEY MD, RICHARD K DRS
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
SUTER MD, HARRY J GS
699 RURAL AVE WILLIAMSPORT PA 17701
SUTLIFF MD, CHAS S PM
WILLIAMSPORT HOSPITAL WILLIAMSPORT PA 17701
TAYLOR MD, ARTHUR R FP
699 RURAL AVE WILLIAMSPORT PA 17701
TIGNDR MD, RICHARD F DPH
699 RURAL AVE WILLIAMSPORT PA 17701
TDBIAS MD, RICHARD B FP
1615 RIVERSIDE DR WILLIAMSPORT PA 17701
TDDHUNTER MD, WM D GS
699 RURAL AVE WILLIAMSPORT PA 17701
TONKIN MD, HARDLD L IM
1513 CAMPBELL ST WILLIAMSPORT PA 17701
UPDEGRDVE MD, RDBT A DTD
699 RURAL AVE WILLIAMSPORT PA 17701
VANDERLIN MD, RDBT L PD
414 LDCUST ST WILLIAMSPORT PA 17701
VASUDEVAN MD, RAGHAVAN IM
1001 GRAMPION BLVD WILLIAMSPORT PA 17701
WADE MD, FRANKLIN G GS
520 W 4TH ST WILLIAMSPORT PA 17701
WAGNER MD, W JDHN FP
217 BRDAD ST MONTOURSVILLE PA 17754
WASILEWSKI JR MD, CHAS L O
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
WEANER JR MD, HOWARD H FP
11 N MAIN ST MDNTGDMERY PA 17752
WEAVER MD, OON K PTH
777 RURAL AVE WILLIAMSPORT PA 17701
WENTZLER MD, JAMES O AN
BDX 219 MDNTDURSVILLE PA 17754
WHAREN MD, RDBT E FP
WILLIAMSPORT HOSP WILLIAMSPORT PA 17701
WILCOX MD, WILFRED W FP
435 BRDAD ST MDNTDURSVILLE PA 17754
WILLIAMS JR MD, A CLAUDE P
RD 3 BOX 491 WILLIAMSPORT PA 17701
WILLIAMS MD, RDBT H PD
699 RURAL AVE WILLIAMSPORT PA 17701
WILLIAMSDN MD, NEIHL J FP
601 RODMAN AVE PDRTSMDNTH VA 23787
WINTER 2ND MD, JDHN C IM
416 PINE ST WILLIAMSPORT PA 17701
WDRDBEC MD, RUSSELL N DRS
1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701
YASUI MD, RDBT S GS
1001 GRAMPIAN BLVD WILLIAMSPORT PA 17701
YEALY MD, WENDELL H R
1560 SHERIDAN ST WILLIAMSPORT PA 17701
YDDN MD, CHAN R
1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701
YOUNGBERG MD, GDRDEN A FP
259 BROAD ST MONTOURSVILLE PA 17754

McKean County

ABEDEEN MD, MDHAMED Z FP
199 PLEASANT ST BRADFDRD PA 16701
BAZZDUI MD, WIDAD P
64 WALKER AVE BRADFDRD PA 16701
BENTZ MD, CHAS R FP
2 THDMPSON PK KANE PA 16735
BURKART MD, THDS J PTH
BRADFDRD HDSP BRADFORD PA 16701
CLELAND MD, CHAS E FP
106 S FRALEY ST KANE PA 16735
CLELAND MD, M ELIZABETH PD
106 S FRALEY ST KANE PA 16735
DEE MD, CECILID C PTH
BRADFDRD HOSP BRADFDRD PA 16701
DYDEYES MD, TERESITA R PTH
S SETTLEMENT RD KANE PA 16735
GABRIEL MD, FREDERICK R R
BRADFDRD HDSP BRADFORD PA 16701
GUENTER MD, FRITZ E FP
TEMPLE CLUB BLDG SMETHPORT PA 16749
HAMIDI MD, JAFAR A DBG
DDD FELLDWS BLDG BRADFDRD PA 16701
HELLMAN MD, LEO A FP
34 MAIN ST PORT ALLEGANY PA 16743
HENRY MD, WALTER J OBG
9 CHAUTAUQUA PL BRADFDRD PA 16701
HERBERT MD, ANITA J IM
406 HODKER FULTDN BLDG BRADFORD PA 16701
HDCKENBERRY MD, RALPH E FP
1 N TIDNESTA AVE KANE PA 16735
HUFF MD, S GDRDDN FP
125 MAIN ST BRADFDRD PA 16701

IBANEZ MD, MELCHISEDEC GS
35 HEMLOCK AVE KANE PA 16735
KONWINSKI MD, EDWARD S GS
305 HOOKER-FULTON BLDG BRADFORD PA 16701
KRALL MD, ROBERT P FP
47 ELM ST ELDRED PA 16731
LOGID MD, THOS GS
2 THOMPSON PK KANE PA 16735
MEDDEN MD, EDWIN J GS
125 MAIN ST BRADFORD PA 16701
METZ DO, EDWARD A FP
103 BROAD ST PORT ALLEGANY PA 16743
NAYAK MD, NARAYAN PD
BRADF MED ARTS BLDG BRADFORD PA 16701
NEILL MD, JOHN L IM
47 CONGRESS ST BRADFORD PA 16701
NILES MD, ROBT A FP
WILLOW ST PORT ALLEGANY PA 16743
OBETZ MD, MERRY L R
BRADFORD HOSP INT PKY BRADFORD PA 16701
PITKIN MD, JOHN T P
119 MECHANIC ST SMETHPORT PA 16749
ROCHE JR MD, EDWARD J FP
RM 406 HOOKER FULTON BL BRADFORD PA 16701
SARAJEDINI MD, HOSSAIN U
15 WALKER AVE BRADFORD PA 16701
SICHER MD, BRUNO P FP
133 BIDDLE ST KANE PA 16735
SILVERSTINE MD, LESLIE B PD
BOX 399 BRADFORD PA 16701
STILL MD, GEO J IM
1B E CORYDON ST BRADFORD PA 16701
TAYLOR MD, HARRY E AN
22 TAYLOR DR BRADFORD PA 16701
WATKINS MD, DONALD R GS
125 MAIN ST BRADFORD PA 16701
WHITE MD, ROBT E IM
201 HOOKER FULTON BLOG BRADFORD PA 16701
WOODHOUSE MD, JAMES E FP
5B SCHOOL ST BRADFORD PA 16701

Mercer County

ALLEN MD, ROBT W R
MED ARTS BLDG SHARON PA 16146
ANDREWS MD, RAYMOND W DBG
2112 BEE RIDGE RD COLUMBIA S C 29204
ARIYAPRAKAI MD, VINAI IM
GROVE CTY HOSP MED BLOG GROVE CITY PA 16127
AYE MD, J THOMAS DRS
32 JEFFERSON AVE SHARON PA 16146
BAILEY MD, CARL H DTD
1106 WOODLAND PL SHARON PA 16146
BAILEY MD, NELSON J FP
61 E MAIN ST SHARPSVILLE PA 16150
BAKER MD, ROBT H DRS
42B S MAIN ST GREENVILLE PA 16125
BASHLINE MD, DON L FP
PINE AND CENTER STS GROVE CITY PA 16127
BASHLINE MD, HARRY W FP
PINE ST GROVE CITY PA 16127
BATAILLE MD, JACQUES A IM
755 DIVISION ST SHARON PA 16146
BECK MD, DONALD E DBG
103 VINE AVE GREENVILLE PA 16125
BENNINGER MD, ROBT A ORS
32 JEFFERSON AVE SHARON PA 16146
BIGGINS MD, JAMES A FP
599 7TH ST SHARPSVILLE PA 16150
BLANK MD, JOHN E P
3352 E STATE ST SHARON PA 16146
BLY MD, CHAUNCEY G PTH
301-D AQUARIUS AVE SILVER SPRING MD 20906
BOLOTIN MD, JOS H IM
1126 E STATE ST SHARON PA 16146
BREVETTA MD, RICHARD J DPH
719 E STATE ST SHARON PA 16146
BROWN MD, MATTHEW G FP
MED ARTS BLDG SHARON PA 16146
BROWN MD, WM E DTD
1260 E STATE ST SHARON PA 16146
BUISER MD, RODOLFO A FP
110 N MAIN ST GREENVILLE PA 16125
BUTCHKO MD, ANDREW W IM
67 JEFFERSON AVE SHARON PA 16146
CAMPMAN MD, CLARENCE C IM
R D 2 PULASKI PA 16143
CHOUNG MD, KILWHA AN
224 NORTHVIEW DR BROOKFIELD OH 44403
COHEN MD, DONALD L PTH
SHARON GEN HOSP SHARON PA 16146
CONLIN MD, EDWARD F IM
32 JEFFERSON AVE SHARON PA 16146
CONNELLY MD, MICHAEL E GS
32 JEFFERSON AVE SHARON PA 16146
CRAGO MD, H ROBERT GS
701 N HERMITAGE RD SHARON PA 16146
CURTIS JR MD, ARTHUR W OBG
165 EUCLID AVE SHARON PA 16146
DESANTIS MD, PETER L FP
1965 SHENANGO VAL FREWY SHARON PA 16146
DIEHL MD, GILBERT H IM
42B S MAIN ST GREENVILLE PA 16125
DONAN MD, ANDERSON W FP
202 W PINE ST GROVE CITY PA 16127
DOWDELL MD, PAUL J IM
90 SHENANGO ST GREENVILLE PA 16125
ENGLISH MD, LENA M US
1216 5TH AVE YOUNGSTOWN OH 44504
FALK MD, EDWARD C GS
32 JEFFERSON AVE SHARON PA 16146
FILE MD, JAMES C FP
LINDEN AND LAKE STS STONEBORO PA 16153
FLAMBERG MD, IRA W AN
950 FOREST LANE SHARPSVILLE PA 16150
GALLAGHER MD, DANL B FP
RD 1 CRANBERRY RD GROVE CITY PA 16127
GARRIOTT, JOHN C R
10B MED ARTS BLDG SHARON PA 16146
GO JR MD, WILLIAM C ORS
165 E CHURCH ST SOMERSET PA 15501
GREENBURG MD, MORREN J FP
334B E STATE ST SHARON PA 16146
HAM MD, TONG H FP
701 N HERMITAGE RD SHARON PA 16146
HARRER JR MD, WM J US
1109 HIGHLAND RD SHARON PA 16146
HOLT MD, ALLEN H R
32 JEFFERSON AVE SHARON PA 16146
JONES MD, TOM B R
104 MEHARD AVE GREENVILLE PA 16125
KEMP MD, GORDON B DPH
P O BOX 963 SHARON PA 16146
KERRY MD, ROY E DTD
319 BUHL BLVD SHARON PA 16146
KIM MD, HEI P IM
110 KOCHLER DR SHARPSVILLE PA 16150
KLIMDCK MD, GREGORY PTH
GROVE CITY HOSP GROVE CITY PA 16127
KLINE MD, DAVID W U
MED CTR CLINIC GREENVILLE PA 16125
KO MD, YIH-SONG FP
421 SHADY DRIVE GROVE CITY PA 16127
KOLENICH MD, JAMES J GS
111 N MAIN ST GREENVILLE PA 16125
LALLY MD, FRANCIS L IM
MED ARTS BLDG SHARON PA 16146
LARTZ MD, ROBT E DBG
3370 HERMATIGE SQ BLDG SHARON PA 16146
LEE MD, CHUL N U
109 MEDICAL ARTS BLDG SHARON PA 16146
LIMKAKENG MD, ALEXANDER D U
HILLCREST MED CTR GROVE CITY PA 16127
LUCHETTE MD, ALBERT A GS
32 JEFFERSON AVE SHARON PA 16146
MADURA MD, JOS R FP
520 IDAHO ST FARRELL PA 16121
MANDELL MD, ANDREW M FP
333B E STATE ST SHARON PA 16146
MCELREE JR MD, FRANK E GS
111 N MAIN ST GREENVILLE PA 16125
MCELREE MD, JAMES C DTD
9B CLINTON ST GREENVILLE PA 16125
MCGREW MD, GEO D DPH
190 S KEELRIDGE RD SHARON PA 16146
MCLACHLAN MD, RICHARD FP
21B E COOPER ST SLIPPERY ROCK PA 16057
MCMAHON MD, EDWARD P IM
90 SHENANGO ST GREENVILLE PA 16125
MCPARLAND MD, JOHN J FP
BOX 247 JAMESTOWN PA 16134
MCWHIRTER MD, WM R DRS
125 N MAIN ST GREENVILLE PA 16125
MEHTA MD, SUNIL K IM
104 OVERHILL ST GROVE CITY PA 16127
MENZIES JR MD, WM C FP
GROVE CITY MEDICAL BLD GROVE CITY PA 16127
MERKEL MD, LOIS M FP
844 NOTTINGHAM BLVD W PALM BEACH FL 33405
MILHEIM MD, IRVINE G GS
1660 HANNAH CT SHARON PA 16146
MILLER MD, JOHN L R
204 LYNWOOD DR GREENVILLE PA 16125
MONROE MD, ROBT W PD
90 SHENANGO ST GREENVILLE PA 16125
MOONDA MD, GULAMHUSAIN U
HERMITAGE SQ PRF BLO SHARON PA 16146
MORAN JR MD, THEODORE R DRS
125 NORTH MAIN ST GREENVILLE PA 16125
MURRAY MD, THOS V GS
740 E STATE ST SHARON PA 16146
NAMEY MD, JOHN T FP
621 FRENCH ST FARRELL PA 16121
PARK MD, CHANG-SEANG AN
30 HOLIDAY LA GREENVILLE PA 16125
PERFETT MD, ALFREO A DBG
89 ELM AVE SHARON PA 16146
PERRY MD, RALPH L PD
19 JEFFERSON AVE SHARON PA 16146
PETERS MD, RICHARD J IM
90 SHENANGO ST GREENVILLE PA 16125
POSNEY MD, JOS J R
GREENVILLE HOSPITAL GREENVILLE PA 16125
QUAGLIO MD, NANNETTE O N
719 EAST STATE ST SHARON PA 16146
RAISCH MO, FREDERICK J PTH
529 N KEEL RIDGE RD SHARON PA 16146
RAMSEY MD, JAME H PTH
7734 E HUBBELL ST SCOTTSDALE AZ 85257
RANKIN MD, PAUL H GS
13441 OUCK CREEK RD SALEM OHIO 44460
RAU MD, RAMNATH S IM
MEDICAL ARTS BLDG SHARON PA 16146
RAYNAK MD, FRANK R R
110 N MAIN GREENVILLE PA 16125
REEO MD, JACK C FP
2826 WOODHILL SHARON PA 16146
REYER MD, WM A D
19 JEFFERSON AVE SHARON PA 16146
RICCIUTTI MD, VINCENT DBG
165 EUCLID AVE SHARON PA 16146
RIDDLE MD, RANSFORD J OPH
LAUREL OAKES NEAVITT MO 21652
ROBINSON MD, EDWARD H FP
17 TRUNOY RD CAPE ELIZ ME 04107
ROWLAND MD, EOMUND B OBG
127 N MAIN ST GREENVILLE PA 16125
SACHDEVA MD, RAVINDRA K GS
SHARON MED CLINIC SHARON PA 16146
SANDERSON MD, VINCENT A DPH
995 FOREST LANE SHARPSVILLE PA 16150
SASS MD, ROBT E GS
32 JEFFERSON AVE MA BLD SHARON PA 16146
SCULLIN III MD, JOHN P DRS
42B S MAIN ST GREENVILLE PA 16125
SEPIC MO, RUDOLF DBG
GROVE CITY HOSP GROVE CITY PA 16127
SIMPSON MD, DAVID M IM
42B MAIN ST GREENVILLE PA 16125
SNYDER MD, M WILSON DPH
11B1 E STATE ST SHARON PA 16146
STITT MD, DONALD G PD
90 SHENANGO ST GREENVILLE PA 16125
STOUDT MD, K DONALD FP
89 ELM AVE SHARON PA 16146
STYPULA MD, RICHARD W PD
89 ELM AVE SHARON PA 16146
TAN MD, ISABEL G R
RD 4 ENTERPRISE RD GROVE CITY PA 16127
TIAN MD, WILL T U
90 SHENANGO ST GREENVILLE PA 16125
TSAI MD, YUNG-HSIEN AN
740 E STATE ST SHARON PA 16146
VALENA MD, ELENA V IM
87 N MAIN ST GREENVILLE PA 16125
VALENA MD, LOE V FP
87 N MAIN ST GREENVILLE PA 16125
VALLESTEROS MD, FEDERICO P AN
17 COULTER RD GREENVILLE PA 16125
VERMEIRE MD, DAVID A DRS
701 N HERMITAGE RD SHARON PA 16146
VOGAN MD, WM R FP
RD 7 VOGAN DRIVE MERCER PA 16137
WANG MD, SHEN-CHI PTH
SHARON GEN HOSP SHARON PA 16146
WASSIL JR MD, JOHN G DTO
625 CARLEY AVE SHARON PA 16146
WASSIL MD, JOHN G FP
190 BENTLEY AVE SHARON PA 16146
WATSON MD, TOMPKINS G GS
410 HILL CREST GROVE CITY PA 16127
WEE MD, ENG C DPH
1440 CARRIE WAY 3 GROVE CITY PA 16127
WEILAND JR MD, THEODORE F R
619 RIDGEWAY AVE GROVE CITY PA 16127
WOLFF MD, BRUCE R GS
90 SHENANGO ST GREENVILLE PA 16125
WONSETTLER MD, DONALD E FP
115 S CENTER ST GROVE CITY PA 16127
WOODINGS MD, SAML G FP
89 ELM AVE SHARON PA 16146
YAO MD, FRANCISCO C DPH
701 N HERITAGE RD SHARON PA 16146
YARBORO MD, THEODORE L FP
755 DIVISION ST SHARON PA 16146
YOURD MD, RAYMOND A DTD
40B HILLCREST GROVE CITY PA 16127

Mifflin-Juniata County

AURAND MD, ELEANOR M PD
24 N BROWN ST LEWISTOWN PA 17044
BAADE MD, ERNEST A DTD
307 FOURTH ST LEWISTOWN PA 17044
BASOM MD, DONALD E FP
W MAIN ST MCALISTERVL PA 17049
BATIPPS MD, FRANCIS W U
602 SUMMER ST MEDIA PA 19063
BEAVER MO, HARRY C OBG
7500 MAPLE BRANCH RD CLIFTON VA 22024
BRENNEMAN MD, J JAMES FP
BOX 957 BELLEVILLE PA 17004
BROWN JR MO, JOS S IM
14 S WAYNE ST LEWISTOWN PA 17044
COHEN MD, MILTON H FP
67 CHESTNUT ST LEWISTOWN PA 17044
CREIGHTON JR MD, DANL K FP
101 N MAIN ST LEWISTOWN PA 17044
DEVITA MD, MICHAEL L FP
16 N BROWN ST LEWISTOWN PA 17044
DIXON MD, ROBT E OBG
26 N BROWN ST LEWISTOWN PA 17044
DODD MD, STEPHEN I FP
MAIN ST MIFFLIN PA 17058
EATER JR MD, CHAS L FP
128-8TH ST HIGHLAND PK LEWISTOWN PA 17044
FLORY MD, RAY H AN
LEWISTOWN HOSP LEWISTOWN PA 17044
FRANKLIN MD, HUGH R AN
246 OLD FARM RD MARIETTA GA 30067
GARDNER MD, HARRY W FP
101 N MAIN ST LEWISTOWN PA 17044
GENC MD, SALIM DRS
311 4TH ST LEWISTOWN PA 17044
GUISER MD, LYNN G FP
P O BOX 192 MIFFLINTOWN PA 17059
HELFRICK MD, MARLIN W FP
112 WALNUT ST BELLEVILLE PA 17004
HUNTER JR MD, JOHN R FP
22 N MAIN ST LEWISTOWN PA 17044
JOHNSON MO, JESSE R FP
119 SUNSET ROAD LEWISTOWN PA 17044
KINSEY MO, FRANK R R
LEWISTOWN HOSP LEWISTOWN PA 17044
LEOPOLD JR MD, ALBERT R FP
101 N MAIN ST LEWISTOWN PA 17044
MARTHOUSE MO, STEPHEN J FP
134 HIGHLAND AVE LEWISTOWN PA 17044

MCCLAIN MD, CHAS B GS
18 N MAIN ST LEWISTOWN PA 17044
MEHTA MD, YDGIN P U
122 W 3RD ST LEWISTOWN PA 17044
PARKER MD, ANDREW J IM
36 CHESTNUT ST LEWISTOWN PA 17044
PLUMMER JR MD, RO8ERT E R
35 GRAND PARKWAY LEWISTOWN PA 17044
RAWDON MD, RO8T E DTD
307 FOURTH ST LEWISTOWN PA 17044
RIOEN MD, JAY M DRS
305 FOURTH ST LEWISTOWN PA 17044
RODRIGUEZ MD, ERVIN E DRS
305 FOURTH ST LEWISTOWN PA 17044
SAUSSER MD, EUGENE W FP
27 N MAIN ST 8X 266 MIFFLINTOWN PA 17059
SCHAEFER MD, LEROY W PTH
LEWISTOWN HOSP LEWISTOWN PA 17044
SHERMAN MD, HUGH I IM
124 HIGHLAND AVE 8OX 82 LEWISTOWN PA 17044
WALTER MD, EARL R FP
S MAIN ST MILROY PA 17063

Monroe County

BAIRD MD, RO8T M NS
243 E BROWN ST E STROUDSBURG PA 18301
BERMAN MD, ELI IM
239 E BROWN ST EAST STROUDS8URG PA 18301
8REHM MD, HANS H PD
124 ANALOMINK ST E STROUDSBURG PA 18301
8URRY MD, WILLIAM C FP
BX 93 MOUNTAINHOME PA 18342
BUTLER MD, HORACE G R
175 E 8ROWN ST E STROUDSBURG PA 18301
CONAHAN JR MD, JOSEPH B DPH
R D 4 ALBERT ST STROUDS8URG PA 18360
OECESARE OD, RAYMONO C FP
555 OELAWARE AVE PORTLAND PA 18351
DEICHERT MD, RO8T G FP
POCONO SUMT MEO 8LOG POCONO SUMMIT PA 18346
DEQUEVEDO MO, RO8T F O8G
175 E BROWN STREET E STROUDS8URG PA 18301
DRACOS MO, FRANK J DRS
200 E BROWN ST E STROUDSBURG PA 18301
OUNNING MD, E RUTH IM
901 KING ST STROUDSBURG PA 18360
EISENHARDT OD, BRUCE T FP
1465 DARTMOUTH OR BETHLEHEM PA 18017
FAHL MO, JAMES C GS
24 SECOND AVE NE HICKORY NC 28601
FERRENCE MO, JOHN A FP
RO 2 BOX 28 CRESCO PA 18326
FINCH MO, AL8ERTA M FP
52 GARDEN ST STROUOSBURG PA 18360
GERHART MD, RO8T P FP
STAR RT #1 BOX 25 8LAKESLEE PA 18610
GOLDEN MO, JEAN O GS
175 E BROWN ST E STROUDS8RG PA 18301
GRUSZKA MO, FRANCIS A PTH
MONROE CO HOSP E STROUDSBRG PA 18361
HAGER III MO, GEORGE W GS
RD 1 BOX 248 STROUDSBURG PA 18360
HALPERIN MO, MEYER A AN
R O 2 E STROUDSBRG PA 18301
HARPS MO, JAMES A DPH
175 E BROWN ST E STROUDSBRG PA 18301
HAYNICZ MD, PETER R
POCONO HOSPITAL E STROUOSBURG PA 18301
HIEMENZ MD, DONALD W FP
8X 504G RD 5 STROUOSBURG PA 18360
HORN JR MD, EDWARD T O8G
TANNERSVILLE PA 18372
HUNSICKER MD, LLEWELLYN W GS
POCONO MED 8LOG E STROUDS8RG PA 18301
HUNSICKER MD, MARY T O
156 8ERWICK HTS RO E STROUDSBRG PA 18301
JEFFREY MD, WM L PTH
TRI COUNTY HOSPITAL SPRINGFIELD PA 19064
JONES MD, REEVES F FP
116 WASHINGTON ST E STROUDSBRG PA 18301
JORDAN MD, CHARLOTTE 8 O
POCONO MED 8LOG E STROUDS8RG PA 18301
JORDAN MD, CLAUS G GS
POCONO MED BLOG E STROUDSBRG PA 18301
KAUDERER JR MD, JOHN G IM
239 E BROWN ST STROUDS8URG PA 18301
KENNEDY MD, RICHARD P R
206 E BROWN ST E STROUDSBURG PA 18301
KITCHEN 2ND MD, JAMES G FP
THE MOHICAN POCONO LAKE PA 18347
KOHN MD, DAVID F FP
2681 E VINA DEL MAR 8LV ST PTERSBRG BCH FL 33706
KOWALYSHYN MO, THEDDORE J IM
239 E 8ROWN ST E STROUDS8RG PA 18301
LILLI MD, ELMO J FP
239 E 8ROWN ST EAST STROUDS8RG PA 18301
LIM MD, JOHN P O8G
805 MAIN ST STROUDS8URG PA 18360
LOVECCHIO MD, FRANCIS A DRS
200 E 8ROWN ST E STROUDSBRG PA 18301
MARKOSI JR MO, CHAS DRS
PO BOX 208 TANNERSVILLE PA 18372
MARTIN JR MO, PHILIP R O8G
175 E 8ROWN ST E STROUDS8RG PA 18301
MARTUCCI MO, JOHN J FP
8ROOHEADSVILLE PA 18322
MARTUCCI MO, WM J FP
MAIN STREET 8ROOHEADSVILLE PA 18322
METZGAR MD, MARSHALL R FP
41 N 7TH ST STROUDSBURG PA 18360
METZGAR MD, THOS I DTD
45 N 7TH ST STROUOS8URG PA 18360
MICHIE MO, ALEXANOER J U
175 E 8ROWN ST E STROUDS8RG PA 18301
MICHIE MD, CATHARINE R FP
504 THOMAS ST STROUOS8URG PA 18360
MILANDER MD, JOHN H FP
8OX 142A RR 2 CRESCO PA 18326
MILICH MO, ZARKO O AN
RO 5 8OX 36 E STROUDS8URG PA 18301
MIRAGLIA MD, RICHARO J FP
VILLAGE PRK MED CTR POCONO LAKE PA 18347
MOHYUDDIN MO, MOIZ PO
322 PARK AVE STROUOS8URG PA 18360
MOLINA MO, RAMON B FP
322 PARK AVE STROUOS8URG PA 18360
NOURIAN MO, ALI A P
RO 5 8X 467 STROUDSBURG PA 18360
PLISKIN MO, MARK R
206 E 8ROWN STREET E STROUDS8RG PA 18301
PONO MD, HAROLD S IM
175 E 8ROWN ST E STROUDS8RG PA 18301
PRIMIANO MO, GEORGE A DRS
200 E 8ROWN ST E STROUDS8URG PA 18301
PULLEN MO, HARVEY T IM
175 E 8ROWN ST E STROUOS8URG PA 18301
RADPARVAR MO, NASSER R AN
GEN HOSP OF MONROE CO E STROUDSBURG PA 18301
ROGERS MO, WM H GS
175 E BROWN ST E STROUDS8URG PA 18301
RUMSEY MO, JOHN L IM
239 E BROWN ST STROUOS8URG PA 18301
SACHS MO, STEPHEN M N
VILLAGE OF PINE RUN 162 BLACKWOOO N J 08012
SAMET MO, SHERWOOO L O8G
175 E 8ROWN ST E STROUOSBRG PA 18301
SAMUELSON MO, JOEL S IM
175 E BROWN ST E STROUDSBRG PA 18301
SCHWINGE MO, ELAINE A P
STAR RT BOX 39 WHITE HAVEN PA 18661
SIMONS MO, WM M OPH
108 N 6TH ST STROUDSBURG PA 18360
SIPOWICZ MO, CARL P DRS
200 E BROWN ST E STROUDS8URG PA 18301
SNYDER MO, ANN E FP
234B STONE OR ANN ARBOR MI 48104
SPINNER MO, MORTON H GS
175 E BROWN ST E STROUOS8RG PA 18301
TATTERSALL MO, HAROLO A FP
BOX 215 MOUNTAIN HOME PA 18342
TAYLOR MO, JAMES A P
RO 3 8EACON HILL E STROUDSBURG PA 18301
THOMAS MO, KANOATHINOARA U
175 E 8ROWN ST E STROUDS8URG PA 18301
TIEFF OO, MICHAEL W FP
POCONO SUMMIT PA 18346
VIGLIONE MO, JOS P FP
25 N 8TH ST STROUDSBURG PA 18360
WEBER MO, OTTO R O8G
POCONO MEO BLOG E STROUDSBRG PA 18301
WEISS MO, CARL B OPH
RO 1 CRESCO PA 18326

Montgomery County

AARONSON MO, HERBERT G P
7756 GREEN VALLEY RO WYNCOTE PA 19095
ADAMS MO, DAVID J DRS
26 S BRYN MAWR AVE BRYN MAWR PA 19010
ADAMS MO, WILLIAM L FP
527 BEAVER RO SOUTHAMPTON PA 18966
ADAMSON MO, WM C P
1542 SUSQUEHANNA RO RYDAL PA 19046
ADLER MO, HERBERT M P
251 LINDEN LANE MERIDN STATION PA 19066
AGSTER MO, BRUCE E GS
7216 GLENLOCH ST PHILADELPHIA PA 19135
AL8ERT MO, LAWRENCE IM
275 8RYN MAWR AVE B 19 8RYN MAWR PA 19010
AL8ERTSON MO, RICHARD P AN
LANKENAU HOSP ANES OPT PHILADELPHIA PA 19151
ALOEN MO, JAMES C IM
EVANS ROAD GWYNEDO VALLEY PA 19437
ALEXANDRE MO, JOURNEL GS
731 W ERIE AVE PHILADELPHIA PA 19140
ALPERT MO, RICHARD E PO
LANSDALE CLINIC LANSDALE PA 19446
ALTMAN MO, SIDNEY I P
8224 FOREST AVE ELKINS PARK PA 19117
ALTOMONTE MO, JOS F FP
233 S TROOPER ST NORRISTOWN PA 19401
AMADIO MO, JULIO J IM
9 MEADOWS LANE HAVERFURO PA 19041
AMIOON MO, CHAS S GS
1630 E HIGH ST POTTSTOWN PA 19464
ANOAL MO, ANORES H AN
832 HUNT RO NEWTOWN SQ PA 19073
ANOERS MO, WILBUR O FP
401 S MAIN ST NORTH WALES PA 19454
ANOERSEN MO, EOWIN FP
620 HIGH ST POTTSTOWN PA 19464
ANOERSON 3RO MO, JOHN O AN
140 LOOGES LANE BALA CYNWYO PA 19004
ANOERSON MO, ARLO C ORS
1660 WILLIAMS WAY NORRISTOWN PA 19401
ANORIES MO, RAYMOND M FP
1817 HALLOWELL RO NORRISTOWN PA 19401
ANGSTADT JR MO, PAUL N R
WATER ST RO WOHCESTER PA 19490
ANTHONY MO, JOHN A FP
1133 HIGH ST POTTSTOWN PA 19464
ANTHONY MO, RUSSELL A P
HAVERFORO SUBURBAN BLOG HAVERFORO PA 19041
ARANO MO, LEONARDO V IM
232 LENAPE OR NORTH WALES PA 19454
ASH MO, S RUSSELL FP
73 N FRANKLIN ST POTTSTOWN PA 19464
ATKINSON MO, NOLAN N FP
20 S WARNER AVE BRYN MAWR PA 19010
ATLEE MO, EOWARO O PO
ARDMORE AND 8ELMONT ARDMORE PA 19003
AUSLANOER MO, MILTON M OTO
306 W LOGAN ST NORRISTOWN PA 19401
AVANCENA MO, EOGAROO P FP
2936 HANNAH AVE NORRISTOWN PA 19401
8AOOLATO MO, OAVIO J FP
445 ABINGTON AVE GLENSIDE PA 19038
8AKER MO, COURTNEY F P
SWEDESFORO ROAO NORTH WALES PA 19454
8ALISTOCKY MO, MARVIN H OPH
1320 OEKAL8 ST NORRISTOWN PA 19401
8ALLARO MO, IAN M FP
308 OEVON STATE RO OEVON PA 19333
8ALLS MO, KENT F IM
8RYN MAWR HOSP BRYN MAWR PA 19010
8ANCROFT MO, EUITH O P
NORRISTOWN STATE HOSP NORRISTOWN PA 19401
8ANMILLER MO, JAMES O O8G
310 W JOHNSON HWY NORRISTOWN PA 19401
8ARCLAY MO, CLAYTON C FP
503 HAVERFORO AVE NARBERTH PA 19072
8ARO MO, JOS L FP
600 WAYLAND RO PLYMOUTH MTNG PA 19462
8ARON MO, ARTHUR M IM
2004 VIRGINIA LANE NORRISTOWN PA 19401
8ARTELT MO, CURTIS F FP
3535 RANOOLPH RO CHARLOTTE N C 28211
8ARTHOLO MO, JOS L FP
829 W MAIN ST NORRISTOWN PA 19401
8ARTLE JR MO, HARVEY P
864 COUNTY LINE RO 8RYN MAWR PA 19010
8ARTLETT JR MO, FREOERICK H O8G
1245 HIGHLAND AVE ABINGTON PA 19001
8AVER MO, FAITH H FP
FRONT & OOTTS STS PENNS8URG PA 18073
8AVER MO, GEO A FP
FRONT & OOTTS ST PENNS8URG PA 18073
8AZEMORE MO, MARY K PO
226 N ITHAN AVE VILLANOVA PA 19085
8ECK OO, JONATHAN E FP
1006 HAWTHORNE LANE FT WASHINGTON PA 19034
8ECK JR MO, WM C FP
1420 VALLEY RO MEAOOW8ROOK PA 19046
8ECKMAN OO, IRWIN R
MONTGOMERY HOSP NORRISTOWN PA 19401
8ELL MO, 8ENJ T ORS
CREEK RO CHALFONT PA 18914
8ELL MO, H CRAIG P
1335 HIGHLAND AVE ABINGTON PA 19001
8ELL MO, JOHN C N
318 BENT RO WYNCOTE PA 19095
8ELLUS MO, JOHN J PTH
FIRESTONE BLVO HIGH ST POTTSTOWN PA 19464
8ENOER MO, JOS IM
1544 OE KALB ST NORRISTOWN PA 19401
8ENNETT 4TH MO, JOS S IM
MEM MEO BLOG PO BX A PADLI PA 19301
8ENNETT MO, JOHN T O8G
1 RED ROWAN LANE PLYMOUTH MTNG PA 19462
8ENSON MO, BERNARO E O8G
1564 BUCK HILL OR HUNTINGOON VLY PA 19006
8ERGELSON MO, VICTOR O R
7222 CASTOR AVE PHILADELPHIA PA 19149
8ERGNES MO, MANUEL A PTH
1735 W MAIN ST NORRISTOWN PA 19401
8ERK MO, HENRY M FP
PAPER MILL & 8ERGAN RDS ORELAND PA 19075
8ERKOW MO, RO8ERT IM
6020 SHEAFF LA FT WASHINGTON PA 19034
8ERNSTEIN MO, ABRAHAM OPH
353 KING ST POTTSTOWN PA 19464
8IGONEY MO, CARL F FP
413 COWPATH RO MR-1 LANSOALE PA 19446
8LAKE JR MO, ALTON O IM
CONESTOGA MEO 8LOG 8RYN MAWR PA 19010
8LANK MO, IRA 8 AN
SACRED HEART HOSP NORRISTOWN PA 19401
8LUMSTEIN MO, CHAS G IM
8ENSON EAST JENKINTOWN PA 19046
8OEHMLER MO, WM J FP
LANSOALE MED GROUP LANSOALE PA 19446
8OGASH MO, MORTON U
125 E LEHIGH AVE PHILADELPHIA PA 19125
8ONEKEMPER MO, THOS W IM
6 JO ANN OR RO 2 QUAKERTOWN PA 18951
8OOK MO, MURRAY H PTH
2615 OEKALB PK APT 401 NORRISTOWN PA 19401
8ORSKA MO, HENRY 8 FP
PENNSYLVANIA AND APEL A ORELAND PA 19075
8OURAS MO, GEO OPH
8YRN MAWR MED 8LOG 8YRN MAWR PA 19010
8OVE MO, RICHARO L GS
859 OLO LANCASTER 8RYN MAWR PA 19010
8OWEN JR MO, THALES AN
LANKENAU HOSPITAL PHILADELPHIA PA 19151
8OWIE MO, MORRIS A IM
225 VASSAR AVE SWARTHMORE PA 19081
8OXER MO, ARTHUR O P
931 HOLLOW RO RADNOR PA 19087
8RACKIN JR MO, JOHN T R
773 ROSLYN AVE GLENSIOE PA 19038
8RACKIN MO, GEO G R
1208 HIGHLANO AVE ABINGTON PA 19001
8RACKIN MO, PHILLIP S R
1164 WHEATSHEAF LA ABINGTON PA 19001
8RADFURO MO, PAUL L FP
30 MORNINGSIOE OR LANSOALE PA 19446

BRADY MO, JOS A NS
1445 OE KALB ST NORRISTOWN PA 19401
BRAY MD, JOSHUA C FP
102 PAOLI MEM MED BLDG PAOLI PA 19301
BRENNER MD, ANGUS L OBG
1245 HIGHLAND STE 504 ABINGTON PA 19001
BRESSI JR MD, THOS E GS
ELLIOTT AVE-OLD LANC RD BRYN MAWR PA 19010
BRDWN 3RD MD, OEMITT C ORS
1941 WOODLAND AVE ABINGTON PA 19001
BROWN JR MD, M EVANS PM
1378 SLAYTON OR MAPLE GLENN PA 19002
BROWN MD, GEO L O
1128 OLD YORK RD ABINGTON PA 19001
BROWN MD, WM E FP
107 GLENVIEW AVE WYNCOTE PA 19095
BRUCE MD, THOS A IM
1000 WELSH ROAD AMBLER PA 19002
BUCK MD, ADDISON S FP
BX 65 B RD 1 VLY MILL R MALVERN PA 19355
BUCK MD, RUTH E R
338 ORESHERTOWN RD FT WASHINGTON PA 19034
BUCKO JR MD, MATTHEW I OTO
3213 POLK RD NORRISTOWN PA 19403
BUCKWALTER MD, PHYLLIS S FP
WELSH RD-INVERNESS OR HORSHAM PA 19044
BUCKWALTER MD, RICHARD A FP
WELSH RD AT INVERNESS O HURSHAM PA 19044
BUERK MD, MINERVA S D
331 PENN RD WYNNEWOOD PA 19096
BURDEN MD, GEO E FP
513 SCOTT RD GLADWYNE PA 19035
BURDEN MD, SAML S IM
THE BENSON MANOR ST 115 JENKINTOWN PA 19046
BURKHART MD, CHAS B OBG
1630 E HIGH ST POTTSTOWN PA 19464
BURNS MD, JESSE E FP
500 WALNUT ST ROYERSFORD PA 19468
BURNS MD, JOHN C FP
220 WOODLAWN AVE GLENSIDE PA 19038
BUSHYAGER MD, ROSS M FP
118 N READING AVE BUYERTOWN PA 19512
BUTLER MD, CLAUDE H P
P O BOX 897 GREEN VALLEY AZ 85614
BUYERS MD, ROBT A GS
130B OE KALB ST NORRISTOWN PA 19401
BUZAS MD, JEROME W FP
330 EDGE HILL RD GLENSIDE PA 19038
BYRNE MD, ROBT J ORS
130B OEKALB ST NORRISTOWN PA 19401
BYRON MD, HAROLD J P
WYNCOTE HOUSE WYNCOTE PA 19095
CAIN MD, JAMES P FP
236B WELSH OR POTTSTOWN PA 19464
CAMPBELL MD, TWINING F AN
1430 OE KALB ST NORRISTOWN PA 19401
CANALS MD, JOAQUIN P
172 N WHITEHALL RD NORRISTOWN PA 19401
CANCELMO MD, J JAMES R
337 W LANCASTER AVE WAYNE PA 19087
CANCELMO MD, RICHARD P R
BRYN MAWR HOSP BRYN MAWR PA 19010
CARFAGNO MD, SALVATORE C IM
1401 OE KALB ST NORRISTOWN PA 19401
CARLIN MD, ELWIN S OBG
27 W FORNANCE ST NORRISTOWN PA 19401
CARLSON MD, BRUCE E P
833 MARKET ST WILLIAMSPORT PA 17701
CARLSON MD, ROBT E GS
21 W FORNANCE ST NORRISTOWN PA 19401
CARMICHAEL MD, PAUL L OPH
1000 N BROAD ST LANSDALE PA 19446
CARPENTER JR MD, JOHN T OBG
864 COUNTY LINE RD BRYN MAWR PA 19010
CARSON MD, JOHN S AN
888 GLENBROOK AVE BRYN MAWR PA 19010
CARTER JR MD, WM S P
1245 HIGHLAND AVE #20B ABINGTON PA 19001
CARTY JR MD, JAMES B OPH
275 BRYN MAWR AVE M-30 BRYN MAWR PA 19010
CASELLA MD, SALVATORE R O
CEDARBROOK HILL APT CM- WYNCOTE PA 19095
CASTEL MD, JOSE M FP
1400 OLD YORK RD ABINGTON PA 19001
CASTELLANO MD, PATRICK V FP
917 FAYETTE ST CONSHOHOCKEN PA 19428
CHAIT MD, ARNOLD R
835 CHAUNCEY RD NARBERTH PA 19072
CHAPIS MD, NICHOLAS J OBG
1630 E HIGH ST POTTSTOWN PA 19464
CHIRIFE MD, RAUL IM
1401 OEKALB & FORNANCE NORRISTOWN PA 19401
CHOI MD, TOHSKIK IM
401 POPLAR RD FLOURTOWN PA 19031
CHRISTIANSEN MD, KJELL H TS
BRYN MAWR MED BLDG BRYN MAWR PA 19010
CHUA MD, CHONG V AN
POTTSTOWN MEM MED CTR POTTSTOWN PA 19464
CIAVARELLI MD, ANTHONY G FP
54 N RIDGE AVE AMBLER PA 19002
CICCONE MD, PATRICK E P
PLYMOUTH ROAD GWYNEDD VLY PA 19437
CIROTTI MD, JOS J PO
298 BLAIR MILL RD HORSHAM PA 19044
CLADER MD, STANLEY C OBG
825 GLENBROOK AVE BRYN MAWR PA 19010
CLAIR MD, THEODORE W PO
864 COUNTY LINE RD BRYN MAWR PA 19010
CLANEY MD, JONATHAN M P
STE 204 OEKALB FURNANCE NORRISTOWN PA 19401
CLARK MD, FRANK FP
1919 SUSQUEHANNA RD ABINGTON PA 19001
CLASSEN MD, CHAS H PO
864 COUNTY LINE RD BRYN MAWR PA 19010
CLEAVER MD, DOROTHY M P
LEVEL RD R D 2 COLLEGEVILLE PA 19426
CLEAVER MD, E EUGENE FP
300 MAIN ST E GREENVILLE PA 18041
CLEMENT MD, GORDON S GS
1500 BUXER BLVD NORRISTOWN PA 19401
CLEMENTS MD, WILLIAM W FP
139 BERKLEY RD DEVON PA 19333
CLOSE MD, SALLY E AN
23 FOREST RD WAYNE PA 19087
CLOUGH MD, HOWARD K DPM
LANKENAU MED BLDG PHILADELPHIA PA 19151
CLYMAN MD, BYRON O
1329 OE KALB ST NORRISTOWN PA 19401
COCHRAN MD, WM C GS
1245 HIGHLAND AV STE 20 ABINGTON PA 19001
COGEN MD, FREDERICK C OTD
616 ARGYLE RD WYNNEWOOD PA 19096
COHEN MD, JACOB H FP
3526 PINE RD HUNTINGON VLY PA 19006
COHEN MD, SAML F FP
1639 PINE ST NORRISTOWN PA 19401
COHLER MD, ALAN R
LAUREL ROAD SOLEBURY PA 18963
COLAVITA MD, ANTHONY FP
327 WINDSOR AVE NARBERTH PA 19072
COLCHER MD, IRVING S PO
2795 EGYPT RD AUDUBON PA 19401
COLCHER MD, ROBT E GS
1033 GERMANTOWN PIKE NORRISTOWN PA 19401
COLOMEDA MD, REGIU S FP
738 WRIGHT ORIVE MAPLE GLEN PA 19002
COLOSI MD, NICHOLAS A FP
300 W MOUNT CARMEL AVE GLENSIDE PA 19038
COLTON 5TH MD, SABIN W IM
600 HARRITUN RD BRYN MAWR PA 19010
CONNOR MD, ROBT W OPM
1000 N BROAD ST LANSDALE PA 19446
COOPER MD, BARRY R FP
1017 BRIGHTON ST PHILADELPHIA PA 19111
COOPER MD, DAVID R ORS
S BROAD & ALTWN RD LANSDALE PA 19446
COOPER MD, MURRAY S OBG
1245 HIGHLAND AVE ABINGTON PA 19001
CORKHILL JR MD, ERIC A OBG
BRYN MAWR MED BLDG BRYN MAWR PA 19010
CORNELIUS III MD, CHALMERS E O
BRYN MAWR MED BLDG BRYN MAWR PA 19010
CORNISH MD, JAMES W PS
BERKELEY TRACE APTS #50 CORNWELLS HGTS PA 19020
CORNMAN 3RD MD, HENRY O IM
801 OLD LANCASTER RD BRYN MAWR PA 19010
CORSON MD, BARRY FP
ENGLISH VLG OFFICE CTR NORTH WALES PA 19454
COZZARELLI MD, JAMES O GS
S BROAD & ALLENTOWN RD LANSDALE PA 19446
CRAVETZ MD, HOWARD AN
5TH & FORD STS BRIDGEPORT PA 19405
CRITS MD, HARRY J IM
777 GERMANTOWN PIKE LAFAYETTE HILL PA 19444
CRONLUND MD, PHILIP K FP
500 N EASTON RD WILLOW GROVE PA 19090
CRUZ MD, ALEXANDER C FP
141 RACE ST AMBLER PA 19001
CUOZZO MD, ALFONSO IM
8 BETH LANE MALVERN PA 19355
CURRAN MD, MARILYN R P
1124 INDIAN CREEK RD PHILADELPHIA PA 19151
CUTHBERT MD, KATHARINE B FP
61 HAVERFORD STA -D HAVERFORD PA 19041
DANOFF MD, DAVID M R
2501 RED OAK CIRCLE SPRINGFIELD PA 19064
DARBY MD, WALTER S FP
4120 DEVONSHIRE RD PLYMOUTH MTG PA 19462
DASCHER JR MD, JOHN J R
724 MEADOWLARK RD AUDUBON PA 19401
DAVIDSON MD, WALLACE L PRM
MERCK SHARP & DUHME WEST POINT PA 19486
DAVIS MD, DAVID M U
818 PENNSTONE RD BRYN MAWR PA 19010
DAVIS MD, EDWARD W FP
1803 W MAIN ST NORRISTOWN PA 19401
DEICHELMANN MD, STEPHEN J P
15 PARK AVE AMBLER PA 19002
DEITZ 3RD MD, GEO W IM
2240 PINE RD HUNTINGDON VLY PA 19006
DELACRUZ MD, APOLINAR O FP
521 W VALLEY FORGE RD KNG OF PRUSS PA 19406
DELACRUZ MD, RAFAEL A U
2635 HUNTINGDON PIKE HUNTINGON VLY PA 19006
DELP JR MD, CHAS W FP
800 E PHILADELPHIA AVE BOYERTOWN PA 19512
DEMARCO MD, JUS F OBG
1288 BURNETT RD HUNTINGDON VLY PA 19006
DENGLER MD, ERNEST H OPM
71 HIGH ST POTTSTOWN PA 19464
DERIVAS MD, CARMELA F P
700 JUSEPH OR WAYNE PA 19087
DERSTINE MD, RALPH L FP
488 MAPLE AVE HARLEYSVILLE PA 19438
DEVINE MD, MICHAEL F IM
100 CHURCH ROAD AROMORE PA 19003
DEVINEY MD, JOHN P IM
1630 HIGH ST POTTSTOWN PA 19464
DIAMOND MD, B FRANKLIN N
1245 HIGHLANU AVE ABINGTON PA 19001
DIAZ MD, FILADELFO T GS
CUNTINENTAL OR COL HGTS POTTSTOWN PA 19464
DIENER MD, IAN L FP
1000 CONESTOGA RD ROSEMONT PA 19010
DILLON MD, RICHARD S IM
BRYN MAWR MEDICAL BLDG BRYN MAWR PA 19010
DIMINO DO, JOSEPH M FP
1500 PLYMOUTH BLVD NORRISTOWN PA 19401
DIPASQUALE DO, URBAN O FP
11TH AVE & FAYETTE ST CONSHOHOCKEN PA 19428
DIWAN MD, KANTA FP
660 W GERMANTOWN PK NORRISTOWN PA 19401
DOEFF MD, JAN W P
425 HOMESTEAD RD WAYNE PA 19087
DOERING MD, ANDREW A FP
2555 HUNTINGDON PIKE HUNTINGON VLY PA 19006
DOHERTY JR MD, HENRY J AN
LANKENAU HOSP PHILADELPHIA PA 19151
DONALD MD, DELMAR J IM
MAPLE GLEN PRUF CTR MAPLE GLEN PA 19002
DONNER MD, WM T P
ABINGTON MEM HOSP ABINGTON PA 19001
DORIAN MD, ALAN L GS
1308 OE KALB ST NORRISTOWN PA 19401
DORRANCE MD, WILLIAM L PD
1 REO RUWEN LA PLYMOUTH MTG PA 19462
DRISCOLL DO, ROBERT W GS
551 PLYMOUTH RD PLYMOUTH MTG PA 19462
DRISCOLL MD, GENEVRA Z P
133 HAGYS FORD RD NARBERTH PA 19072
DUDICH MD, MICHAEL S FP
7860 SPRING AVE ELKINS PARK PA 19117
DUNSKY MD, ELLIOTT H PD
313 BANGOR RD BALA CYNWYD PA 19004
DURKIN MD, EDWARD C FP
12 AIRDALE RD ROSEMONT PA 19010
DURKIN MD, MARTIN J P
656 MULFORD OR WYNCOTE PA 19095
DYNAN MD, JAMES E GS
S BROAD & ALLENTOWN RD LANSDALE PA 19446
ECHIKSON MD, EDWARD H IM
1245 HIGHLAND AVE ABINGTON PA 19001
EDELMAN MD, MEYER AN
1200 YURK RD ABINGTUN PA 19001
ELICKER MD, CHAS R FP
720 HIGH ST POTTSTOWN PA 19464
ELLIS MD, DAVID M P
240 MERIUN RD MERION STATION PA 19066
ELLIS MD, MICHAEL D OBG
2318 VALLEY RD HUNTINGON VLY PA 19006
ELLISON JR MD, RICHARD T PO
1245 HIGHLAND AVE ABINGTON PA 19001
ENGLISH MD, CARROLL A ORS
27 S BRYN MAWR AVE BRYN MAWR PA 19010
ENGSTROM MD, PAUL F IM
CENTRAL & SHELMIRE PHILADELPHIA PA 19111
ERMARO MD, DANL T FP
502 MONTGOMERY AVE HAVERFORD PA 19041
ESCOBAR MD, MAURICIO A GS
SACRED HEART HOSP NORRISTOWN PA 19401
ESKIN MD, DAVID J IM
1443 WOODLAND RD RYDAL PA 19046
EVANGELISTA MD, SIMPLICIO E R
BRYN MAWR HOSP BRYN MAWR PA 19010
EVANS MD, HAYDEN O FP
637 HIGH ST POTTSTOWN PA 19464
EWING MD, CHAS H FP
1306 FAIRACRES RD RYDAL PA 19046
FALK MD, ARTHUR E OBG
902 N BROAD ST LANSDALE PA 19446
FARB MD, STANLEY N OTO
306 W LOGAN ST NORRISTOWN PA 19401
FARIS MD, SAML S FP
239 N EASTON RD GLENSIDE PA 19038
FARMER MD, HAROLD E IM
315 W WAYNE AVE WAYNE PA 19087
FARMER MD, RODNEY A N
200 TOWNSHIPLINE RD ELKINS PARK PA 19117
FEBBRARO MD, ANTHONY A FP
34 GREEN ST LANSDALE PA 19446
FEE MD, EUGENE A P
513 OLD FORT RD KNG OF PRUSS PA 19406
FEIN DO, HOWARD K FP
922 FAYETTE ST CONSHOHOCKEN PA 19428
FEINSTEIN MD, MICHAEL A OBG
649 HENDERSON RD B 403 KNG OF PRUSS PA 19406
FELDERMAN MD, EUGENE S U
1307 W TABOR RD PHILADELPHIA PA 19141
FELDMAN MD, ALAN J OBG
ABINGTON MEM HOSP ABINGTON PA 19001
FENN MD, PATRICIA A IM
933 HAVERFORD RD BRYN MAWR PA 19010
FERGUSSON MD, R LAURENCE P
922 MONTGOMERY AVE BRYN MAWR PA 19010
FERNANDEZ MD, JUAN J P
1455 WHITEWOOD OR NORRISTOWN PA 19401
FERRONI MD, JOSEPH S OBG
416 ABRAMS MILL RD KNG OF PRUSS PA 19406
FETCHO MD, CARULE L FP
1200 OLD YORK RD ABINGTON PA 19001
FILIP MD, JOHN R IM
501 CONSHOHOCKEN ST RD BALA-CYNWYD PA 19004
FILOSA MD, ROBERT J OBG
926 HICKORY OR BLUE BELL PA 19422
FINGERUT MD, JERALD C IM
2106 PENNSYLVANIA AVE FT WASHINGTON PA 19034
FINGO MD, ALBERT J FP
1814 SPERA LANE NORRISTOWN PA 19401
FINK MD, JACK W OBG
902 N BROAD ST LANSDALE PA 19446
FINKELSTEIN MD, GARY S GS
1937 BRIARCLIFF AVE MEADOWBROOK PA 19046
FISHER MD, ALVIN H P
1516 HAMPTON ROAD RYDAL PA 19046
FISHER MD, NORMAN J FP
444 N YORK RD HATBURO PA 19040
FISHER MD, ROBT M FP
118 AIRDALE RD ROSEMONT PA 19010
FITTI MD, REGINA M P
616 LORAINE AVE AROMORE PA 19003
FLICKINGER MD, HAVILAND AN
1200 OLD YORK RD ABINGTON PA 19001
FRANK MD, LEONARD A U
409 RICHARD KNOLL HAVERFORD PA 19041
FRANK MD, MARTIN N IM
1245 HIGHLAND AVE 308 ABINGTON PA 19001
FRANK MD, PAUL E OPH
331 N YORK RD HATBORO PA 19040

FRANK MO, REUBEN IM
OEKALB & FORNANCE PROF NORRISTOWN PA 19401
FRANK MO, ROBT L OPH
331 N YORK RO HATBORO PA 19040
FRANKLIN MD, IRVIN D GS
2026 MORELAND RD ABINGTUN PA 19001
FRAZIER MD, THUMAS G GS
405 SAUNDERS OR STRAFFURD PA 19087
FREEOMAN MO, ALAN R PD
57 LEVERING CIRCLE BALA CYNWYD PA 19004
FREEOMAN MD, LAWRENCE T OBG
1335 W TABOR RD STE 201 PHILADELPHIA PA 19141
FREMER MD, ABRAHAM FP
BENSDN MNR STE 116B JENKINTOWN PA 19046
FREYMAN MO, LEON FP
507 W MAIN ST NORRISTOWN PA 19401
FRICK MO, WILLIS G GS
21 W FORNANCE ST NORRISTOWN PA 19401
FRITZ MD, HERBERT H FP
110 PENNSWOOD RD BRYN MAWR PA 19010
FURMAN MO, MARULD B PO
1103 W VALLEY RD WAYNE PA 19087
GAFFNEY MO, EDMOND J GS
23 TIMBER LANE POTTSTOWN PA 19464
GALLAGHER MD, UORIS B AN
317 AUBREY RO WYNNEWOOD PA 19096
GANIME MD, PETER D P
335 GARRISON WAY CONSHOHOCKEN PA 19428
GARABEDIAN MO, JOSEPH A GS
SACREO HEART HOSP NORRISTOWN PA 19401
GARCIA MO, THEODORE A DPH
491 ALLENDALE RD KNG OF PRUSS PA 19406
GATTER MO, RUBT A IM
1245 HIGHLAND AVE ABINGTON PA 19001
GERMAN MO, TERRY M OBG
1335 W TABOR RO STE 201 PHILADELPHIA PA 19141
GERRITSEN MO, ROY W GS
1245 HIGHLAND AVE ABINGTON PA 19001
GERSON MO, IRVIN M OS
CEDARBROOK HILL APTS WYNCOTE PA 19095
GINSBURG MO, SILAS J OBG
1245 HIGHLAND AVE ABINGTON PA 19001
GLANZBERG MO, PAULINE FP
814 OE KALB ST NORRISTOWN PA 19401
GLASER MO, BARRY L GS
1245 HIGHLAND AVE ABINGTON PA 19001
GLOCKER MO, RUDOLPH K GS
701 MAIN ST ROYERSFORO PA 19468
GLOECKNER MD, M LOUISE FP
110 E 4TH AVE CONSHOHOCKEN PA 19428
GLOWACKI MD, PETER P
OEKALB&FORNANCE STE207 NORRISTOWN PA 19401
GOERINGER MD, C FRED FP
623 N BROAD ST LANSOALE PA 19446
GOLOBERG MD, LOUIS OPH
515 W MAIN ST NORRISTOWN PA 19401
GOLOEN MD, MAND R U
1313 OE KALB ST NORRISTOWN PA 19401
GOLOSCHMIDT MO, HERBERT O
1 DECKER SQUARE BALA CYNWYD PA 19004
GOMEZ MD, BLANCA M P
NORRISTWN ST HOSP NORRISTOWN PA 19401
GOMEZ MO, PEORO F P
NORRISTOWN ST HOSP NORRISTOWN PA 19401
GOMEZ-DUMARAN MO, DELFA IM
1420 WARNER RO MEADOWBROOK PA 19046
GOODMAN MO, CARL R PM
MONTGOMERY HOSPITAL NORRISTOWN PA 19404
GODOMAN MD, SANFORO M FP
1228 EASTON RO ROSLYN PA 19001
GODDWIN MD, ROBERT S IM
3505 MORELAND RD A124 WILLOWGROVE PA 19090
GOPPELT MD, JOHN W P
EXETER RO HAVERFORO PA 19041
GORDON JR MO, KENNETH H P
1250 UPPER GULPH RD RADNOR PA 19087
GORDON MO, ARTHUR E OBG
401 CRESCENT RO WYNCOTE PA 19095
GOTLIEB MO, JERRY U
214 JEFFREY LN NEWTOWN SQ PA 19073
GOWEN MO, GED F GS
1200 EAST HIGH ST POTTSTOWN PA 19464
GRATZ MO, M MURTUN GS
62 N HANOVER ST POTTSTOWN PA 19464
GREEN MO, BARRY P FP
920 N BROAO ST LANSOALE PA 19446
GREEN MO, GEORGE R IM
1245 HIGHLAND AVE 107 ABINGTON PA 19001
GREEN MD, LELAND J IM
LANSOALE MED GROUP LANSOALE PA 19446
GREEN MD, STANLEY IM
8EN FOX PAV FUXCROFT SQ JENKINTOWN PA 19046
GREENBERG MD, SIGMUND R IM
ABINGTON HSPMEOBOG ST30 ABINGTON PA 19001
GREENSPAN MO, HERBERT S P
506 HARRISON ST GLENSIDE PA 19038
GREENSPAN MO, JACK P
113 GRASMERE RD BALA CYNWYD PA 19004
GREENSPON MO, SAML E FP
20 W CHELTENHAM AVE PHILAOELPHIA PA 19120
GROLL MO, MICHAEL OBG
1245 HIGHLAND AVE ABINGTON PA 19001
GROSS MO, OANL J DRS
1800 E HIGH ST PUTTSTOWN PA 19464
GUTHRIE MD, MARSHALL B O
1500 SPRING GARDEN ST PHILAOELPHIA PA 19101
GUTHRIE MO, WILLIAM J IM
1630 E HIGH ST POTTSTOWN PA 19464
GUTIERREZ MO, LINA C P
163 AVONOALE RD NORRISTOWN PA 19401
GUYER MO, SAMUEL GS
934 BLUE ROCK LANE BLUE BELL PA 19422
GYLFE MO, JULINA N
462 GERMANTOWN PIKE LAFAYETTE HILLS PA 19444
HABERMAN MO, JACK FP
933 N CHARLOTTE ST POTTSTOWN PA 19464

HAORA MO, ELLINOR S FP
22 N PRICE ST POTTSTOWN PA 19464
HAGARTY MO, JUHN J PTH
HOLY REDEEMER HOSP MEAOOWBROOK PA 19046
HALE MO, ROBT G OBG
4004 FAIRWAY RO LAFAYETTE HILL PA 19444
HALL MO, I MACDONALD IM
WANAMAKER 13TH & MKT PHILAOELPHIA PA 19101
HAMBURG MO, ALLEN E ORS
426 COTTMAN ST JENKINTOWN PA 19046
HAMMONO III MO, N LEROY ORS
4 LOVES LANE WYNNEWOOO PA 19096
HAMSHER MO, C OAVIO FP
936 WOOTON RD BRYN MAWR PA 19010
HANBY JR MO, W FORWOOO E R
2815 LUNOY LANE HUNTINGON VLY PA 19006
HANCOX MO, CECIL W OTO
169 N HANOVER ST POTTSTOWN PA 19464
HANO MO, ROY H GS
ABINGTON MEM HOSP ABINGTON PA 19001
HANOFORD MO, H ALLEN P
1740 CEOAR LANE N VILLANOVA PA 19085
HANHAUSEN JR MO, EOWARO H OPH
418 E LANCASTER AVE WAYNE PA 19087
HANKIN MO, SAML FP
YORK AND EASTON RDS WILLOW GROVE PA 19090
HARMON MO, ELI B P
306 SUBURBAN SQ BLDG ARDMORE PA 19003
HARPER MO, JOHN B R
1200 YORK RO ABINGTUN PA 19001
HARRIS MO, RICHARD H R
308 E ORMANOY PL AMBLER PA 19002
HARRISON JR MO, FRANK S IM
933 HAVERFORO RD BRYN MAWR PA 19010
HARRISON JR MO, JOS FP
888 GLENBROOK AVE BRYN MAWR PA 19010
HARVEY MO, ROLFE M R
8750 MONGHT PASS RO 500 SARASOTA FL 33581
HASKIN MO, MYRA R PM
514 BALLYTORE RD WYNNEWOOO PA 19096
HAUGHTON MO, IRENA C P
160 HUGHES RO KNG OF PRUSS PA 19406
HAUSER MO, NORMAN R
1130 OLO YORK RO ABINGTON PA 19001
HECHT MO, WARREN B IM
933 N CHARLOTTE ST POTTSTOWN PA 19464
HEGGESTAD MO, GILMAN E GS
124 TYSON RO NEWTOWN SQ PA 19073
HENDERSON MO, THEODORE A FP
500 WILLOW AVE AMBLER PA 19002
HERSON MO, STEVE O FP
1703 EDGEHILL RO ABINGTON PA 19001
HESS MO, GEO W FP
608 HUNTINGOON PIKE ROCKLEDGE PA 19111
HESS MO, IVAN W FP
69 N BORO LINE RO COLLEGEVILLE PA 19426
HEYOT JR MO, ERNEST H OPH
216 SUMMIT AVE JENKINTOWN PA 19046
HICKEY JR MO, OANL FP
620 E WILLOW GRV AVE PHILAOELPHIA PA 19118
HOOGE MO, CLARE C GS
25 ELLIOTT AVE BRYN MAWR PA 19010
HOFFA MO, JOHN A FP
52 N SPRING GARDEN ST AMBLER PA 19002
HOFFMAN MO, CARL J P
2901 COTTMAN AVE PHILAOELPHIA PA 19149
HOFFMAN MO, JAMES P ADM
15 OETWEILER LN AMBLER PA 19002
HOFMAN MD, WALTER I PTH
LANKENAU HOSPITAL PHILADELPHIA PA 19151
HOLM MO, WM W PD
491 ALLENDALE RD KNG OF PRUSS PA 19406
HOLMBERG MO, DONALD E FP
193 EASTON RO HORSHAM PA 19044
HOLMES MD, WILLIAM F OTO
1230 WAVERLY RO GLADWYNE PA 19035
HOPKINS MO, FRANK T IM
864 COUNTY LINE RD BRYN MAWR PA 19010
HOPKINS MO, JOHN E GS
85 CRESTLINE RD STRAFFORO PA 19087
HUPKINSON 3RO MO, JUHN H OBG
1436 AMITY RD RYDAL PA 19046
HOPPER MO, BRUCE O FP
688 CONESTOGA RO BERWYN PA 19312
HORMAN MO, MARC J IM
1245 HIGHLAND AVE ABINGTON PA 19001
HORNER JR MO, OANL W IM
1245 HIGHLAND AVE ABINGTON PA 19001
HOSFELO MO, S MARJORIE PM
BRYNWOOD APTS WYNNEWOOD PA 19096
HOSNER MO, JAMES W OPH
SUBURBAN SQUARE BLDG ARDMORE PA 19003
HOSTELLEY MO, RICHARD OPH
1648 HUNTINGDUN PIKE MEADOWBROUK PA 19006
HOWOEN MO, RICHARD F FP
1955 W MAIN ST NORRISTOWN PA 19401
HUANG MO, MING Y FP
B203 TOWN&COUNTRY APTS NORRISTOWN PA 19401
HUCK MO, GED F PTH
ABINGTON MEM HOSP ABINGTON PA 19001
HUDDCK JR MO, EMANUEL B IM
1732 W MAIN ST NURRISTOWN PA 19401
HUNSBERGER MO, JUS L IM
1501 DE KALB ST NORRISTOWN PA 19401
HUNTLEY MO, ARTHUR C P
PLYMOUTH RO GWYNEDO VALLEY PA 19437
HURST JR MO, J PAUL P
1245 HIGHLAND AVE ABINGTON PA 19001
HUTCHISON MO, JAMES C FP
1930 KEITH RO ABINGTON PA 19001
HYKES MO, JAMES I FP
218 GRAYS LANE HAVERFORO PA 19041
IVKER MO, MORRIS R
970 INOIAN CREEK RO JENKINTOWN PA 19046
JABLON MO, NORMAN C P
7805 COBDEN RO LAVEROCK PA 19118

JACOBS MO, JOHN B FP
1455 ALLENTOWN RO LANSOALE PA 19446
JACOBS MO, LEWIS M FP
1374 YOUNGSFORO RD GLADWYNE PA 19035
JAFFE MO, LOUIS O
1122 HIGH ST POTTSTOWN PA 19464
JEYARAJ MO, FRANCIS PO
S BROAD AT ALLENTWN RO LANSDALE PA 19446
JOCHNOWITZ MO, MICHAEL J OBG
902 N BROAO ST LANSOALE PA 19446
JONES MO, OANL C FP
90 GREENFIELO AVE ARDMORE PA 19003
JONES MO, WARREN M OPH
520 PENNSYLVANIA AVE 11 FT WASHINGTON PA 19034
JUAREZ MO, ROLANOO GS
33 RAOBURN RD HUNTINGDN VLY PA 19006
JULES MO, ARNOLD J ORS
635 N BROAO ST LANSDALE PA 19446
JUNKIN MO, OAVID M ORS
OLO YORK & KEITH RDS ABINGTON PA 19001
KANE MO, JOHN S OBG
308 W JOHNSON HIGHWAY NORRISTOWN PA 19401
KAPLAN MO, FRANK E P
122 PARK OR OOYLESTOWN PA 18901
KARABELL MO, SHELDON I IM
230 TOLL OR SOUTHAMPTON PA 18966
KARBINER MO, HELMUT L OBG
888 GLENBRDOK AVE BRYN MAWR PA 19010
KARPINSKI JR MO, FELIX E PO
780 MANCILL RO WAYNE PA 19087
KATCHMAN MO, JEROME J FP
1401 OEKALB ST NORRISTOWN PA 19401
KATTELMAN OO, MARC FP
922 FAYETTE ST CONSHOHOCKEN PA 19428
KATZ MO, ROBT E FP
500 FAYETTE ST CONSHOHOCKEN PA 19428
KAUFFMAN MO, M LUTHER OPH
MEO ARTS BLOG JENKINTOWN PA 19046
KAVLE MD, CARLETON J AN
109 RINGWOOD RO ROSEMONT PA 19010
KAY MO, RAYMONO J FP
421 E LANCASTER AVE WAYNE PA 19087
KEISMAN MO, ROBT A IM
3120 SCHOOL HOUSE LN PHILAOELPHIA PA 19144
KELSO MO, OON R GS
ABINGTON MEM HSP STE 10 ABINGTON PA 19001
KELTON MO, FRANKLIN C FP
500 WILLOW AVE AMBLER PA 19002
KENWORTHY JR MO, HARRY J IM
1245 HIGHLAND AVE 107 ABINGTON PA 19001
KERN MO, FRANK D
31-8 E WYNNEWOOO RD WYNNEWOOO PA 19096
KERSHNER MO, AMMON G FP
510 SWEDE ST NORRISTOWN PA 19401
KIANDURY MO, MOJY GS
933 FOX CHASE RD JENKINTOWN PA 19046
KIEFNER JR MO, FREDERICK J R
507 CHELTENA AVE JENKINTOWN PA 19046
KIESEL MO, VINCENT E ORS
S BROAO & ALLENTOWN RO LANSOALE PA 19446
KILLIAN MO, DOROTHEA M IM
1720 BALSAM LANE VILLANOVA PA 19085
KING JR MO, WARREN E AN
760 WASHINGTON LA JENKINTOWN PA 19046
KINLAW MO, W BERNARD IM
1245 HIGHLAND AVE #107 ABINGTON PA 19001
KIRKPATRICK MO, OANL W FP
700 GERMANTOWN PIKE NORRISTOWN PA 19401
KISTLER MO, C HAROLD FP
BOX 106 ARDMORE PA 19003
KISTLER MO, PAUL M FP
330 E LANCASTER AVE WAYNE PA 19087
KISTLER MO, WM S FP
300 MAIN ST E GREENVL PA 18041
KITCHELL MD, JAMES R IM
1254 HIGHLAND AV STE 20 ABINGTON PA 19001
KLINE MO, EDGAR W FP
600 COLUMBIA AVE LANSOALE PA 19446
KLOTZ JR MO, ROY G PTH
ABINGTON MEM HOSP ABINGTON PA 19001
KNEELAND MO, MALCOLM E GS
21 W FORNANCE ST NORRISTOWN PA 19401
KNOWLTON JR MO, STEPHEN B GS
ABINGTON MEM HOSP ABINGTON PA 19001
KOELLNER MO, MANFRED D FP
2970 GERMANTOWN PIKE NORRISTOWN PA 19401
KOHL MO, JOHN M R
MONTGOMERY HOSP NORRISTOWN PA 19401
KOHLHAS MO, JACOB J IM
410 LANCASTER AVE HAVERFORO PA 19041
KONECKE MO, LEE L IM
1390 GLEN HARDIE RO WAYNE PA 19087
KRANTZ MO, WALTER J FP
1850 YORK RO ABINGTON PA 19001
KRAVIS MO, GARY I FP
2050 BUTLER PIKE PLYMOUTH MTNG PA 19462
KRAVIS MO, LILLIAN P PD
142 MONTGOMERY AVE BALA CYNWYD PA 19004
KRAVITZ MO, BERNARO J IM
1245 HIGHLAND AVE ABINGTON PA 19001
KRAVITZ MO, SIMON P
681 FOXCROFT RD ELKINS PARK PA 19117
KRIEBEL MO, RICHARD H AN
GRANOVIEW HOSP LAWN AVE SELLERSVILLE PA 18960
KROMASH MO, MARVIN H PO
1244 CRESTWOOD DR POTTSTOWN PA 19464
KUMAR MO, KUSUM L IM
134 SHASTA RO PLYMOUTH MTG PA 19462
KUMAR MO, NARESH GS
11A 859 OLO LANCASTER R BRYN MAWR PA 19010
KUSHNER OO, PAUL G PO
1011 VALLEY FURGE RD FAIRVIEW VLG PA 19409
LABUNSKIE MO, EUGENE M FP
827 FAYETTE ST CONSHOHOCKEN PA 19428
LACHMAN MO, ROBT J AN
888 GLENBROOK AVE BRYN MAWR PA 19010

LACLAIR JR MD, CHAS H DTD
306 W LOGAN ST NORRISTOWN PA 19401
LAGUNILLA MD, JUANITO L FP
982 KENNY RD POTTSTOWN PA 19464
LAMP MD, J CURTIS PS
888 GLENBROOK AVE BRYN MAWR PA 19010
LANCE MD, LOUISA J P
BETH PK & MONTG AVE AMBLER PA 19002
LANDER MD, WM W FP
888 GLENBROOK AVE BRYN MAWR PA 19010
LARUFFA MD, PASCHAL J PD
801 OLD YORK RD STE 222 JENKINTOWN PA 19046
LAUTERBACH MD, EDWIN W GS
1245 HIGHLAND AVE ABINGTON PA 19001
LEBEAU MD, JACK IM
1401 DEKALB & FORNANCE NORRISTOWN PA 19401
LEBER MD, ALFRED P FP
427 MAIN ST COLLEGEVILLE PA 19426
LECKS MD, HAROLD I IM
142 MONTGOMERY AVE BALA CYNWYD PA 19004
LEEDOM MD, JOHN F FP
898 CRESTLINE DR BLUE BELL PA 19422
LEGENORE MD, GERALD M FP
133 4TH ST BRIDGEPORT PA 19405
LERDY MD, N BLAIR IM
933 HAVERFORD RD BRYN MAWR PA 19010
LEVENTHAL MD, HOWARD E R
148 EXECUTIVE DR AMBLER PA 19002
LIMBERT MD, LAWRENCE FP
20 E 11TH ST CONSHOHOCKEN PA 19428
LINTGEN MD, ARTHUR B IM
ABINGTON MEMORIAL HOSP ABINGTON PA 19001
LIPKIN MD, DAVID E IM
9 PINETREE PL FT WASHINGTON PA 19034
LITVIN MD, HENRY P
134 CARDINAL RD JENKINTOWN PA 19046
LONGAKER JR MD, GEO M FP
566 HIGH ST POTTSTOWN PA 19464
LORENZ MD, CARL E OPH
3033 SPRING MILL RD PLYMOUTH MTG PA 19462
LOUGHLIN MD, RICHARD R FP
8 PATRICIA LANE CHALFONT PA 18914
LUBOWITZ MD, RICHARD M DPH
1245 HIGHLAND AVE #405 ABINGTON PA 19001
LUNOY MD, BARBARA S PS
1533 OEKALB ST NORRISTOWN PA 19401
LUPIN MD, GORDON W FP
MAIN & OVERBROOK ROS HATFIELD PA 19440
LURIE MD, ABRAHAM A AN
328 STRATHMORE DR ROSEMONT PA 19010
LUTZ JR MD, ROLAND B FP
1128 OLD YORK RD ABINGTON PA 19001
LYNESS MD, SAML S NS
958 COUNTY LINE RD BRYN MAWR PA 19010
LYTEL MD, FREDERICK FP
117 E 4TH AVE CONSHOHOCKEN PA 19428
MACKEY JR MD, JAMES G FP
266 WENTWORTH RD WAYNE PA 19087
MACY MD, CHAS T IM
LANSDALE CLINIC LANSDALE PA 19446
MADDEN MD, JAMES J IM
S BROAD & ALLENTOWN RD LANSDALE PA 19446
MAERZ MD, JOHN C FP
301 SMITH RD SCHWENKSVILLE PA 19473
MAGARGLE MD, RONALD K ORS
21 W FORNANCE ST NORRISTOWN PA 19401
MAHOOD MD, WM H IM
1245 HIGHLAND AVE ST 30 ABINGTON PA 19001
MALLIN MD, RICHARD K FP
1405 JOEL DR AMBLER PA 19002
MALONEY MD, DONALD W IM
1245 HIGHLAND AVE #107 ABINGTON PA 19001
MAMBU MD, JOSEPH F FP
11 BERYL RD CHELTENHAM PA 19012
MANDLER MD, JOHN I U
1245 HIGHLAND AVE ABINGTON PA 19001
MANGONON MD, PETER C FP
1432 ARCH ST #B204 NORRISTOWN PA 19401
MANKO MD, MICHAEL A IM
LANKENAU HOSP PHILADELPHIA PA 19151
MANN MD, ARTHUR F FP
902 TEMPLE RD POTTSTOWN PA 19464
MANOLUKAS MD, PAUL A P
672 CRESTWOOD RD WAYNE PA 19087
MANZ MD, DONALD J PTH
HOLY REDEEMER HOSP MEADOWBROOK PA 19046
MAPOW MD, LARRY S PTH
25 HERITAGE RD MARLTON NJ 08053
MARCH MD, HERMAN C R
214 CEDAR RD ELKINS PARK PA 19117
MARFATIA MD, SUDHIR K IM
220 NEWTON RD WARMINSTER PA 18974
MARGARIDA MD, LEOPOLDO E R
1200 YORK RD ABINGTON PA 19001
MARON MD, JOHN J FP
336 SPRING ST ROYERSFORD PA 19468
MARSHALL MD, THOMAS E IM
1648 HUNTINGDON PIKE MEADOWBROOK PA 19046
MARTELLA JR MD, ARTHUR FP
233 S TROOPER RD NORRISTOWN PA 19401
MARTIN MD, MARTINA M IM
933 HAVERFORD RD BRYN MAWR PA 19010
MARX MD, MARVIN H U
325 SWEDE ST NORRISTOWN PA 19401
MASHOUF MD, BIJAN R
930 INDIAN CREEK WAY HORSHAM PA 19044
MASIELLO MD, SERAFINO R AN
1200 OLD YORK RD ABINGTON PA 19001
MATHEWS JR MD, NEILSON M OBG
115 BLOOMINGDALE AVE WAYNE PA 19087
MATTSON MD, RONALD J GS
62 OAKFORD RD WAYNE PA 19087
MAXWELL JR MD, ROBT A IM
1245 HIGHLAND AVE ABINGTON PA 19001
MAXWELL MD, EMILIE L PM
MONTGOMERY PLZ APT 208 AROMORE PA 19003

MAYER MD, BERNARD W AN
134 OLD GULPH RD GLADWYNE PA 19035
MAYER MD, DONALD F FP
255 N EASTON RD GLENSIDE PA 19038
MAYES MD, RICHARD L DBG
1401 DEKALB ST RM 203 NORRISTOWN PA 19401
MAZZOLA MD, ROBERT D IM
S BROAD ST & ALTWN RD LANSDALE PA 19446
MCCOY MD, GEORGIA A P
533 WHITEHALL RD NORRISTOWN PA 19401
MCELFRESH MD, CHAS W P
8RYN MAWR MED BLDG 8RYN MAWR PA 19010
MCGAVIC MD, JOHN S DPH
1104 MONTGOMERY AVE ROSEMONT PA 19010
MCGEE MD, ELIZABETH L P
640 N VALLEY FORGE RD DEVON PA 19333
MCGLUMPHY MD, THOS H DBG
1245 HIGHLAND AVE ABINGTON PA 19001
MCILHENNY MD, PAUL R P
1 MAPLE AVE HATBORO PA 19040
MCLOONE MD, JOHN C FP
316 W JOHNSON HIGHWAY NORRISTOWN PA 19401
MCNEAL MD, LYNNETTE H P
1128 WYNDON AVE ROSEMONT PA 19010
MCNICHOLAS MD, EDWARD M AN
932 NETHERWOOD DR NORRISTOWN PA 19403
MEADOWCROFT MD, JAMES A ORS
209 SHAWNEE RD ARDMORE PA 19003
MEIER MD, LOUIS A GS
3205 NOTTINGHAM RO NORRISTOWN PA 19403
MELTZER MD, DAVID FP
3058 MAGEE AVE PHILADELPHIA PA 19149
MENA MD, LILIA D P
174 WHITEHALL RD NORRISTOWN PA 19401
MENKOWITZ MD, BRUCE J ORS
21 W FORNANCE ST NORRISTOWN PA 19401
MENKOWITZ MD, ELLIOT ORS
892 BROOKSIDE RO POTTSTOWN PA 19464
MERVINE 3RD MD, CHAS K FP
1500 SANDY HILL RD NORRISTOWN PA 19401
MILLER 3RD MD, GEO W PRM
28 SCHOOL LANE ARDMORE PA 19003
MILLER JR MD, STANLEY J P
420 MEADOWBROOK AVE WAYNE PA 19087
MILLER MD, FRANK L FP
715 W MARSHALL ST NORRISTOWN PA 19401
MILLER MD, FRED H FP
378 VALLEY PARK SOUTH BETHLEHEM PA 18018
MILLER MD, LEON DBG
1245 HIGHLAND AVE ABINGTON PA 19001
MILLER MD, ROBT H P
NORRISTOWN ST HOSP NORRISTOWN PA 19401
MINARO MD, WM D OBG
LANSDALE CLINIC LANSDALE PA 19446
MINERVA MD, JUSTINO G AN
420 W BONNIE LN LANSDALE PA 19446
MINN MD, FREDRICK L FP
MCNEIL LABS FT WASHINGTON PA 19034
MIRAGLIA MD, PAUL R FP
528 FAYETTE ST CONSHOHOCKEN PA 19428
MOLLICK MD, JAMES A OBG
289 ADAMS RO KNG OF PRUSS PA 19406
MONTELLA MD, KAMALA US
2050 PINE RO HUNTINGDON VLY PA 19006
MORESCHI MD, PATRICIA R P
909 CROTON RO WAYNE PA 19087
MORGENSTERN MD, STEPHEN A P
0110 PRESIDENTIAL APT PHILADELPHIA PA 19131
MORRISON MD, ARCHIBALD FP
339 LOUELLA AVE WAYNE PA 19087
MOTLEY MD, JOHN F PD
1606 BOONE WAY LANSDALE PA 19446
MOURY MD, NELSON F IM
BUTLER&SKIPPACK STE 202 AMBLER PA 19002
MULCHIN MD, WM L U
REYNOLDS ARMY HOSPITAL FORT SILL OK 73503
MULL MD, THOS O AN
882 GOSHEN RD NEWTOWN SQ PA 19073
MURPHY MD, J THOMAS R
9 CRESTVIEW CIR WAYNE PA 19087
MURRAY MD, JOHN P FP
316 W JOHNSON HWY NORRISTOWN PA 19401
MYERS MD, MARTIN A R
7901 HENRY AVE B-209 PHILADELPHIA PA 19128
NABATI MD, ISMAIL GS
1461 ROSELAWN DRIVE BETHLEHEM PA 18017
NANSTEEL JR MD, JOHN F IM
260 IVEN AVE 28 ST DAVIDS PA 19087
NASSAU DO, HARVEY B FP
1920 EDGE HILL RD ABINGTON PA 19001
NATOLI MD, THOS J FP
1201 OE KALB ST NORRISTOWN PA 19401
NEALIS MD, HENRY J OPH
BRYN MAWR MED BLDG BRYN MAWR PA 19010
NEESE MD, PAUL H FP
17 DERWEN RO BALA-CYNWYD PA 19004
NELLBAORA MD, RDCIO E P
NORRISTOWN STATE HOSP NORRISTOWN PA 19401
NELSON JR MD, HARRY M GS
5100 MILITIA HILL RD PLYMOUTH MTG PA 19462
NEMZOFF MD, SOL L P
NOBLE PLAZA JENKINTOWN PA 19046
NEWHALL MD, DANIEL L FP
127 PENARTH RD BALA CYNWYD PA 19004
NEWMAN OO, HARRIS FP
1700 BUTLER PILLE #2-C CONSHOHOCKEN PA 19428
NEWMAN JR MO, CLYDE F DBG
301 LANCASTER AVE DEVON PA 19333
NEWMAN MO, JULIUS OTO
1455 CITY LINE AVE PHILADELPHIA PA 19151
NICHOLSON MO, JOS T IM
DEVON BLVD DEVON PA 19333
NICKLAS MO, DONALD A PTH
80-20 DREXELBROUK OR DREXEL HILL PA 19026
NJD MD, SOEN H FP
511 KANE DR MAPLE GLEN PA 19002

NOLAN MD, J PHILIP DBG
268 PEPPER RD BETHAYRES PA 19006
NORTH MO, LEON L P
BARCLAY BLDG BALA-CYNWYD PA 19004
NORTHROP MD, HERBERT L IM
STAUFFER CHEMICAL CO WESTPORT CT 06880
NOWACKI MD, STANLEY M PD
884 HIGH ST POTTSTOWN PA 19464
NULTY JR MD, WM E R
1415 SIDNEY CIRCLE GLADWYNE PA 19035
NUTT III MD, JAMES N ORS
313 MARLYN LANE WALLINGFORD DE 19086
OBRIEN MD, JAMES J IM
649 COUNTRY CLUB DR BLUE BELL PA 19422
OCAMPO MD, RENATO G GS
1537 BANCROFT DR WEST CHESTER PA 19380
OLIM MD, DAVE B D
1244 FT WASHINGTON AVE FT WASHINGTON PA 19034
OLIVERO MD, PETER A IM
394 PHEASANT RUN RD HARLEYSVILLE PA 19438
OLSON MD, EMIL W FP
1413 MARLYNS LN NORTH WALES PA 19454
OMALLEY MD, JOSEPH F IM
801 LOMBARDY DR LANSDALE PA 19446
ONEAL JR MD, ALEXANDER H FP
WESSEX HOUSE BOX 148 ST DAVIDS PA 19087
ONIFER MD, THEODORE M IM
YORK AND KEITH RDS ABINGTON PA 19001
ORTEGA MO, RAFAEL D FP
7B E JULIANA DR CHURCHVILLE PA 18966
OSBORN MD, HAYLER H R
916 WOOTTON RD BRYN MAWR PA 19010
OSKANIAN MO, OHANES U
136 HOLLY DR&VE LANSDALE PA 19446
OWEN MO, BARBARA J PTH
BRYN MAWR HOSP BRYN MAWR PA 19010
PALMER MD, LOUIS H GS
BRYN MAWR MED BLDG BRYN MAWR PA 19010
PANARO MD, RUDOLPH J PRM
543 GEN MUHLENBERG RO KNG OF PRUSS PA 19406
PANZER MD, HERMAN M O
CEDARBROOK III AP N25 WYNCOTE PA 19095
PAPPANO JR MO, JOSEPH E IM
BRYN MAWR MED BLDG BRYN MAWR PA 19010
PARK MD, MOON W GS
1420 ARCH ST C-311 NORRISTOWN PA 19401
PARKER MD, WM S GS
318 THORNBROOK AVE ROSEMONT PA 19010
PARSONS MD, ROBT B FP
608 HUNTINGDON PIKE PHILADELPHIA PA 19111
PATANKAR MD, KALPANA U PO
584 GEN MUHLENBERG RD KNG OF PRUSS PA 19406
PATEL MO, NATVARBHAI FP
1420 ARCH ST #C-201 NORRISTOWN PA 19401
PATHROFF MO, ROBT FP
193 EASTON RO HORSHAM PA 19044
PAUL MO, ALVIN J D
142 E MAIN ST LANSDALE PA 19446
PECHSTEIN MD, GEO R R
POTTSTOWN HOSP POTTSTOWN PA 19464
PEGEL MO, LOUIS A FP
1504 BETHLEHEM PIKE FLOURTOWN PA 19031
PEIKES MD, IRWIN L OBG
111 W FORNANCE ST NORRISTOWN PA 19401
PELTZ MD, OIETER E PD
8RYN MAWR MED BLDG BRYN MAWR PA 19010
PENDLETON MO, JAMES L P
815 FETTERS MILL BRYN ATHYN PA 19009
PENTZ MO, CLARENCE H OBG
100 PORTER RO POTTSTOWN PA 19464
PERCH MD, GERALD A U
844 BROOKSIDE RO POTTSTOWN PA 19464
PERCH MO, ROBT B U
1981 VIRGINIA LANE NORRISTOWN PA 19401
PETERSOHN MD, J RANDOLPH PO
1213 W MAIN ST NORRISTOWN PA 19401
PEZZI MD, PIO J GS
ABINGTON MEM HOSP #505 ABINGTON PA 19001
PFISTER MO, JOHN A IM
230 GLENMORE RO GLADWYNE PA 19035
PIERCE JR MD, HAROLD E O
LWR LVL 301 CITY LINE A BALA CYNWYD PA 19004
PINSKY MD, WM IM
118 HOLLY DR LANSDALE PA 19446
PIOTROWSKA MD, LUCY B AN
724 N CHARLOTTE ST POTTSTOWN PA 19464
PLUME MO, THEODORE W FP
3404 HUNTINGDON PIKE HUNTINGON VLY PA 19006
POLANSKY MO, JOHN B FP
352 EASTON RO GLENSIDE PA 19038
POLK MO, DAVID S PO
1330 MONTGOMERY AVE ROSEMONT PA 19010
POORMAN MD, S STURGIS FP
107 E MONTGOMERY AVE AROMORE PA 19003
POPIELARSKI MO, JOS T IM
509 DE KALB ST BRIDGEPORT PA 19405
POPOLOW MO, MICHAEL L IM
828 BROOKSIDE RD POTTSTOWN PA 19464
PORTER MO, ROLAND O OBG
90 EDGEWATER DR APT 100 CORAL GABLES FL 33133
POWELL MO, MARY M ORS
1721 MT PLEASANT RD VILLANOVA PA 19085
PRITT MD, PAULINE FP
1124 W AIRY ST NORRISTOWN PA 19401
PROCACCI MO, PASQUALE M IM
S BROAD ST & ALTWN RD LANSDALE PA 19446
PRUITT MO, JOHN O P
1137 OLD YORK RO ABINGTON PA 19001
QUILL MD, JOS R GS
19 W FORANCE ST NORRISTOWN PA 19401
QUINN JR MD, NORMAN J PO
1 REO ROWEN RO PLYMOUTH MTNG PA 19462
RAMSEY 2ND MO, WM H CRS
BRYN MAWR MED BLDG BRYN MAWR PA 19010
RAMSEY MD, FRANK M US
LAKESIDE OR MAYFIELD NY 12117

RANDALL IV MD, ALEXANDER PD
1174 HIGHLAND AVE ABINGTDN PA 19001
RANDALL MD, JDSEPHINE P PD
1174 HIGHLAND AVE ABINGTDN PA 19001
RANDD MD, MARY J PD
1372 EASTDN RD RDSLYN PA 19001
RAPHAEL MD, STEPHEN A PD
DAK HILL APTS W121 PENN VALLEY PA 19072
RAPDPDRT MD, ABRAHAM M FP
450 KENWDDD AVE OELMAR NY 12054
RAVEL MD, RDBT L DS
BRYN MAWR AVE BRYN MAWR PA 19010
RAWSDN MD, HELEN H PD
414 W MAIN ST LANSDALE PA 19446
RAYMDND JR MD, FRED D IM
933 HAVERFDRD RD BRYN MAWR PA 19010
REED MD, DAVID T FP
500 WILLDW AVE AMBLER PA 19002
REED MD, THEDDDRE P DBG
LANKENAU MED BLDG PHILADELPHIA PA 19151
REIDER MD, HORACE C IM
958 HAVERFDRD RD BRYN MAWR PA 19010
REINBDLD MD, RAYMDND L FP
968 TERRACE LANE PDTTSTDWN PA 19464
REISS JR MD, G RUSSELL PD
2220 MT CARMEL AVE GLENSIDE PA 1903B
REISS MD, RDSEMARIE C PD
1705 HILLCREST RD PHILADELPHIA PA 1911B
RELUZ MD, JAVIER S FP
MDNTGDMERY HDSP NDRRISTDWN PA 19401
RENZI MD, MARY A FP
116 FAIRVIEW RD NARBERTH PA 19072
REX MD, EUGENE B DTO
36 LANKENAU MED BLDG PHILADELPHIA PA 19151
RHDDE MD, MARVIN C GS
414 N BRDAD ST LANSDALE PA 19446
RICCIARELLI MD, GIACDMO GS
USAF HDSP LANGLEY TAC LANGLEY A F B VA 23665
RICH MD, DEAN C NS
958 CDUNTY LINE RD BRYN MAWR PA 19010
RICHMDND MD, SPENCER I DPH
1800 E HIGH ST PDTTSTDWN PA 19464
RIEMER MD, JDS T GS
21 W FDRNANCE ST NDRRISTDWN PA 19401
RITTER MD, BAIRD S P
B60 LANCASTER AVE BRYN MAWR PA 19010
RITTER MD, JDS G AN
534 N BRDAD ST LANSDALE PA 19446
RIVAS MD, AURELIANO U
933 CHARLDTTE ST PDTTSTDWN PA 19464
RDBINSDN MD, HAROLD J IM
MED BLDG-B64 CDUNTY LIN BRYN MAWR PA 19010
RDDGERS 3RD MD, WM H FP
1451 DEKALB ST NDRRISTDWN PA 19401
RDEDIGER MD, PAUL M IM
1244 RYDAL AVE RYDAL PA 19046
RDGERS MD, ALAN N FP
MEDFDRD LEAS MEDFDRD NJ 0B055
RDJER MD, CHAS L GS
1245 HIGHLAND AV ST 306 ABINGTDN PA 19001
RDNAN MD, RDBT B IM
505 DE KALB ST BRIDGEPDRT PA 19405
RDSAN DD, JAY R FP
11 K 310 MILL LA HDRSHAM PA 19044
RDSE MD, STEVEN A IM
859 DLD LANCASTER RD B BRYN MAWR PA 19010
RDSENBERG MD, MARK M DBG
1335 TABDR RD PHILADELPHIA PA 19141
RDSENBERG MD, PHILIP PD
YDRK & MAPLEWDDD AVE ABINGTDN PA 19001
RDSENFELD MD, HDWARD IM
890 BELFRY DRIVE CENTER SQ PA 19422
RDSENFELD MD, MYRDN E D
7900 DLD YDRK RD ST 111 JENKINTDWN PA 19046
RDSENFELD MD, PHILIP A DTD
1245 HIGHLAND AVE 502 ABINGTDN PA 19001
RDSENTHAL MD, RDNALD S U
STE 505 1245 HIGHLAND A ABINGTDN PA 19001
RDSNER MD, ALBERT FP
4242 CDTTMAN AVE PHILADELPHIA PA 19135
RDSS MD, MARTHA E R
NDRTH RENN HDSPITAL LANSDALE PA 19446
RDWLAND MD, HARDLD A IM
337 W LANCASTER AVE WAYNE PA 19087
RUBIN MD, JEFFRY F DRS
102 HARVEST CIR BALA CYNWYD PA 19004
RUBIN MD, NATHAN W DBG
1306 PDWELL ST NDRRISTDWN PA 19401
RUBIN MD, PETER E IM
100 CHURCH RD ARDMDRE PA 19003
RUDDELL MD, MILLARD A FP
5B57 PENN ST PHILADELPHIA PA 19149
RUDDLPH JR MD, SAML F OBG
BRYN MAWR MED BLDG BRYN MAWR PA 19010
RYAN MD, LAWRENCE W DBG
234 RIGHTERS MILL RD NARBERTH PA 19072
SABLDSKY MD, LESTER FP
1968 HEMLOCK RD NDRRISTDWN PA 19401
SABDKAR MD, NASSER IM
127 HDLLY DR LANSDALE PA 19446
SADDFF MD, RDBT L P
BENJ FDX PAVLN SUITE 32 JENKINTDWN PA 19046
SAFIR MD, DDNALD FP
ARDSLEY HDUSE GLENSIDE PA 1903B
SAHL MD, HENRY G FP
1408 MANDA RD PENN WYNNE PA 19151
SAIN MD, FLETCHER D GS
1200 W HAVEN BLVD RDCK MDNT NC 27801
SALINDDNG MD, JAIME P AN
CDVENTRYVILLE RD RD 2 PDTTSTDWN PA 19464
SANDSTRDM JR MD, FRANK T DBG
1245 HIGHLAND AVE 106 ABINGTDN PA 19001
SANDZEN JR MD, SIGURD C DRS
1137 YDRK RD ABINGTDN PA 19001
SANSDNE MD, THDMAS C U
211 BRYN MAWR MED BLDG BRYN MAWR PA 19010

SANTANGELD MD, SAML C DRS
1941 WDDDLAND RD ABINGTON PA 19001
SARIS MD, DEMETRIUS S GS
230 N BRDAD ST PHILADELPHIA PA 19102
SARKER MD, CHITTA R IM
NDRRISTDWN STATE HDSP NDRRISTDWN PA 19401
SARNI MD, CAESAR F GS
1133 HIGH ST PDTTSTDWN PA 19464
SCHERZINGER MD, FELIX A PD
104 HDLLY DR LANSDALE PA 19446
SCHINFELD MD, LDUIS H DBG
1335 W TABOR RD STE 201 PHILADELPHIA PA 19141
SCHMIDT MD, H WILLIAM PTH
37B ALLENDALE RD KNG DF PRUSS PA 19406
SCHMIDT MD, JAMES R PTH
417 HIGHLAND RD PDTTSTDWN PA 19464
SCHMUTZLER III MD, RDBT C GS
ABINGTDN-MEM HDSP ABINGTDN PA 19001
SCHNEIDER JR MD, HENRY C U
BENJ FDX PAVILIDN ST 31 JENKINTDWN PA 19046
SCHNEIDER MD, CHESTER L P
413B JACKSDN DR LAFAYETTE PA 19444
SCHDFIELD MD, RICHARD A PTH
PDTTSTDWN MED CTR PDTTSTDWN PA 19464
SCHDLL MD, HARVEY W FP
5TH & JEFFERSDN ST E GREENVL PA 18041
SCHREINER MD, HERMAN M GS
11 E MAIN ST LANSDALE PA 19446
SCHULTHEIS JR MD, CARL F PD
491 ALLENDALE RD KNG DF PRUSS PA 19046
SCHWARTZ MD, JDEL L P
830 TWINING RD DRESHER PA 19025
SCHWARTZ MD, LDUIS W DPH
1000 N BRDAD ST LANSDALE PA 19446
SCHWARTZ MD, RDBT R IM
1410 RUSSELL RD PADLI PA 19301
SEIDLER MD, ELEANDR E FP
MEDFDRD LEAS MEDFDRD NJ 0B055
SETD MD, HERBERT P GS
1236 HIGH ST PDTTSTDWN PA 19464
SEYOEL MD, EMILY M PD
1690 WELSH RD HUNTINGDDN VLY PA 19006
SHACKLEFDRD MD, RDBT W FP
652 GULPH RD WAYNE PA 190B7
SHADE MD, JACDB G FP
724 N CHARLDTTE ST PDTTSTDWN PA 19464
SHAFFER MD, FRANK W PD
PD BDX 992 MCSHEA HALL NDRRISTOWN PA 19401
SHAFFER MD, LIDNEL B FP
1000 WELSH RD AMBLER PA 19002
SHAW MD, JDHN L U
1245 HIGHLAND AVE #505 ABINGTDN PA 19001
SHELLY MD, W DAYTON GS
ABINGTDN MEM HDSP ABINGTDN PA 19001
SHERR MD, VIRGINIA T P
47 CRESCENT DR HDLLAND PA 18966
SHIELDS MD, JDHN J PD
YDRK-BRDDK RDS ABINGTDN PA 19001
SHIELDS MD, THDMAS J DBG
S BRDAD ST&ALLENTDWN RD LANSDALE PA 19446
SHIN MD, HYUNG R AN
1 RYAN PATH BRKSIDE MNR LANSDALE PA 19446
SHIPMAN MD, MARK W FP
HDLY REDEEMER HDSP MEADOWBRDOK PA 19046
SHISLER MD, FREDERICK H FP
LANSDALE CLINIC LANSDALE PA 19446
SHDRE MD, SIDNEY FP
1234 FILLMORE ST PHILADELPHIA PA 19124
SIEGEL MD, ALVIN DBG
4623 N BRDAD ST PHILADELPHIA PA 19140
SIEGFRIED MD, JDHN D PD
1 RED RDWEN LANE PLYMDUTH MTNG PA 19462
SILLARS MD, CHAS H R
GREEN VALLEY FARM GARDENVILLE PA 18926
SILVER MD, BARRY A DRS
635 N BRDAD ST LANSDALE PA 19446
SILVER MD, BRUCE G IM
1121 GREEN TREE LANE NARBERTH PA 19072
SILVER MD, LAURENCE M IM
ENG VLG APTS BLDG 10 C1 NDRTH WALES PA 19454
SILVERS MD, ABIGAIL A IM
933 HAVERFDRD RD BRYN MAWR PA 19010
SIMDES MD, ANTDNID J GS
401 BDNNIE LANE LANSDALE PA 19446
SINGER MD, BARRY L IM
1464 FT WASHINGTDN AVE AMBLER PA 19002
SINGH MD, SAWRAJ FP
HDLY REDEEMER HDSP HUNTINGDDN PK PA 19046
SKDWRDNSKI MD, THEDDORE J IM
ABINGTDN MEM HDSP ABINGTDN PA 19001
SMARR MD, ERWIN R P
936 CDUNTY LINE RD BRYN MAWR PA 19010
SMITH JR MD, MDRGAN T DBG
1245 HIGHLAND STE 504 ABINGTDN PA 19001
SMITH MD, IVAN S IM
543 OAK SHADE AVE ELKINS PARK PA 19117
SMITH MD, RDBT W IM
RYDAL AND CLEMENT RDS JENKINTDWN PA 19046
SMITH MD, RDGER M GS
1133 HIGH ST PDTTSTDWN PA 19464
SNEDDEN MD, HAL E DRS
26 S BRYN MAWR AVE BRYN MAWR PA 19010
SNYDER DD, ALLEN R IM
673 MEADDWBRDDK DR HUNTINGDDN VLY PA 19006
SNYDER MD, HARRY D DPH
1244 FT WASHINGTDN AVE FT WASHINGTN PA 19034
SDKDL MD, DDNALD Z DTD
1B00 E HIGH ST PDTTSTDWN PA 19464
SDNG MD, STEVEN S AN
MDNTGDMERY HDSP NDRRISTOWN PA 19401
SDUSER MD, RDSLYN C PS
BRYN MAWR MED BLDG BRYN MAWR PA 19010
SPECTDR MD, GUS U
709 MDURNING DDVE RD AUDUBDN PA 19407
SPIEGELMAN MD, JAY IM
DLD YDRK-TDWNSHIP LINE JENKINTDWN PA 19046

STAINBACK MD, WM C GS
BRYN MAWR MED BLDG BRYN MAWR PA 19010
STAPP MD, HARRIET L FP
312 KING ST PDTTSTDWN PA 19464
STEG MD, JDS P
491 ALLENDALE RD STE 10 KNG DF PRUSS PA 19406
STEIGERWALT MD, JDHN L PD
1509 MDNTGDMERY AVE RDSEMDNT PA 19010
STEINMEYER JR MD, HARRY H R
BRYN MAWR HDSP BRYN MAWR PA 19010
STEPANSKY MD, WM FP
580 MAIN ST TRAPPE CDLLEGEVILLE PA 19426
STEVENSDN MD, RICHARD D PD
540 MILL CREEK RD CHALFDNT PA 1B914
STEWART JR MD, WM G DRS
26 S BRYN MAWR AVE BRYN MAWR PA 19010
STEWART MD, DAVID A AN
420 SAUNDERS DR WAYNE PA 19087
STEWART MD, PATRICIA E FP
MCNEIL LAB CAMP HILL FT WASHINGTN PA 19034
STEWART MD, PAUL F GS
1245 HIGHLAND AVE ABINGTDN PA 19001
STEWART MD, RDBT C P
2290 FITZ-WATERTDWN RD WILLDW GRDVE PA 19090
STDNE MD, RDBT K P
716 HEMLDCK RD MEDIA PA 19063
STRUMIA MD, PAUL V PTH
1301 CDLTDN RD GLADWYNE PA 19035
STUBA MD, STELLA FP
1806 HARMDN RD CDNSHDHDCKEN PA 19428
STURGIS MD, SAML B FP
349 WISTER RD WYNNEWDDD PA 19096
SULLIVAN JR MD, HOWARD E IM
BRYN MAWR MED BLDG BRYN MAWR PA 19010
SUTLIFF MD, FREDERICK P DPH
BRYN MAWR MED BLDG 202 BRYN MAWR PA 19010
SWAN MD, THEDDDRE H FP
1902 LAMBERT RD JENKINTDWN PA 19046
SWETERLITSCH MD, PAUL R DRS
1245 HIGHLAND AVE STE30 ABINGTDN PA 19001
SYREK MD, SUSAN J IM
516 WEADLEY RD STRAFFDRD PA 190B7
TAHIR MD, SYED M GS
1430 DEKALB ST NDRRISTDWN PA 19401
TAIT MD, EDWIN C DPH
1324 W MAIN ST NDRRISTDWN PA 19401
TAMAKI MD, HITDSHI T PTH
1522 SANDY HILL RD NDRRISTDWN PA 19401
TAN MD, KEE T PTH
1993 HAWTHDRNE LA MATFIELD PA 19440
TANYDL MD, HASIB IM
441 GERMANTDWN PIKE LAFAYETTE HL PA 19444
TAUBEL MD, LDUIS E FP
1901 N ATLANTIC BLVD 16 FT LAUDERDALE FL 33305
TEEHAN MD, BRENDAN P IM
130 LANKENAU MED BLDG PHILADELPHIA PA 19151
THDMPSON MD, JAMES W U
960 CDUNTYLINE RD BRYN MAWR PA 19010
TINDALL MD, DDRDTHY D DPH
1930 RITTENHOUSE SQ PHILADELPHIA PA 19103
TDBIAS MD, GDRDDN L U
BRYN MAWR MED BLDG BRYN MAWR PA 19010
TDLSCIK MD, RICHARD Z AN
1002 LANSDALE AVE LANSDALE PA 19446
TDMPKINS MD, H ERNEST R
BDX 256 BUCK HL FLS PA 18323
TDRNETTA MD, FRANK J AN
1401 DAKLAND BLVD NDRRISTDWN PA 19401
TRDNCELLITI MD, A WAYNE IM
473 MARPLE RD BRDDMALL PA 19008
TRDNCELLITI MD, ALFRED E IM
1522 WYNNEWDDD RD ARDMDRE PA 19003
TRDNCELLITI MD, EDWARD A PD
936 CDUNTY LINE RD BRYN MAWR PA 19010
TRDNCELLITI MD, MANRICO A GS
1437 DE KALB ST NDRRISTDWN PA 19401
TRUSCDTT MD, WM R FP
LANSDALE CLINIC LANSDALE PA 19446
TSAI MD, YU J FP
903 WICK LN WDWCK APTS NDRRISTOWN PA 19403
TUCHINDA MD, KANCHANA V PD
900 W SPENCER ST 203 PHILADELPHIA PA 19141
UMAR MD, KENAN P
STATE HDSP NDRRISTDWN PA 19401
URBACH MD, FREDERICK D
3322 N BRDAD ST PHILADELPHIA PA 19140
URBAN MD, CLIFFDRD H PTH
SACRED HEART HOSP NDRRISTDWN PA 19401
URBANSKI MD, TIMDTHY E IM
500 WILLDW AVE AMBLER PA 19002
VAHEOI MD, HDUSHANG M IM
8210 PINE RD PHILADELPHIA PA 19111
VANDENNDDRT MD, GDRDDN NS
1245 HIGHLAND AVE ABINGTDN PA 19001
VANDERVEER MD, JDS B IM
106 BRYN MAWR MED BLDG BRYN MAWR PA 19010
VANSCDTT MD, EUGENE J D
3322 N BRDAD ST PHILADELPHIA PA 19140
VARE JR MD, VICTOR B ORS
130B DE KALB ST NDRRISTDWN PA 19401
VASSALDTTI-CDNRAD MD, MARGARET P
1000 VLY FDRGE CIR 1315 KNG DF PRUSS PA 19406
VELEZ-LDNDDND MD, RDDRIGD DBG
2401 PENNA AVE PHILADELPHIA PA 19130
VICK MD, EDWARD H PD
112 LANKENAU MED BLDG PHILADELPHIA PA 19151
VILLEGAS MD, ANTDNID C PTH
PDTTSTDWN MEM CTR PDTTSTDWN PA 19464
VDLLMER MD, EARL S IM
127 ROBERTS AVE GLENSIDE PA 1903B
VDSSENBERG MD, FRANS J IM
491 ALLENDALE RD KNG DF PRUSS PA 19406
WAGNER MD, TIBDR D DTD
723 EASTDN RD GLENSIDE PA 1903B
WALDMAN MD, ABRAHAM L US
1539 W MAIN ST NDRRISTDWN PA 19401

WALTEMYER JR MD, WM C GS
1520 HIGH ST PDTTSTDWN PA 19464
WALTZER MD, FREDERICK N DPH
YORK AND KEITH ROS ABINGTON PA 19001
WARNER MD, FRANCIS J P
SOMERSET APT BLDG FT WASHINGTON PA 19034
WARREN MD, KENNETH C U
960 COUNTY LINE RD BRYN MAWR PA 19010
WARREN MO, WM J PTH
RR 2 BOX 149 FURLONG PA 18925
WATSON JR MD, WM R FP
700 OLD LANCASTER ROAD BRYN MAWR PA 19010
WATSON MO, JAMES G FP
1405 POWELL ST NORRISTOWN PA 19401
WEBBER MD, CAROL P D8G
1538 DEKALB ST NORRISTOWN PA 19401
WEED MD, ALLEN S PD
1 RED ROWEN ROAD PLYMOUTH MTNG PA 19462
WEINER MD, HAROLD M R
2 HAWTHORNE CIRCLE LAFAYETTE HL PA 19444
WEINER MD, JEFFERY R FP
1400 YORK RD ABINGTON PA 19001
WEINSTOCK MD, JEROME L PD
304 LEVERING MILL RD BALA CYNWYD PA 19004
WEISS MD, GED H FP
3023 DEKALB BLVD NORRISTOWN PA 19403
WENDELL JR MD, JAMES I PD
758 HIGH ST PDTTSTOWN PA 19464
WENDELL MD, KATHLEEN K PD
758 HIGH ST PDTTSTOWN PA 19464
WENNERSTEN MD, JACK R FP
933 N CHARLOTTE ST PDTTSTOWN PA 19464
WERTHER MD, NORMAN M FP
1400 YORK RO ABINGTON PA 19001
WEST JR MD, CLIFTON F GS
LANKENAU MED BLDG ST 312 PHILADELPHIA PA 19151
WEST MD, MARION FP
5450 WISSAHICKON APT 506 PHILADELPHIA PA 19144
WEXLIN MD, DONALD J IM
600 LEWIS RD STE 113 KNG OF PRUSS PA 19406
WHITMAN MD, MARK A PD
1473 FT WASHINGTON AVE AMBLER PA 19002
WHITTAKER MO, RICHARD P DRS
1800-A EAST HIGH ST PDTTSTOWN PA 19464
WILCKE MD, HARRY W AN
110 BENDER RD HATBORO PA 19040
WILLIAMS MD, R HALLOCK P
629 MANCHESTER RD NORRISTOWN PA 19403
WILLIAMS MD, STEPHEN K FP
360 MAIN ST-TRAPPE COLLEGEVILLE PA 19426
WILLINGANZ MD, WALTER D GS
S BROAD ST & ALTON RD LANSDALE PA 19446
WILSON JR MD, ROBT N D8G
629 OLD GULPH RD BRYN MAWR PA 19010
WILSON MD, FREDERICK S IM
1338 JERICHO RD ABINGTON PA 19001
WILTON MD, EDWARD A FP
PENNHURST STATE SCH HOS SPRING CITY PA 19475
WINTER MD, FRED S R
PDTTSTOWN MEM MED CTR PDTTSTOWN PA 19464
WOLF MD, MELVYN A DPH
602 BETHLEHEM PIKE AMBLER PA 19002
WOOD MD, HOWARD P P
842 BUCK LANE HAVERFORD PA 19041
WOODRING MD, ALBERT J DTD
BRYN MAWR MED BLDG BRYN MAWR PA 19010
WOODRUFF JR MD, D STRATTON FP
BRYN MAWR HOSP BRYN MAWR PA 19010
WOODRUFF MD, FRIEDA W FP
121 PENNSWOOD RD BRYN MAWR PA 19010
WORTHAM JR MD, G FORREST FP
MCNEIL LABS INC FT WASHINGTON PA 19034
WORTHINGTON MD, JOHN J P
WILLOW GROVE HOSP WILLOW GROVE PA 19090
WRIGHT MD, THOS S P
1245 HIGHLAND AVE ABINGTON PA 19001
YANA MD, DAVID V PTH
7 KINGSWOOD ST RIVERWOODS ILL 60015
YANG MD, UN-TAEK AN
980 NATTON CT KNG OF PRUSS PA 19406
YANITY MD, EUGENE J P
247 MEETING HOUSE RD JENKINTOWN PA 19046
YOST MD, ROBT M FP
1244 FT WASHINGTON AVE FT WASHINGTON PA 19034
YUDIS MD, MELVIN IM
1231 YORK RD ABINGTON PA 19001
ZELLEY MD, LEE S D8G
1630 E HIGH ST PDTTSTOWN PA 19464
ZEMLIN MD, RICHARD D US
717 WOODSIDE RD RYDALE PA 19046
ZIMMERMAN MD, LAMAR T FP
762 HIGH ST PDTTSTOWN PA 19464
ZIMMERMANN MD, ALBERT W DPH
ONE PLYMOUTH MTG 505 PLYMOUTH MTG PA 19462
ZOSA MD, ANGELO M P
300 BRENT RD WYNCOTE PA 19095
ZUCKER MD, ELI W FP
444 N YORK RD HATBORO PA 19040
ZUKOSKI MD, JOS T FP
216 BEECH ST PDTTSTOWN PA 19464

Montour County

AGUILA JR MO, DEMETRID J PM
GEISINGER MED CTR DANVILLE PA 17821
ALBERTINI MD, ROBT E IM
GEISINGER MED CTR DANVILLE PA 17821
ALLEN MD, JOHN L P
DANVILLE ST HOSP DANVILLE PA 17821
ANGUS MD, LESLIE R P
BOX 219 DANVILLE PA 17821
BARAKAT MD, ADEL R DRS
GEISINGER MED CENTER DANVILLE PA 17821
BATES MD, JAMES S D8G
GEISINGER MED CTR DANVILLE PA 17821
BAXTER MD, JOHN A R
13 OAK STREET DANVILLE PA 17821
BEILER MO, DAVID D R
GEISINGER MED CTR DANVILLE PA 17821
BERNATH JR MD, ALBERT M IM
GEISINGER MED CTR DANVILLE PA 17821
BHATIA MO, SHYAMSUNDER O
GEISINGER MED CENTER DANVILLE PA 17821
BHOTIWIHOK MD, PREECHA AN
GEISINGER MED CTR DANVILLE PA 17821
BLODGETT JR MD, RANDOLPH C IM
GEISINGER MED CENTER DANVILLE PA 17821
BOWES MD, DONALD E TS
RD 1 BOX 232-B DANVILLE PA 17821
BRAZINA MO, BRUCE D IM
GEISINGER MED CTR DANVILLE PA 17821
BREEN MD, PHILIP C GS
GEISINGER MED CTR DANVILLE PA 17821
BRILL MD, DAVID R R
GEISINGER MED CTR DANVILLE PA 17821
BROWN MD, FREDERICK G IM
215 GEARHART ST RIVERSIDE PA 17868
BROWN MD, HAROLD E U
GEISINGER MED CENTER DANVILLE PA 17821
BROWNELLER MD, ELLSWORTH R US
GEISINGER MED CTR DANVILLE PA 17821
BUCHERT MD, WALTER I U
GEISINGER MED CTR DANVILLE PA 17821
BURNS MD, J ROBERT IM
GEISINGER CLINIC DANVILLE PA 17821
CADMAN MO, THOS E PD
GEISINGER MEDICAL CENTE DANVILLE PA 17821
CAHILL MD, THOS J IM
GEISINGER MED CTR DANVILLE PA 17821
CANILANG MD, ENRIQUE P PM
GEISINGER MED CTR DANVILLE PA 17821
CERA JR MD, PETER J PTH
GEISINGER MED CENTER DANVILLE PA 17821
CHAPMAN MD, JOHN H IM
GEISINGER MED CTR DANVILLE PA 17821
CLEMENS MD, THOMAS M IM
113 W MARKET ST DANVILLE PA 17821
COHN MD, GERALD H N
GEISINGER MED CENTER DANVILLE PA 17821
COLE MD, JAMES M DTD
GEISINGER MED CTR DANVILLE PA 17821
COLLINS JR MD, JAMES A IM
GEISINGER MED CTR DANVILLE PA 17821
CURRY JR MD, WM D FP
101 W MARKET ST DANVILLE PA 17821
CURTIS MD, JAMES L DPH
GEISINGER MED CENTER DANVILLE PA 17821
DAVISON MD, FRANCIS W DTD
GEISINGER MED CENTER DANVILLE PA 17821
DEBARTOLO JR MD, HANSEL M DTD
GEISINGER MED CTR DANVILLE PA 17821
DENNEHY MD, JOHN J IM
GEISINGER MED CTR DANVILLE PA 17821
DIAZ MD, RENATO T FP
GMC DEPT OF FAMILY MED DANVILLE PA 17821
DICKEY MO, ROBT F D
GEISINGER MED CTR DANVILLE PA 17821
EISLER MD, ROBERT L P
GEISINGER MED CENTER DANVILLE PA 17821
EKBERG MD, NORMAN L IM
GEISINGER MED CTR DANVILLE PA 17821
EYERLY MD, ROBT C GS
GEISINGER MED CTR DANVILLE PA 17821
FAVINO MD, C JAMES PTH
GEISINGER MED CENTER DANVILLE PA 17821
FAZEKAS MD, JOHN T R
RD 4 BOX 409 DANVILLE PA 17821
FOLK MO, ROBERT L IM
RD 5 BOX 369 DANVILLE PA 17821
FOWLE MD, LESTER P US
124E VIA ESTRADA LAGUNA BCH CA 92653
FUNKHOUSER MD, GED R R
GEISINGER MED CTR DANVILLE PA 17821
GARBES MD, ARCHIMEDES D PTH
GEISINGER MED CTR DANVILLE PA 17821
GARRETT MD, JOHN C AN
RED LANE RD 4 DANVILLE PA 17821
GATSKI MO, ROBT L P
DANVILLE STATE HOSP DANVILLE PA 17821
GHOSH MD, TARIT K D8G
GEISINGER MED CENTER DANVILLE PA 17821
GIBSON MD, WM S DTD
GEISINGER MEDICAL CENTE DANVILLE PA 17821
GORDNER JR MD, JESSE W FP
410 FERRY ST DANVILLE PA 17821
GRAMMES MD, CHAS F IM
GEISINGER MED CTR DANVILLE PA 17821
GREENFIELD MD, LAWRENCE S IM
GEISINGER MED CTR DANVILLE PA 17821
GREENWOOD MD, STEVEN M PTH
GEISINGER MED CENTER DANVILLE PA 17821
HARTMAN MO, CRAIG W IM
GEISINGER MED CTR DANVILLE PA 17821
HEATH MD, ROBT D DRS
GEISINGER MED CTR DANVILLE PA 17821
HESSACHER MD, EDWIN N O
11 W MARKET ST DANVILLE PA 17821
HESS MO, JEFFREY B DPH
GEISINGER MED CTR DANVILLE PA 17821
HEYDT MD, STUART GS
GEISINGER MED CTR DANVILLE PA 17821
HINKLE DO, RICHARD S D8G
GEISINGER MED CTR DANVILLE PA 17821
HOOD MD, HENRY L NS
GEISINGER MED CTR DANVILLE PA 17821
HOUSTON MD, JOHN B AN
GEISINGER MED CTR DANVILLE PA 17821
HUNT MO, WM D8G
GEISINGER MED CTR DANVILLE PA 17821
IOBST MD, JOSEPH I FP
115 W MARKET ST DANVILLE PA 17821
JEFFREYS MO, WM H N
RD 6 DANVILLE PA 17821
JOHNSTON MO, DOROTHY P
407 MAUCH CHUNK ST POTTSVILLE PA 17901
JONAS MD, JAROSLAV G DRS
V A HOSPITAL OTEEN NC 28805
JONES JR MO, FREDERICK L IM
GEISINGER MEDICAL CENTE DANVILLE PA 17821
KANE MD, ROBERT C IM
GEISINGER MED CTR DANVILLE PA 17821
KAPLAN MO, SHELDON J DPH
GEISINGER MED CTR DANVILLE PA 17821
KIERSZENBAUM MD, HUGO B P
801 AVE D RIVERSIDE PA 17868
KIMBER MD, WM J IM
GEISINGER MEDICAL CENTE DANVILLE PA 17821
KLINGER MD, HARRY M GS
GEISINGER MED CTR DANVILLE PA 17821
KOUGH MD, ROBT H IM
GEISINGER MED CTR DANVILLE PA 17821
KWITEROVICH MD, PETER D P
202 FERRY ST DANVILLE PA 17821
LAUBACH JR MD, CHAS A IM
GEISINGER MED CTR DANVILLE PA 17821
LEE MD, CHONG K AN
GEISINGER MED CTR DANVILLE PA 17821
LEE MD, MARTIN L IM
GEISINGER MED CTR DANVILLE PA 17821
LEIPOLD MO, ROBT W FP
R D 4 DANVILLE PA 17821
LITTLE MD, HARRY P
GEISINGER MED CENTER DANVILLE PA 17821
LOPEZ MD, UBALDO P P
DANVLLE STATE HSP BX 12 DANVILLE PA 17821
MAKARY MD, ADEL Z IM
GEISINGER MED CENTER DANVILLE PA 17821
MALHOTRA MD, RAJESHWAR P D8G
254 LIBERTY ST DANVILLE PA 17821
MARTIN MD, THOS J PD
102 E MARKET ST DANVILLE PA 17821
MCCORMICK MD, JOHN V IM
GEISINGER MEDICAL CTR DANVILLE PA 17821
MENAPACE JR MD, FRANCIS J IM
GEISINGER MED CTR DANVILLE PA 17821
MEYER MD, PAUL G NS
GEISINGER MED CTR DANVILLE PA 17821
MILLER MD, OLIVER F D
GEISINGER MED CTR DANVILLE PA 17821
MOLL JR MD, FRANCIS K DRS
130 W MARKET ST DANVILLE PA 17821
MORAN MD, JOHN J PTH
GEISINGER MED CENTER DANVILLE PA 17821
MORRISON MD, SAML S PD
GEISINGER MED CTR DANVILLE PA 17821
NICHOLLS MD, EDITH E FP
PO BOX 790 GAINESVILLE FL 32602
ORAM MD, ALAN J OPH
R D 5 DANVILLE PA 17821
OROURKE MD, TERENCE L R
209 W MARKET ST DANVILLE PA 17821
PACURARIU MD, RADU I DPH
GEISINGER MED CTR DANVILLE PA 17821
PHARR MD, WILLIAM F GS
GEISINGER MED CENTER DANVILLE PA 17821
PYTKO MD, VALENTINE F IM
GEISINGER MED CTR DANVILLE PA 17821
QUICKEL JR MD, KENNETH E IM
GEISINGER MED CTR DANVILLE PA 17821
REAMS MD, CARL L DTD
GEISINGER MED CENTER DANVILLE PA 17821
RODGERS MD, ROGER W IM
P O BOX 37 PLAINVILLE IN 47568
RODDE MD, PHILIP J PD
23 OAK ST DANVILLE PA 17821
ROSE MD, JOHN F U
GEISINGER MED CTR DANVILLE PA 17821
ROYER MD, THOMAS C GS
112 W MARKET ST DANVILLE PA 17821
SABOL MD, LOUISE J US
FROSTY HILLS DR RD 4 DANVILLE PA 17821
SANTINI MD, LEWIS C R
GEISINGER MED CTR DANVILLE PA 17821
SCHULLER MD, DIANE E PD
GEISINGER MED CENTER DANVILLE PA 17821
SHAH MD, NARAYAN IM
GEISINGER MED CTR DANVILLE PA 17821
SIMMONS MD, MARY ANNE US
GEISINGER MED CTR DANVILLE PA 17821
SLOCUM MD, HAROLD E FP
ONE DELWOOD DR DANVILLE PA 17821
SNOVER MD, SETH W IM
GEISINGER MED CTR DANVILLE PA 17821
SPAHR MD, ROBERT C PD
GEISINGER MED CENTER DANVILLE PA 17821
SPANGLER MD, JOHN G PD
GEISINGER MED CTR DANVILLE PA 17821
SPILSBURY MD, PAUL R N
GEISINGER MED CTR DANVILLE PA 17821
STAMEY MD, HARRY C P
RD 4 DANVILLE PA 17821
TUREL MD, ANTHONY P N
GEISINGER MED CENTER DANVILLE PA 17821
VARANO MD, VINCENT J IM
GEISINGER MED CTR DANVILLE PA 17821
VIOZZI MD, FRANCIS J IM
GEISINGER MED CENTER DANVILLE PA 17821
VRABEC MD, DONALD P DTD
GEISINGER MED CTR DANVILLE PA 17821
WEADER MO, JOS A PD
1415 HARDING AVENUE WILLIAMSPORT PA 17701
WILKINSON MD, DAVID M R
GEISINGER MED CTR DANVILLE PA 17821

WILLIAMS MD, JOHN L R
GEISINGER MED CTR DANVILLE PA 17821
WOLFGANG MO, GARY L ORS
GEISINGER MED CENTER DANVILLE PA 17821
ZIMMER MD, CYNTHIA S FP
R D 4 REO LANE DANVILLE PA 17821
ZIMMER MO, FREDERICK E IM
GEISINGER MEDICAL CENTE DANVILLE PA 17821

Northampton County

ABAD MD, RAUL M NS
21ST & LEHIGH STE 212 EASTON PA 18042
AKSU MD, AHMET AN
1605 LOIS LN BETHLEHEM PA 18018
ANDERSON MO, JOHN R U
800 OSTRUM ST STE 101 BETHLEHEM PA 18015
APFELBAUM MO, JAY H AN
ST LUKES HOSPITAL BETHLEHEM PA 18015
AUCH MO, ELLA M FP
341 CRESENT DR EASTON PA 18042
BALSHI MO, STEPHEN F OTO
1509 EASTON AVE BETHLEHEM PA 18017
BARCKLEY MO, THOMAS W OBG
601 MENENOEZ ST VENICE FL 33595
BARR MO, GAVIN C IM
35 E ELIZABETH AVE BETHLEHEM PA 18018
BARRETT MD, GEO S U
2001 FAIRVIEW AVE EASTON PA 18042
BARTOLET MO, TERRY L ORS
315 SOUTH 21ST ST EASTON PA 18042
BARTOS MO, JOS E FP
933 LINDEN ST BETHLEHEM PA 18018
BEALER MO, JOHN O PRM
BETHLEHEM STEEL CORP BETHLEHEM PA 18016
BECKER MO, MARTIN S OBG
123 S 22ND ST EASTON PA 18042
BEER MD, LOUIS FP
324 W BROAD ST BETHLEHEM PA 18018
BENZ MO, EDWARD J PTH
19 E ELIZABETH AVE BETHLEHEM PA 18018
BERGER MD, JAY B IM
1371 ARMSTRONG RD BETHLEHEM PA 18017
BERGER MD, MELVIN M OBG
35 E ELIZABETH AVE BETHLEHEM PA 18018
BIRO JR MO, FRANK OBG
910 LINDEN ST BETHLEHEM PA 18018
BISSET JR MD, JAMES F OBG
301 S 22ND ST EASTON PA 18042
BOONSWANG MO, PRICHA GS
2101 WASHINGTON BLVD EASTON PA 18042
BRACKBILL MO, JAMES E FP
28 S 1ST ST BANGOR PA 18013
BRAU MO, JOS M FP
1725 NORTHAMPTON ST EASTON PA 18042
BRENNEMAN MO, RICHARD E AN
2522 NINTH ST BETHLEHEM PA 18017
BROWN MO, SHELIA AN
347 VALLEY PARK S BETHLEHEM PA 18018
BRUMBAUGH MO, ELMER R FP
306 W MAIN ST PEN ARGYL PA 18072
BUDURA MD, PAUL FP
801 W BROAD ST BETHLEHEM PA 18018
BURGER MO, THEODORE P FP
2431 EASTON AVE BETHLEHEM PA 18017
BURKLEY 3RD MO, LOUIS F OBG
301 S 22ND ST EASTON PA 18042
BURKLEY MO, LOUIS F OBG
452 BERWICK ST EASTON PA 18042
BYRNE MO, JAMES E OS
65 E ELIZABETH AVE #215 BETHLEHEM PA 18018
CAPOBIANCO MO, FRANK M FP
4705 HENRY ST EASTON PA 18042
CASSELBERRY MD, E JOSEPHINE PO
920 PROSPECT AVE BETHLEHEM PA 18018
CAVALLARO MD, SALVATORE E GS
2529 NORTHAMPTON ST EASTON PA 18042
CHAFFIER OD, MICHAEL J FP
3833 LINDEN ST BETHLEHEM PA 18017
CHARNOCK MO, MAURICE P US
225 GATEWOOD CIR ATHENS GA 30601
CLARKE MO, FREDERICK T IM
1346 NORTHAMPTON ST EASTON PA 18042
COCHRAN MO, JAMES F OPH
22ND AND FAIRVIEW EASTON PA 18042
COHEN MO, MERTON E PO
2025 FAIRVIEW AVE EASTON PA 18042
COLASANTE MO, ANTHONY D OBG
1404 FAIRMOUNT ST BETHLEHEM PA 18017
COLE MD, JACK E FP
65 E ELIZABETH AVE BETHLEHEM PA 18018
COLEMAN MO, DONALD K N
1225 S OCEAN BLVD DELRAY BEACH FL 33444
COLLINS MD, HAYDN B P
1921 WASHINGTON BLVD EASTON PA 18042
CORPUS JR MO, EDUARDO T GS
2149 GATEWAY TERRACE EASTON PA 18042
COSTANZA MO, AGATHA H PO
19 N 14TH ST EASTON PA 18042
CURRY MO, JOS L R
79 GORDON OR EASTON PA 18042
DAGOSTINO, FRANK J IM
100 S GREENWOOD AVE EASTON PA 18042
DEIBERT MO, EDWARD B FP
1406 MAIN ST HELLERTOWN PA 18055
DEILY MO, RAYMOND E FP
942 SEVENTH AVE BETHLEHEM PA 18018
DEMARCO MO, SALVATORE G FP
344 BUSHKILL ST EASTON PA 18042
DEOL MO, JASBIR S GS
2209 LEHIGH ST EASTON PA 18042
DERASSE MD, ALAIN R IM
4001 FREEMANSBURG AVE EASTON PA 18042
DIETRICH MD, WARREN C OTD
701 WEST UNION BLVD BETHLEHEM PA 18018
DISALVO MD, EUGENE I ORS
2005 FAIRVIEW AVE EASTON PA 18042
DOBOSH MD, GED A IM
1622 W BROAD ST BETHLEHEM PA 18018
DONAGHUE MD, GED L IM
35 E ELIZABETH AVE BETHLEHEM PA 18018
DONEKER MO, THOS G AN
35 E ELIZABETH 24A BETHLEHEM PA 18018
DREHER MO, ROBT H FP
12 E W ST PO BOX 97 WIND GAP PA 18091
DUANE MD, THOS D DPH
BEDMINSTER PA 18910
DY MD, VICTOR C GS
EASTON HOSPITAL EASTON PA 18042
EATON MD, DAVID A NS
800 OSTRUM ST BETHLEHEM PA 18015
ECHENBERG MO, ROBT J OBG
800 OSTRUM ST BETHLEHEM PA 18015
EICHLER MO, GEO R ORS
35 E ELIZABETH AVE BETHLEHEM PA 18018
ELDER MO, ELOON G FP
1440 WASHINGTON ST EASTON PA 18042
ELLIOTT MO, CONSTANTINE O P
2200 HAMILTON ST STE 30 ALLENTOWN PA 18104
ELZENEINY MO, ISMAIL H OPH
522 DELAWARE AVE BETHLEHEM PA 18018
EMERY MO, ROBERT C IM
2003 FAIRVIEW AVE EASTON PA 18042
EPISCOPIO MO, JOSEPH V IM
400 BRIOLE PATH RD #8 BETHLEHEM PA 18017
ERWIN MD, HENRY K OPH
555 SPRING ST #401 BETHLEHEM PA 18018
ESPINOSA MD, MANUEL H GS
2101 WASHINGTON BLVD EASTON PA 18042
FARACE MO, JOS L FP
4TH ST AND PA AVE BANGOR PA 18013
FAVAZZA MO, FRANK W P
410 WEDGEWOOD DR EASTON PA 18042
FEINBERG MD, DAVID H IM
2100 LEIHIGH EASTON PA 18042
FILIPEK MO, WALTER J FP
737 EASTON RD HELLERTOWN PA 18055
FISHER JR MO, JOS W PTH
19 E ELIZABETH AVE BETHLEHEM PA 18018
FISHER MO, LUTHER I IM
251 CHEROKEE ST BETHLEHEM PA 18015
FLOR MO, FRANK S OBG
35 E ELIZABETH AVE BETHLEHEM PA 18018
FOLLMER MO, OON C FP
1245 BEVERLY AVE BETHLEHEM PA 18018
FRAUNFELDER MD, JOHN A FP
141 S BROAD ST NAZARETH PA 18064
FRIEDMAN MD, JERALD N GS
1725 NORTHAMPTON ST EASTON PA 18042
FRIEDMAN MO, LEON GS
1725 NORTHAMPTON ST EASTON PA 18042
GABOR MD, A STEPHEN IM
1306 W MARKET ST BETHLEHEM PA 18018
GAUDIS MO, WILLIAM F U
800 OSTRUM ST STE 101 BETHLEHEM PA 18015
GAULIN MO, J CLAUDE PTH
324 PIERCE ST EASTON PA 18042
GAYOOS MD, THOS L OBG
800 OSTRUM ST BETHLEHEM PA 18015
GHATAK MO, PARIMAL K IM
20 E CENTER ST WIND GAP PA 18091
GIAMBER MO, SAMUEL R IM
ST LUKES HOSP BETHLEHEM PA 18015
GOEBEL JR MD, HENRY IM
230 W BROAD ST BETHLEHEM PA 18018
GOSZTONYI JR MD, RUDOLPH E FP
TENNECO CHEMICALS INC SADDLE BROOK N J 07662
GOZUM MD, CARMEN Z PO
953 CUMBERLAND ST BETHLEHEM PA 18017
GREENWOOD MD, GEO R GS
35 E ELIZABETH AVE BETHLEHEM PA 18018
GRESS MO, FRANCIS A PD
35 E ELIZABETH AVE BETHLEHEM PA 18018
GROVE JR MO, DALE A FP
1545 BROADWAY BETHLEHEM PA 18015
GULICK MD, THOMAS H U
2001 FAIRVIEW AVE EASTON PA 18042
GUZMAN MO, JOSE G FP
1203 OALEHURST OR BETHLEHEM PA 18018
HAGGERTY MO, SALLY M PO
1724 CLOVERLEAF ST E BETHLEHEM PA 18017
HAHN MD, KARL W IM
521 LINDEN ST BETHLEHEM PA 18018
HAIN MO, HOWARD L PRM
BETHLEHEM STEEL CORP BETHLEHEM PA 18018
HAMPSEY MD, JOHN A GS
800 OSTRUM ST BETHLEHEM PA 18018
HANCE MO, BURTIS M US
201 VISTA DRIVE EASTON PA 18042
HANISEK MD, WM F IM
2061 FAIRVIEW AVE EASTON PA 18042
HARAOA MD, WM A PTH
EASTON HOSP-PATH OIV EASTON PA 18042
HARE MO, JEFFREY D PRM
1139 LYNNHURST CR BETHLEHEM PA 18017
HARLAN MO, WM K IM
31 S 17TH EASTON PA 18042
HARPER MD, JAMES G U
2001 FAIRVIEW AVE EASTON PA 18042
HEIMBACH MD, GEO Z R
1401 N 40TH ST ALLENTOWN PA 18104
HELLER MO, HENRY K FP
1102 N MAIN ST BETHLEHEM PA 18018
HEMMERLY MO, WM C FP
1900 EASTON AVE BETHLEHEM PA 18017
HERMAN MO, ROMAN K TS
533 6TH AVE BETHLEHEM PA 18018
HESS MO, FLOYD M FP
26 S FIRST ST BANGOR PA 18013
HOBART MD, JOHN H U
2001 FAIRVIEW AVE EASTON PA 18042
HOCH MO, JOHN J FP
50 GREEN ST NAZARETH PA 18064
HOFFMAN MD, GILBERT M IM
401 SPRING ST BETHLEHEM PA 18018
HOFFMAN MO, JOHN E IM
766 BARRYMORE LANE BETHLEHEM PA 18017
HOOVER MD, LADO E IM
R D 2 OOYLESTOWN PA 18901
HOWE MD, J DALE ORS
3145 REOLAWN OR BETHLEHEM PA 18017
HUNSICKER MD, ROBT C DTD
1509 EASTON AVE BETHLEHEM PA 18017
IOBST MD, CHAS W P
510 DELAWARE AVE BETHLEHEM PA 18015
JACOBIUS MD, HENRY F OPH
21ST ST-FAIRVIEW AVE EASTON PA 18042
JOHNSON MO, RDLF E ORS
315 S 21ST ST EASTON PA 18042
JOHNSON MO, WM G R
EASTON HOSP EASTON PA 18042
JOSEPH MD, GEO M IM
2 BRENTWOOD EASTON PA 18042
KANOULA MO, RAVINORA R FP
612 E MASADA RO BETHLEHEM PA 18017
KASPAR MO, ALBERT J IM
2003 FAIRVIEW AVE EASTON PA 18042
KAUFMANN MO, BRUCE M OBG
800 OSTRUM ST BETHLEHEM PA 18015
KESSLER MO, FRANK J FP
32 S BROAD ST NAZARETH PA 18064
KIEFFER MO, JESSE FP
246 BUSHKILL ST EASTON PA 18042
KIEHL MO, PAUL V GS
14303 CITATION SAN ANTONIO TX 78248
KIM MO, ODO T AN
EASTON HOSP EASTON PA 18042
KIM MO, IH C PO
6 IVY COURT EASTON PA 18042
KINCOV MO, JACOB IM
243 SPRING GARDEN ST EASTON PA 18042
KNOLL MO, GEO M O
STAR ROUTE BOX 174 TAFTON PA 18464
KORHAMMER MO, ALAN F OBG
301 S 22ND ST EASTON PA 18042
KOVAR MO, CHAS E OBG
123 S 22ND ST EASTON PA 18042
KRAUSZ MO, KATHRYN J IM
940 W LAFAYETTE ST EASTON PA 18042
KRIEGER MO, HARRY L FP
1856 FERRY ST EASTON PA 18042
KUBEK MO, JOHN A FP
1938 MARKHAM ORIVE BETHLEHEM PA 18017
KUNG MD, LUKE C IM
2632 NAZARETH RD EASTON PA 18042
KUTY MO, EUGENE J FP
422 WYANODTTE ST BETHLEHEM PA 18015
LAUB MD, IRENE F IM
64 N 4TH ST EASTON PA 18042
LAUBACH MO, GED B FP
1846 FREEMANSBURG AVE EASTON PA 18042
LEAVITT MO, HERBERT M O
2061 FAIRVIEW AVE EASTON PA 18042
LEE MO, CHONG S OBG
ST LUKES HOSP BETHLEHEM PA 18015
LEE MO, HUI C PD
1841 WASHINGTON BLVD EASTON PA 18042
LEE MO, RICHARD G AN
921 N 32ND ST ALLENTOWN PA 18104
LEE MO, SANG T OTD
2100 LEHIGH ST EASTON PA 18042
LENTZ MO, CONRAD L O
35 E ELIZABETH AVE BETHLEHEM PA 18018
LESSE MD, S MICHAEL P
STEVENS & JEWEL STS EASTON PA 18042
LIBERTA MO, THOS R IM
25 N 16TH ST EASTON PA 18042
LIGHT MO, HARRY G GS
65 E ELIZABETH AVE BETHLEHEM PA 18018
LIN MO, PEI S OTO
EASTON HOSP EASTON PA 18042
LOW MO, THOS H OPH
BOX 101 PORTLAND ONT CANADA
LUKASZCZYK MD, THOS A PTH
19 E ELIZABETH AVE BETHLEHEM PA 18018
LYCHAK MO, JOHN C P
35 E ELIZABETH AVE BETHLEHEM PA 18018
MAGNANT MO, HENRY A AN
900 COTTONWOOD ST MORGANTOWN WV 26505
MAHAJAN MO, SHYAMSUNDAR S FP
290 VALLEY PARK SO BETHLEHEM PA 18018
MAHON MO, JOHN K N
800 OSTRUM ST BETHLEHEM PA 18015
MAISEL MO, WILFRED AN
ANES OEPT EASTON HOSP EASTON PA 18042
MAISH JR MD, GEORGE D GS
35 E ELIZABETH AVE BETHLEHEM PA 18018
MAKHOMI MD, ABDUL R IM
2100 LEHIGH ST EASTON PA 18042
MARGIE JR MO, WALTER E IM
35 E ELIZABETH AVE BETHLEHEM PA 18018
MARHEFKA JR MD, JOS C OTO
21ST AND FAIRVIEW AVE EASTON PA 18042
MATUS MO, NANCY R O
425 OOGWOOD TERRACE EASTON PA 18042
MCANDREW MO, FRANCIS J FP
24 W 4TH ST BETHLEHEM PA 18015
MCCOY JR MO, GEORGE W FP
3103 FARMBOROUGH CT SILVER SPRING MO 20906
MCCOY MO, ROBT L N
800 OSTRUM ST BETHLEHEM PA 18015
MCMAHON JR MD, JOSEPH F ORS
2005 FAIRVIEW AVE EASTON PA 18042

MCNEAL MO, ELIZABETH H IM
835 PAXINOSA AVE EASTON PA 18042
MEROLA MO, JOS C O8G
1164 GASPAR AVE BETHLEHEM PA 18017
MILES DO, G BRUCE FP
1901 FAIRVIEW AVE EASTON PA 18042
MILLER MO, WARREN A FP
1220 BROADWAY BETHLEHEM PA 18015
MIRBACH MO, SIONEY H FP
65 E ELIZABETH AVE BETHLEHEM PA 18018
MORGAN MO, RUSSELL E GS
820 N BISHOPTHORPE ST BETHLEHEM PA 18015
MORGAN MO, WM F P
35 E ELIZABETH AVE BETHLEHEM PA 18018
MOYER MO, GLENN E OPH
1148 MEADOWBROOK C W ALLENTOWN PA 18103
MUNSON MO, FREDERICK J R
920 PROSPECT AVE BETHLEHEM PA 18018
MURRAY MO, STEPHEN R O8G
301 S 22ND ST EASTON PA 18042
NADEAU MO, GERALD H FP
302 ASH LANE RIEGELSVILLE PA 18077
NAOINOLA MO, CHENNAIAH C GS
1755 S GRAND BLVD ST LOUIS MD 63104
NAJMI MO, MOOSA IM
2003 FAIRVIEW EASTON PA 18042
NORRIS MO, JOS A IM
601 WALNUT ST EASTON PA 18042
OJERS MO, GAYLORD W OPH
35 E ELIZABETH ST BETHLEHEM PA 18018
OLEWILER JR MO, H NEWTON IM
1010 W MACADA RD BETHLEHEM PA 18017
OLIVER MO, JOHN G FP
527 PENNSYLVANIA AVE PEN ARGYL PA 18072
ORR JR MO, ROSS M GS
35 E ELIZABETH AVE BETHLEHEM PA 18018
PALAO MO, MANUEL C TS
800 OSTRUM ST BETHLEHEM PA 18015
PALMER MO, U GRANT FP
BETTS HOSP EASTON PA 18042
PANAYOTOVA MO, MARIA L OPH
522 DELAWARE AVE BETHLEHEM PA 18018
PARRY MO, RHINARD O PO
312 SPRING GARDEN ST EASTON PA 18042
PASCUA MO, ALEXANDER V GS
149 SUNVIEW DR BEAVER FALLS PA 15010
PATRICK MO, MICHAEL A IM
1528 SHELBOURNE DR BETHLEHEM PA 18018
PAUL MO, FRANKLIN A GS
1474 COLGATE DR BETHLEHEM PA 18017
PEARSON MD, FREDERICK J O8G
748 OSTRUM ST BETHLEHEM PA 18015
PEARSON MO, LINWOOD J O8G
410 OAK TREE LA EASTON PA 18042
PETERS MO, WALTER K IM
BETH STEEL CO MEC CTR BETHLEHEM PA 18016
PETRUCCELLI MO, NICHOLAS O FP
313 S WALNUT ST BATH PA 18014
POLINER MO, HIME S GS
124 N 4TH ST EASTON PA 18042
POMPONIO MO, JOS G FP
798 BARRYMORE LANE BETHLEHEM PA 18017
POST MO, CHAS J P
2040 LEHIGH ST EASTON PA 18042
PRASAD MO, C BABU R
ST LUKES HOSP RAD TH BETHLEHEM PA 18015
PRELETZ MO, RUDOLPH J GS
800 OSTRUM ST BETHLEHEM PA 18015
PRESTIFILIPPO MO, DRAZIO O8G
128 E CENTER ST NAZARETH PA 18064
PUNDIAK MO, TERRY J IM
BRIDLE PATH RD 8-12 BETHLEHEM PA 18017
QUINEY JR MO, JAMES J FP
115 N 2ND ST EASTON PA 18042
QUINN MO, DONN R IM
112 E WAYNE AVE EASTON PA 18042
RAZURI MO, RAFAEL G GS
1020 ORAYTON ST SAVANNAH GA 31401
REESE JR MD, EVAN C ORS
2005 FAIRVIEW AVE EASTON PA 18042
REFOWICH MO, RICHARD S O
65 E ELIZABETH AVE BETHLEHEM PA 18018
REGAN MO, JAMES R IM
3222 GREEN MEADOW DR BETHLEHEM PA 18017
REGANIS MO, JOHN C GS
2100 LEHIGH ST EASTON PA 18042
RELKIN MO, RICHARD IM
403 PAXINOS RD E EASTON PA 18042
REPPERT MO, WM O IM
ST LUKES HOSP BETHLEHEM PA 18015
RICHARDS MO, DONALD C US
1120 SW CYPRESS WAY BOCA RATON FL 33432
ROBINSON MO, JOS P PRM
533 8TH AVE BETHLEHEM PA 18018
ROOP MO, JOHN W P
709 BARRYMORE LA BETHLEHEM PA 18017
ROWLEY MO, F LAWRENCE P
2200 NORTHAMPTON ST EASTON PA 18042
ROWSHAN MD, GHODRATOLLAH PO
276 E MACADA RD BETHLEHEM PA 18017
RYAN MO, JOHN J IM
RD 1 BOX 244 CENTER VLY PA 18034
SALCEDO MO, WILFREDO G PTH
EASTON HOSP EASTON PA 18042
SALGADO MO, EDWARD M PS
800 OSTRUM ST STE 307 BETHLEHEM PA 18015
SALLASH JR MO, ROBT J O8G
35 E ELIZABETH AVE BETHLEHEM PA 18018
SAMENT MD, SIONEY N
2040 LEHIGH ST EASTON PA 18042
SAUNDERS MO, CHAS D U
800 OSTRUM ST BETHLEHEM PA 18015
SCHAOT MO, DANL C IM
35 E ELIZABETH AVE BETHLEHEM PA 18018
SCHAOT MO, THOS E O8G
1844 SYCAMORE ST BETHLEHEM PA 18017
SCHNITZLER MD, JOS FP
701 W UNION BLVD BETHLEHEM PA 18018
SCHRAMM MO, FRANK E O8G
35 E ELIZABETH AVE BETHLEHEM PA 18018
SCHUESSLER MD, PAUL W IM
817 S 24TH ST EASTON PA 18042
SEIDEL MO, HORACE Y IM
MEMORIAL HOSP HOLLYWOOD FL 33021
SERFAS MO, LEE S GS
80 GORDON DR EASTON PA 18042
SHIELDS MO, RALPH K IM
65 E ELIZABETH AVE BETHLEHEM PA 18018
SHIELDS MO, RALPH L IM
880 LAUREL DR BETHLEHEM PA 18017
SILVERMAN MO, WM H FP
704 E 4TH ST BETHLEHEM PA 18015
SKUTCHES MO, JOS M O8G
35 E ELIZABETH AVE BETHLEHEM PA 18018
SMITH MO, DONALD H GS
2209 LEHIGH ST EASTON PA 18042
SMITH SR MD, GEO S OS
818 BERWICK ST EASTON PA 18042
SMYTH MO, LAWRENCE T PRM
BETHLEHEM STEEL CORP BETHLEHEM PA 18016
SNYDER JR MO, CHAS F ORS
701 W UNION BLVD BETHLEHEM PA 18018
SNYDER MO, JOHN M TS
139 E MARKET ST BETHLEHEM PA 18018
SNYDER MO, ROBT L FP
101 E CENTER ST NAZARETH PA 18064
SOMASUNDARAM MO, ANASUYA O8G
3941 KENDRICK DR BETHLEHEM PA 18017
SPARTA MO, ANTHONY J FP
42 N 20 ST EASTON PA 18042
SPOLL OD, EDWARD A FP
229 S 22ND ST EASTON PA 18042
STABILE MO, JEROME G TS
800 OSTRUM ST BETHLEHEM PA 18015
STACKHOUSE MO, DUANE E FP
8 ROBIN CT RD 7 BETHLEHEM PA 18015
STAUFFER MO, STANLEY S AN
800 OSTRUM ST BETHLEHEM PA 18015
STEIN MO, RICHARD N PO
701 N NEW ST BETHLEHEM PA 18018
STEIN MO, ROBERT S FP
LAFAYETTE COLL HEALTH C EASTON PA 18042
STEIN MO, STANLEY I PO
701 N NEW ST BETHLEHEM PA 18018
STRAVIND MO, VINCENT O PM
ST LUKES HOSP BETHLEHEM PA 18015
STREUBERT MO, GEO E R
707 E MACADA RD BETHLEHEM PA 18017
STRUNK MD, WM M R
ST LUKES HOSP BETHLEHEM PA 18015
SWETERLITSCH MO, LOUIS H OPH
11 W LANGHORNE AVE BETHLEHEM PA 18017
TACHOVSKY MO, THOMAS J GS
800 OSTRUM ST BETHLEHEM PA 18015
THOMPSON MO, C FRED GS
1120 MAIN ST HELLERTOWN PA 18055
THOMPSON MO, FRANK V FP
49 E CENTER ST NAZARETH PA 18064
TRAUPMAN MO, ARNOLD F OPH
1254 E 4TH ST BETHLEHEM PA 18015
TRINKLE MO, WILMER S AN
35 E ELIZABETH AVE BETHLEHEM PA 18018
TUREL MO, STANLEY E FP
624 HIGH ST BETHLEHEM PA 18018
TURTZO MO, DOUGLAS F FP
20 E CENTER ST WIND GAP PA 18091
TURTZO MO, JOHN A FP
36 E PENNA AVE PEN ARGYL PA 18072
UPDEGROVE MD, JOHN H GS
2209 LEHIGH ST EASTON PA 18042
VERBRUGGEN MO, HUGO C ORS
2005 FAIRVIEW AVE EASTON PA 18042
VERSAGE MO, JOS L FP
113 MAIN ST STOCKERTOWN PA 18083
VISPERAS MO, EMILIANA P O8G
2710 SCHOENERSVILLE RD BETHLEHEM PA 18017
VIZER MO, MARK B O8G
IRELAND ARMY HOSP FORT KNOX KY 40121
VOGLER JR MO, WILFRED E FP
2431 EASTON AVE BETHLEHEM PA 18017
WALKER MO, STANLEY R IM
1920 LEHIGH ST EASTON PA 18042
WALTMAN MO, CHAS A GS
2007 WASHINGTON BLVD EASTON PA 18042
WANG MO, CHEE-KUNG AN
20 GREENING DR EASTON PA 18042
WARD MO, FREDERICK W IM
2061 FAIRVIEW AVE EASTON PA 18042
WARD MO, RICHARD A ORS
35 E ELIZABETH AVE BETHLEHEM PA 18018
WARD MO, THOS A ORS
800 OSTRUM ST BETHLEHEM PA 18015
WARREN MO, JONATHAN IM
1810 WASHINGTON BLVD EASTON PA 18042
WEBER MO, WILLIAM C OTO
LAFAYETTE TWRS STE 127 EASTON PA 18042
WEIDNER MO, CALVIN C FP
3629 STAFORD DR BETHLEHEM PA 18017
WEINTRAUB MD, SYDNEY E US
SR BX 1 MT VIEW HI 96771
WEMPLE MO, JAN B NS
800 OSTRUM ST BETHLEHEM PA 18015
WENG MO, SAM S IM
35 E ELIZABETH AVE BETHLEHEM PA 18018
WERLEY MO, CHAS W R
35 E ELIZABETH AVE BETHLEHEM PA 18018
WERLEY MO, JOHN O R
EASTON HOSP EASTON PA 18042
WHILDIN MO, JAMES G R
35 E ELIZABETH AVE BETHLEHEM PA 18018
WHITAKER MO, PAUL J PRM
BETHLEHEM STEEL CORP BETHLEHEM PA 18015
WILDRICK MO, KENNETH H IM
60 GLENHEIM DR EASTON PA 18042
WILHELM MO, ROBERT O IM
1810 WASHINGTON BLVD EASTON PA 18042
WILLIAMS MO, THOS L OS
1463 ROSELAWN DRIVE BETHLEHEM PA 18017
WING MO, RAYMOND IM
FAIRVIEW AVE-21ST ST EASTON PA 18042
WINKLER JR MO, LOUIS H IM
35 E ELIZABETH AVE BETHLEHEM PA 18018
WOLFE MO, LEROY S AN
234 MEADOWS RD HELLERTOWN PA 18055
YEAW MD, SCOTT C U
2001 FAIRVIEW AVE EASTON PA 18042
YU MO, PAUL T AN
EASTON HOSP EASTON PA 18042
ZEITLIN MO, MARK H AN
35 E ELIZABETH AVE BETHLEHEM PA 18017
ZUG 3RD MO, CHAS K GS
801 OSTRUM ST BETHLEHEM PA 18015
ZULICK JR MO, THOS C GS
433 PAXINOSA AVE EASTON PA 18042

Northumberland County

ALLEN MD, ROBT E FP
38 W 3RD ST MOUNT CARMEL PA 17851
ALMOND MO, CHAS R FP
1170 GREENOUGH ST SUNBURY PA 17801
BODMER MO, MERAL O FP
100 N MARKET ST SELINSGROVE PA 17870
BROSCIUS MO, BENJ M FP
24 N 6TH ST SHAMOKIN PA 17872
CHRISTMAN MO, WILLARD W PTH
COMMUNITY HOSP SUNBURY PA 17801
DALLARIDA MD, MARGUERITE R O8G
21 EAST AVE MOUNT CARMEL PA 17851
DAVIS MO, J MOSTYN FP
301 E SUNBURY ST SHAMOKIN PA 17872
DEITRICK JR MO, GEO A GS
28 N 3RD ST SUNBURY PA 17801
DELCASTILLO MO, JUAN J TS
825 PACKER ST SUNBURY PA 17801
DELGADO MO, JUAN F O8G
142 MARKET ST SUNBURY PA 17801
DIMILILER MO, ISMAIL GS
1072 MARKET STREET SUNBURY PA 17801
EISTER MO, DONALD H PO
R D # 1 BOX 177 SUNBURY PA 17801
EROMAN MO, ROBT M ORS
309 W MARKET ST POTTSVILLE PA 17901
FLANAGAN MO, JOHN V OPH
220 N SHAMOKIN ST SHAMOKIN PA 17872
GABALA MO, JOHN M FP
STATE SCH & HOSP SELINSGROVE PA 17870
GEHRIS MO, JAMES C FP
633 W CHESTNUT ST SHAMOKIN PA 17872
GENNARIA MO, C REED FP
SUNBURY AND MARKET STS SHAMOKIN PA 17872
GIBBS MO, WINFIELD S R
SUNBURY COMM HOSP SUNBURY PA 17801
GRECO MD, JOS F FP
300 S HICKORY ST MOUNT CARMEL PA 17851
GRUBB MD, ROBT A FP
108 SUSQUEHANNA AVE SELINSGROVE PA 17870
HEINBACH MO, ROBT A FP
125 S MARKET ST SELINSGROVE PA 17870
JACOBS MO, CLYDE H OPH
370 MARKET ST SUNBURY PA 17801
JOHNSTON MO, RUSSELL M OPH
12 N FRONT ST SUNBURY PA 17801
JUSTIN MO, PETER A FP
250 S OAK ST MOUNT CARMEL PA 17851
KIRK MO, DANL L P
201 N CHURCH ST WAYNESBORO PA 17268
KOPF MO, LAWRENCE J FP
315 ORANGE ST NORTHUMBERLAND PA 17857
LUSTUSKY MO, WM A FP
300 S OAK ST MOUNT CARMEL PA 17851
MAZANDARANI MO, AHMAD R
3802 CARRIAGE HOUSE DR CAMP HILL PA 17011
MUNIR MO, MOHAMMAD M IM
BOX 748 SHAMOKIN DAM PA 17876
MYCHAK MO, DENNIS R FP
130 N MARKET ST MT CARMEL PA 17851
NELMS MO, WILLIAM F O8G
2430 BRAZILIA DR CLEARWATER FL 33515
NORWOOD MD, GILBERT F ORS
BOX 158 HUMMELS WHARF PA 17831
PAGANA MO, JOHN P FP
316 N 12TH ST SUNBURY PA 17801
PAYNE MO, VIRGINIA L N
BOX 500 SELINSGROVE PA 17870
PERALTA MD, JUAN O R
141 E SUNBURY ST SHAMOKIN PA 17872
REED MO, GILBERT C FP
P O BOX L HUMMELS WHARF PA 17831
RETTINGER MO, BEATRICE F FP
844 N 4TH ST SUNBURY PA 17801
RODRIGUEZ MD, EDSEL A FP
W CENTER ST ELYSBURG PA 17824
ROSS JR MO, PETER W O8G
SHAMOKIN ST GEN HOSP SHAMOKIN PA 17872
SAMAD MO, MOHAMMAD A IM
BOX 74-A SHAMOKIN DAM PA 17876
SAVIDGE MD, SAML L FP
102 S 4TH ST SUNBURY PA 17801
SAYERS MO, FRANCIS P IM
BOX 500 SELINSGROVE PA 17870
SCHNEIDER MO, BENJ FP
123 E MARKET ST DANVILLE PA 17821

SCHRECK MD, FRED M FP
911 N 5TH ST SUNBURY PA 17801
SCICCHITAND MD, DAVID C FP
15 E AVE MDUNT CARMEL PA 17851
SIENKIEWICZ MD, JDS M FP
50 N MAPLE ST MT CARMEL PA 17851
SINGZDN MD, JAIME M IM
330 N 12TH ST SUNBURY PA 17801
SMIGELSKY MD, ISADDRE E FP
1 EAST AVE MT CARMEL PA 17851
SPOCK MD, NICHDLAS FP
300 SHAMDKIN ST SHAMDKIN PA 17872
STIEF MD, MICHAEL J FP
127 E 5TH ST MDUNT CARMEL PA 17851
TSAI MD, LDNGWAY PD
SHAMDKIN HDSP RT 1 SHAMDKIN PA 17872
TWIGGAR II MD, EDWARD V GS
SHAMOKIN STATE GEN HDSP SHAMDKIN PA 17872
VASTINE MD, JDHN R IM
BDX 253 EAGLES MERE PA 17731
WANG MD, TEI-CHEN FP
B17 TAMPICD WAY MDNTEBELLD CA 90640
WEADER MD, WM M FP
107 SUSQUEHANNA AVE SELINSGRDVE PA 17870
WEE MD, CHDDNG Y DBG
119 S 4TH ST SUNBURY PA 17801
WELLER MD, CARL A FP
BDX E HUMMELS WHARF PA 17831
WENTZEL MD, GED R DPH
370 MARKET ST STE 405 SUNBURY PA 17801
WILSDN MD, DDRDTHY G DBG
330 N 12TH ST SUNBURY PA 17801

Perry County

BANKS MD, RDBT P FP
P D BDX 145 MIFFLINTDWN PA 17059
BARTHD MD, BLAINE F FP
RD 1 BX 52 LANDISBURG PA 17040
KARLIK JR MD, PAUL FP
207 HIGH ST DUNCANNDN PA 17020
MAGILL MD, WM H FP
2 S 4TH NEWPDRT PA 17074
MATUNIS MD, JDS J FP
LDYSVILLE PA 17047
DTTD MD, WILLIAM S FP
BDX 115 LANDISBURG PA 17040
RDCHMAN MD, ALAN J R
R D #1 DUNCANNDN PA 17020
RUMBAUGH JR MD, JAMES D FP
BDX 156 NEWPDRT PA 17074
STEPHENSDN MD, DRLANDD K FP
NEW BLDDMFIELD PA 17068

Philadelphia County

ABDDLLAHIAN MD, JAVAD IM
1411 HARRISDN ST PHILADELPHIA PA 19124
ABLAZA MD, SARIEL G TS
744 SIGNAL LIGHT RD MDDRESTDWN NJ 08057
ABRAHAM DD, RDNALD PM
338 GLEN MEADDW RD RICHBDRD PA 18954
ABRAHAM MD, HANS A FP
7950 WHITEWDDD RD ELKINS PARK PA 19117
ABRAHAMSDN MD, MANFDRD N DRS
13001 WDRTHINGTDN RD PHILADELPHIA PA 19116
ABRAMS MD, RDSS A IM
10405 PRDCTDR ST SILVER SPGS MD 20901
ABRAMSDN MD, EDWIN B IM
60 E TDWNSHIP LINE ELKINS PARK PA 19117
ABRAMSDN MD, MAURICE FP
7500 MANCHESTER RD PHILADELPHIA PA 19126
ADALJA MD, ASHDK N IM
6320 HARDIN RD CDRNWELLS HGTS PA 19020
ADAM MD, ALBERTD L TS
360 WARREN RD WAYNE PA 19087
ADAMS MD, FAE M DBG
3300 HENRY AVE PHILADELPHIA PA 19129
ADAMS MD, PDWELL E P
D-117 PRESIDENTIAL APTS PHILADELPHIA PA 19131
ADAMS MD, WILLIAM C PD
1207 AMHERST RD DDTHAN AL 36301
ADE8DNDJD MD, FESTUS D PD
1427 CATHERINE ST PHILADELPHIA PA 19146
ADELIZZI MD, I RICHARD DTD
1723 S BRDAD ST PHILADELPHIA PA 19148
ADELMAN MD, BERNARD P R
1335 TABDR RD PHILADELPHIA PA 19141
ADELMAN MD, FREDERICK P IM
60 E TDWNSHIP RD ELKINS PARK PA 19117
ADLER MD, FRANCIS H DPH
8870 TDWANDA ST PHILADELPHIA PA 19118
ADLIN MD, AL8ERT IM
1512 LINDLEY AVE PHILADELPHIA PA 19141
ADDM MD, EDWIN A P
18TH & PKWY APT 26N PHILADELPHIA PA 19103
ADDNI MD, LEDN D
8302 DLD YDRK RD ELKINS PK PA 19117
AGERTY MD, HDRST A PD
420 TDWNSHIP LINE RD HAVERTDWN PA 19083
AGUIRRE MD, MELANID D IM
451 DRIDLE ST PHILADELPHIA PA 19128
AHLFELDT MD, FLDRENCE E IM
907 EAGLE RD WAYNE PA 19087
AK8AR MD, MDHAMMAD M DTD
KENILWDRTH APTS 917 PHILADELPHIA PA 19144
ALAVI MD, A8ASS IM
939 REMINGTDN RD WYNNEWDDD PA 19096
AL8ERICD MD, ANTHDNY M IM
5245 DXFDRD AVE RM 5C PHILADELPHIA PA 19124
ALBERT MD, SEYMDUR M DRS
1305 W TABDR RD PHILADELPHIA PA 19141
ALDAY MD, EDGARDD S GS
1025 WALNUT ST PHILADELPHIA PA 19107
ALEXANDER JR MD, JDHN D IM
301 S 8TH ST PHILADELPHIA PA 19107
ALEXANDER MD, FRED DS
1400 YDUNGSFDRD RD GLADWYNE PA 19035
ALEXANDER MD, MAURICE H DTD
1002 ARBDRETUM RD WYNCDTE PA 19095
ALFAND MD, CHAS C CRS
STATE & DLD MAPLE RDS MEDIA PA 19063
ALGAZY MD, KENNETH M IM
539 CYNWYD CR BALA CYNWYD PA 19104
ALISUAG MD, RESTITUTD M AN
3664 SIPLER LANE HUNTINGDDN VLY PA 19006
ALLCDCK MD, JENNIFER A PD
251 E BRINGHURST PHILADELPHIA PA 19144
ALLEN MD, MARIUS W GS
1507 W GIRARD AVE PHILADELPHIA PA 19130
ALDSI MD, ANTHDNY J FP
230 E KESWICK AVE GLENSIDE PA 19038
ALPERS MD, BERNARD J N
111 N 49TH ST PHILADELPHIA PA 19139
ALTER MD, MILTDN IM
3401 N BRDAD ST PHILADELPHIA PA 19140
ALTMAN MD, BRIAN D DPH
1400 DLD YDRK RD ABINGTDN PA 19001
ALVARADD MD, ALFREDD TS
9114 DALE RD PHILADELPHIA PA 19115
AMADID JR MD, PETER FP
733 SPRING VALLEY RD DDYLESTDWN PA 18901
AMARD MD, MARID AN
878 N 21ST ST PHILADELPHIA PA 19130
AM8RUS MD, CLARA M PD
143 WINDSDR AVE 8UFFALD NY 14029
AMBRUS MD, JULIAN L IM
143 WINDSDR AVE BUFFALD N Y 14029
AMRITT MD, R SIDNEY AN
399 MDRELAND RD HUNTNGDDN VLY PA 19006
AMSTERDAM MD, GERALD H GS
447 MILITIA HILL RD FT WASHINGTDN PA 19034
AMSTERDAM MD, JULES P
10821 EDISDN RD PDTDMAC MD 20854
ANASTASI MD, JDS D FP
1829 PINE ST PHILADELPHIA PA 19103
ANDERSDN MD, ALICE M FP
3412 W CDULTER ST PHILADELPHIA PA 19129
ANDRDS MD, GED J DBG
1025 WALNUT ST PHILADELPHIA PA 19107
ANGELIDES MD, ANGELD P IM
6TH & STEVENS STS CAMDEN NJ 08103
ANIGATI MD, JUAN C AN
3736 WHEATSHEAF RD HUNTINGDDN VALLEY PA 19006
ANNDN JR MD, WALTER T GS
4900 PENN ST PHILADELPHIA PA 19124
AND MD, ANTDNID C AN
8831 MDNTGOMERY AVE PHILADELPHIA PA 19118
ANOLIK MD, MITCHELL A D
602 WASHINGTDN SQ S PHILADELPHIA PA 19106
ANSEL MD, DAVID G DTD
1020 RYMILL RUN CHERRY HILL NJ 08003
ANTENSDN MD, CHAS M FP
1919 CHESTNUT ST #1124 PHILADELPHIA PA 19103
ANTDNIADES MD, JDHN R
260 ST JDSEPH WAY PHILADELPHIA PA 19106
ANZALDNE MD, ANGELO A FP
210 LDCUST ST PHILADELPHIA PA 19106
APDNTE MD, GDNZALO E PTH
JEFF MED CDLL PHILADELPHIA PA 19107
APDSTDLIDIS MD, PANAYDTIS DBG
766 RDBINHDDD RD RUSEMDNT PA 19010
APPEL MD, JDHN W P
111 N 49TH ST PHILADELPHIA PA 19139
APPEL MD, KENNETH E P
206 GLENN RD ARDMDRE PA 19003
APPIAH MD, AUGUSTINE IM
7727 HUNT CLUB RD CDLUMBIA SC 29206
ARDEN MD, SIDNEY H PTH
1196 DICKINSDN DR YARDLEY PA 19067
ARENTSEN MD, JUAN J DPH
1601 SPRING GARDEN ST PHILADELPHIA PA 19130
ARGER MD, PETER H R
HDSP UNIV DF PA PHILADELPHIA PA 19104
ARKLESS MD, HENRY A IM
2 BALA CYN PLAZA IL 1B BALA CYNWYD PA 19004
ARMENTD MD, DDNALD F U
#6 FDXCRDFT SQ APTS JENKINTDWN PA 19046
ARMDUR MD, WM S DRS
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118
ARMSTRDNG MD, SCHUYLER S IM
7100 MARSHALL RD UPPER DARBY PA 19082
ARNETT MD, JDHN H FP
170 KENDAL-LDNGWDDD KENNETT SQ PA 19348
ARND MD, IRVIN C DBG
1325 W TABDR RD PHILADELPHIA PA 19141
ARTHURS MD, ANN C DTD
WATERSWEET ST GLEN MILLS PA 19342
ASBELL MD, SUCHA D R
297 N HIGHLAND AVE MERIDN PA 19066
ASGHARZADEH MD, RAHIM U
AL8ERT EINSTEIN MED CTR PHILADELPHIA PA 19141
ASHDDIAN MD, MILA J DPH
1014 CENTENNIAL BLVD NARBERTH PA 19072
ASKER MD, F FP
1143 NDRWALK ST PHILADELPHIA PA 19115
ASKDVITZ MD, SAMUEL I DPH
5869 DVER8RDDK AVE PHILADELPHIA PA 19131
ASPER MD, RDNALD F IM
230 N BRDAD ST RM B22 PHILADELPHIA PA 19102
ATKINS JR MD, JDSEPH P OTD
8TH&SPRUCE STS PHILADELPHIA PA 19107
AU MD, FRANCIS C GS
1324 BARTDN DR FT WASHINGTDN PA 19034
AUDAY MD, JDSE H DRS
255 S 17TH ST STE 1006 PHILADELPHIA PA 19103
AUER MD, EDWARD T P
111 N 49TH ST PHILADELPHIA PA 19139
AUSSPRUNG MD, H LEDN DBG
24 E DAYTDN AVE BRANT BEACH NJ 08008
AUSTRIAN MD, RUBT C IM
HDSP UNIV DF PA PHILADELPHIA PA 19104
AVELLIND MD, JDS D FP
2219 S BRDAD ST PHILADELPHIA PA 19148
AVERSA JR MD, ZEFFERIND A DTD
2301 S BRDAD ST STE 207 PHILADELPHIA PA 19148
AVERSA MD, NICDLA FP
1322 RITNER ST PHILADELPHIA PA 19148
AXELRDD MD, BERNARD M FP
3600 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
AXELRDD MD, BUDD B FP
618 E GIRARD AVE PHILADELPHIA PA 19125
AXELRDD MD, RITA S IM
LANKENAU HDSP RES DEPT PHILADELPHIA PA 19151
AYELLA JR, ALFRED S GS
1213 S BRDAD ST PHILADELPHIA PA 19147
AYERLE MD, RDBT S PRM
1 PARKWAY 14TH FLDDR PHILADELPHIA PA 19102
AZAR MD, REZA R AN
65 WATER CREST DR DDYLESTDWN PA 18901
BACHARACH MD, BENJ GS
130 S 9TH PHILADELPHIA PA 19107
BACHMAN MD, LEDNARD AN
2404 BELLEVUE RDAD HARRISBURG PA 17104
BACKUP MD, CLIFFDRD E P
FRIENDS HDSP PHILADELPHIA PA 19124
BACDN MD, HARRY E CRS
344 LAUREL LANE HAVERFDRD PA 19041
BAER MD, GED FP
1 MDNTGDMERY AVE APT 11 BALA CYNWYD PA 19004
BAER MD, SAML IM
5123 N BRDAD ST PHILADELPHIA PA 19141
BAHN MD, ANITA K PRM
553 N JUDSDN ST PHILADELPHIA PA 19130
BAIL MD, HARRY FP
6915 DAKLAND ST PHILADELPHIA PA 19149
BAKER MD, DAVID A DBG
3400 SPRUCE ST-DBG PHILADELPHIA PA 19104
BAKER MD, HDWARD W US
1333 CHESTNUT ST PHILADELPHIA PA 19107
BAKER MD, WALTER W U
315 GLENN RD ARDMDRE PA 19003
BAL8US MD, THEDDDRE G R
RDLLING HILL HDSP ELKINS PARK PA 19117
BALIN MD, SDLDMDN L FP
32B S PRDVIDENCE RD WALLINGFDRD PA 19086
BALL MD, SIMDN DTD
1351 W TABDR RD PHILADELPHIA PA 19141
BALLAS MD, SAMIR K IM
1015 WALNUT ST RM 719 PHILADELPHIA PA 19107
BALLEK MD, RDNALD E IM
1116 HDPKINSDN HDUSE PHILADELPHIA PA 19106
BALSAMD MD, ANTHDNY J DRS
8201 HENRY AVE #T4 PHILADELPHIA PA 19128
BALTZELL MD, WM H DTD
130 S 9TH ST PHILADELPHIA PA 19107
BAND MD, PHILIP T P
2600 N LAWRENCE ST PHILADELPHIA PA 19133
BANK MD, ARNDLD A N
ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141
BANKA MD, VIDYA S IM
51 NDRTH 39TH ST PHILADELPHIA PA 19104
BANNER MD, RDNALD S IM
410 CHAPEL RD ELKINS PARK PA 19117
BANNETT MD, AARDN D GS
1335 49 W TABDR RD PHILADELPHIA PA 19141
BANSAL MD, SU8HASH C GS
3300 HENRY AVE PHILADELPHIA PA 19129
BANSBACH MD, JEAN M US
21 N FEATHERING RD MEDIA PA 19063
BANSBACH MD, WM A U
2301 S BRDAD ST PHILADELPHIA PA 19148
BANTLEY JR MD, DAVID S R
WELSH & NORRISTDWN RDS MAPLE GLEN PA 19002
BAR MD, ALLEN H GS
330 S 9TH ST PHILADELPHIA PA 19107
BARAHDNA MD, VICTDR C GS
171B CATALPA LANE MT PRDSPECT IL 60056
BARATZ MD, BURTDN H DBG
NE MED CTR PHILADELPHIA PA 19114
BARBIERI MD, EDWARD A GS
PRESIDENTIAL APT ST D10 PHILADELPHIA PA 19131
BARBD MD, DDRDTHY M DBG
3300 HENRY AVE PHILADELPHIA PA 19129
BARDEN MD, RDBT P R
BB35 GERMANTOWN AVE PHILADELPHIA PA 19118
BARENBAUM MD, DANL H FP
2623 W ALLEGHENY AVE PHILADELPHIA PA 19132
BARKER MD, CLYDE F GS
HDSP-UNIV DF PA PHILADELPHIA PA 19104
BARKER MD, RICHARD G IM
446 HUNTINGDDN DR WAYNE PA 19087
BARNES MD, ANNE U GS
1503 RICHLAND RD FEASTERVILLE PA 19047
BARDL MD, DANL H PD
416 SPRUCE ST PHILADELPHIA PA 19106
BARDN MD, RAYMDND C IM
313 CURTIS DRIVE WYNCDTE PA 19095
BARDN MD, SAML U
515 W CHELTEN AVE PHILADELPHIA PA 19144
BARR MD, LDUIS H GS
2991 SCHDDL HDUSE LANE PHILADELPHIA PA 19144
BARR MD, SAML S DBG
255 S 17TH ST PHILADELPHIA PA 19103
BARR MD, SIDNEY IM
2401 PENNA AVE APT 8826 PHILADELPHIA PA 19130

BARRINGER MD, LYDIA R AN
201 S BUCK LN HAVERFORO PA 19041
BARRIDS MD, ANTDNID FP
2122 N HANCDCK ST PHILADELPHIA PA 19122
BARRY MO, WILLIAM E IM
3400 N BRDAD ST PHILADELPHIA PA 19140
BARTUSKA MD, DDRIS G IM
3227 W PENN ST PHILADELPHIA PA 19129
BARUSEWYCZ MO, SR MARIA N P
1825 W LINOLEY AVE PHILADELPHIA PA 19141
BASAVANANO MD, NIRMALA P PD
49 N PARK OR BRIDGETDN N J 08302
BASH MO, NICHDLAS P PTH
2401 PENNA AVE WILMINGTON DE 19806
BASSETT MD, JAMES G FP
3300 HENRY AVE PHILADELPHIA PA 19129
BASTIAN MD, GRACE A AN
465 HIGHVIEW OR RADNDR PA 19087
BATDFF MD, MILTON A FP
PARK LANE E BEVERLY BLV UPPER DARBY PA 19082
BATSDN MO, OSCAR V OTO
3926 PINE ST PHILADELPHIA PA 19104
BATTAFARANO MD, LEONARO A FP
1013 N 63RO ST PHILAOELPHIA PA 19151
BATTERTON MO, THOS O IM
2346 RHAWN ST PHILADELPHIA PA 19152
BATTS JR MD, JAMES A OBG
100 HAVEN AVE APT 15A NEW YORK NY 10032
BAUER MD, JDHN T PTH
312 E SECDNO ST MOORESTOWN NJ 08057
BAUM MD, D EUGENE P
1200 MDRRIS RO WYNNEWOOD PA 19096
BAUMANN MO, FRIEOA US
200 N WYNNEWOOO AVE WYNNEWOOO PA 19096
BAXT MD, LEON FP
1940 N 5TH ST PHILAOELPHIA PA 19122
BAXTER MO, ROBERT S OPH
1601 SPRING GARDEN ST PHILADELPHIA PA 19130
BAYNE MO, GILBERT M US
VLY STREAM APT U-303 LANSOALE PA 19446
BEAROWOOO MO, OONALD M IM
1245 HIGHLANO AVE ABINGTON PA 19001
BEATTY MO, ALBERT C GS
925 GREENWOOO AVE WYNCOTE PA 19095
BEAUCHAMP JR MO, EUGENE W GS
300 STAFFORO ST SPRINGFIELD MA 01104
BECK JR MO, WM W OBG
PA HDSP BTH & SPRUCE PHILAOELPHIA PA 19106
BECK MO, AARDN T P
406 WYNMERE RO WYNNEWOOO PA 19096
BECK MO, SIDNEY US
526 PRESCDTT RO MERIDN PA 19066
BECKER MO, IRWIN FP
1532 FLATRDCK RO NARBERTH PA 19072
BECKER MO, JOS M R
3600 CDNSHOHOCKEN AVE PHILAOELPHIA PA 19131
BECKER MO, WARREN W R
1137 TOWER LANE E PENN VALLEY PA 19072
BECKLEY MO, ALLEN G US
P O BOX 5093 LANCASTER PA 17601
BEOFORO MO, RICHARD A FP
2998 WELSH RO PHILAOELPHIA PA 19152
BEERMAN MD, HERMAN O
255 S 17TH ST PHILAOELPHIA PA 19103
BEG MD, MIRZA M IM
1500 SPRING GAROEN ST PHILAOELPHIA PA 19101
BEHRENO MD, ALBERT GS
700 NE HARBOUR APT 32B BOCA RATDN FL 33431
BEHRENO MO, BERNARO PRM
5910 GREENE ST PHILAOELPHIA PA 19144
BEHRINGER MO, W HAYMAN OTO
WILMINGTON V A HDSP WILMINGTON OE 19805
BEIZER MO, LAWRENCE H IM
419 S 19TH ST PHILAOELPHIA PA 19146
BELL MO, ELLA C IM
5555 WISSAHICKON AVE L- PHILAOELPHIA PA 19144
BELLARMINO MO, FRANCIS M FP
2301 S BRDAO ST PHILAOELPHIA PA 19148
BELLER MO, MARTIN L ORS
1936 SPRUCE ST PHILAOELPHIA PA 19103
BELLET MO, ROBERT E IM
1651 FAWN LN HUNTINGOON VLY PA 19006
BELMDNT MO, HERMAN S P
245 N BRDAO ST PHILAOELPHIA PA 19107
BELMONT MD, OWEN OPH
5723 N PARK AVE PHILAOELPHIA PA 19141
BELOFF MO, LOUIS FP
8300 NEWBOLO LN PHILAOELPHIA PA 19118
BENOER MO, SHELOON R IM
1320 RACE ST PHILAOELPHIA PA 19107
BENDERSKY MO, GORDON IM
2200 BEN FRANKLIN PKWY PHILAOELPHIA PA 19130
BENOLIN MO, ARNALOO GS
1735 HYBRID PL CLEMONTON N J 08021
BENEDICT MO, FRANKLIN O FP
125 WESLEY RO OCEAN CITY N J 08226
BENEZRA MO, ISAK AN
310 S EASTON RO 8415 GLENSIOE PA 19038
BENJAMIN MO, KENNETH W OPH
1419 SPRUCE ST PHILAOELPHIA PA 19102
BENNETT MO, ARLENE P P
369 E GOWEN AVE PHILAOELPHIA PA 19119
BENNETT MO, HUGH O IM
HAHNEMANN MED COLLEGE PHILAOELPHIA PA 19102
BENSON MO, GORDON O IM
JEFFERSON MEO COLL MEO PHILAOELPHIA PA 19107
BENSON MO, JACOB M CRS
60 E TWP LINE STE 235 ELKINS PARK PA 19117
BENSON MO, JOHN R P
3401 N BROAO ST PHILAOELPHIA PA 19140
BENSON MO, WILLIAM E OPH
51 NORTH 39TH ST PHILAOELPHIA PA 19104
BENTIVOGLIO MO, LAMBERTO G US
2 BALA CYNWYO PZ STE 25 BALA CYNWYO PA 19004
BERENBAUM MO, ARTHUR A IM
1930 CHESTNUT ST PHILAOELPHIA PA 19103

BERES MO, JOSEPH C R
425 EMERSON RO HUNTINGON VLY PA 19006
BERG MO, MORTON O P
4 DEER PK CRESCENT 1-B TORONTO 7 CANADA
BERG MO, PHILIP FP
1541 LONGSHORE AVE PHILAOELPHIA PA 19149
BERGER OO, ARNOLO H FP
237 STACEY RO NARBERTH PA 19072
BERGER MO, SIMON M R
5601 N BROAO ST 209 PHILAOELPHIA PA 19141
BERGHER MO, MOISES P
1500 HELLERMAN ST PHILAOELPHIA PA 19149
BERGQUIST MO, ERICK J IM
736 CAMBERLEY CIR A T-4 TOWSON MO 21204
BERK MO, NATHANIEL G IM
CEDARBROOK HILL 3 WYNCOTE PA 19095
BERKOWITZ MO, HENRY O GS
UNIV OF PA HOSP PHILAOELPHIA PA 19140
BERKOWITZ MO, RICHARO O IM
3401 N BROAO ST PHILAOELPHIA PA 19140
BERMAN MO, ARNOLO T ORS
230 N BROAO ST PHILAOELPHIA PA 19102
BERMAN MO, RICHARO FP
540 CROYDEN RO CHELTENHAM PA 19012
BERNABEI MO, ARMAND L OBG
220 ELLIS RO HAVERTOWN PA 19083
BERNS MO, LEON L IM
1335 W TABOR RO PHILAOELPHIA PA 19141
BERNSTINE MO, J BERNARO OBG
PRESIOENTIAL APTS 0422 PHILAOELPHIA PA 19131
BESARAB MO, ANATOLE IM
7 OOGWOOO ST BLACKWOOO N J 08012
BESSER MO, JOS P IM
350 E WILLOW GROVE 705 PHILAOELPHIA PA 19118
BETTINGER MO, JOHN C IM
1331 S ELISCO OR SAN RAFAEL CA 94904
BETTS MO, EUGENE K AN
CHILORENS HOSP OPT ANES PHILAOELPHIA PA 19104
BEVAN MO, EMMA B OBG
354 W LANCASTER AVE HAVERFORO PA 19041
BEVERLY JR MO, ROLANO S FP
5836 CHESTNUT ST PHILAOELPHIA PA 19139
BEVERLY MO, AVERY W R
5029 WOOOLAND AVE PHILAOELPHIA PA 19143
BEVILACQUA MO, JOHN E N
900 OREXEL AVE OREXEL HILL PA 19026
BEYER JR MO, KARL H OS
GWYNEOO-PLYMOUTH RO GWYNEOO VLY PA 19437
BHARADWAJA MO, KRISHAN IM
216 N BROAO ST PHILAOELPHIA PA 19102
BIDDLE MO, STANLEY E US
1854 E TULPEHOCKEN PHILAOELPHIA PA 19138
BIELE MO, ALBERT M P
1530 LOCUST ST PHILAOELPHIA PA 19102
BIELE MO, FLORA H P
1103 SPRUCE ST PHILAOELPHIA PA 19107
BIEMULLER MO, MARTHA L OBG
5555 WISSAHICKON AVE PHILAOELPHIA PA 19144
BIERMAN MO, VICTOR J FP
6618 N 2ND ST APT A-10 PHILAOELPHIA PA 19126
BILKER MO, IRIS J P
CEOARBROOK HILL APT C60 WYNCOTE PA 19095
BILLIG MO, RUTH A PO
6448 N 11TH ST PHILAOELPHIA PA 19126
BINNION MO, PETER F IM
201 S 18TH ST PHILAOELPHIA PA 19103
BIRO MO, GUSTAVUS C R
1926 COBOEN RO PHILAOELPHIA PA 19118
BIRDSALL MO, THOMAS M U
3910 POWELTON AVE 304 PHILAOELPHIA PA 19104
BIRKHEAO MO, NEWTON C IM
LEDERLE LABORATORIES PEARL RIVER NY 10965
BIRNBAUM MO, JOSEPH G FP
3600 CONSHOCHOCKEN AVE PHILAOELPHIA PA 19131
BIRNBAUM MO, MICHAEL O OBG
B11B OLO YORK RO ELKINS PARK PA 19117
BINTWELL MO, WM M IM
614 E MANOA RO HAVERTOWN PA 19083
BISHOP MO, HARRY C GS
ONE CHILORENS CTR PHILAOELPHIA PA 19104
BISHOP MO, SARAH PRM
705 N 8TH ST APT 2 R PHILAOELPHIA PA 19123
BISHOW MO, I RALPH FP
447 HARRISON AVE GLENSIOE PA 19038
BITMAN MO, HAROLO L P
8302 YORK RO ELKINS PARK PA 19117
BITMAN MO, JOS PO
1939 CHELTENHAM AVE ELKINS PARK PA 19117
BLACK MO, HERMAN IM
1115 OOGWOOO CT POTTSTOWN PA 19464
BLACK MO, MAURICE W IM
415 GLENWAY RO PHILAOELPHIA PA 19118
BLACKBURN MO, WALTER J IM
2210 S BROAO ST PHILAOELPHIA PA 19145
BLAOY MO, JOHN V GS
2009 STONE RIOGE LN VILLANOVA PA 19085
BLAIN MO, OANL P
2100 CLARKSON AVE PHILAOELPHIA PA 19144
BLAIR MO, FRANK W OPH
369 GREEN LANE PHILAOELPHIA PA 19128
BLAKER MO, MARTIN A ORS
1930 CHESNUT ST PHILAOELPHIA PA
19103 19103
BLANCH MO, JOS J U
4101 TYSON AVE PHILAOELPHIA PA 19135
BLANCHET MO, ALFREO O OBG
6031 MORTON ST PHILAOELPHIA PA 19144
BLANO MO, C BRINLEY OBG
GYPSY HILL RO R O 1 AMBLER PA 19002
BLANK MO, SAML AN
808 WESTVIEW ST PHILAOELPHIA PA 19119
BLANZACO MO, ANORE C OBG
717 BETHLEHEM PIKE PHILAOELPHIA PA 19118
BLATT MO, HERBERT L OPH
1000 WALNUT ST PHILAOELPHIA PA 19107

BLATT MO, MARK A FP
2 DECKER SQ STE 46 BALA CYNWYO PA 19004
BLECKER MO, DAVID L IM
2052 SPRING MILL RO LAFAYETTE HILL PA 19444
BLEIMAN MO, MICHAEL P
1155 MORRIS RO WYNNEWOOO PA 19096
BLESA MO, E SERGIO IM
EPISCOPAL HOSP PHILAOELPHIA PA 19125
BLESSING MO, HENRY G P
2185 WINTHROP RO HUNTINGON VLY PA 19006
BLEWITT MO, GEORGE A IM
21 PATRIOT CIRCLE OEVON PA 19333
BLINKOFF MO, BARRY A IM
1314 LANO MK RTE 70 295 CHERRY HILL NJ 08034
BLOCK MO, FRANK B GS
A1124 PARK OR MANOR PHILAOELPHIA PA 19144
BLOCK MO, ROBERT A OBG
NORTHEAST MEO CTR PHILAOELPHIA PA 19114
BLOOO JR MO, RAYMOND G FP
3367 FRANKFORO AVE PHILAOELPHIA PA 19134
BLOOM MO, EOWARO I OTO
176 W CHEW ST PHILAOELPHIA PA 19120
BLOOM MO, JOS PO
6901 YORK RO PHILAOELPHIA PA 19126
BLOOM MO, SHIRLEY S AN
2032 WAVERLY ST PHILAOELPHIA PA 19146
BLOUNT OO, AMANDA C FP
255 S 17TH ST PHILAOELPHIA PA 19103
BLUM MO, BERNARO M P
THE BENSON EAST 215B JENKINTOWN PA 19046
BLUMBERG MO, LEON O FP
7848 MONTGOMERY AVE PHILAOELPHIA PA 19117
BLUMBERG MO, MYRON L R
317 S 22ND ST PHILAOELPHIA PA 19103
BLUMENFIELO MO, RALPH FP
4111 PRINCETON AVE PHILAOELPHIA PA 19135
BLUMENTHAL MO, CHAS FP
7432 TORRESOALE AVE PHILAOELPHIA PA 19136
BLUMSTEIN MO, GEO I IM
2039 OELANCEY ST PHILAOELPHIA PA 19103
BOC MO, STANLEY F FP
2221 E SUSQUEHANNA AVE PHILAOELPHIA PA 19125
BOCKUS MO, HENRY L IM
250 S 18TH ST PHILAOELPHIA PA 19103
BODI MO, TIBOR IM
6424 CITY LINE AVE PHILAOELPHIA PA 19151
BOGAEV MO, JULES H U
739 MUSTIN LANE VILLANOVA PA 19085
BOGER MO, WM P IM
1675 GLENHAROIE RO WAYNE PA 19087
BOGGS JR MO, THOMAS R PO
606 RIGHTERS MILL RO NARBERTH PA 19072
BOLES MO, RUSSELL S IM
1930 CHESTNUT ST RM 706 PHILAOELPHIA PA 19103
BOLOGNESE MO, RONALO J OBG
829 SPRUCE ST PHILAOELPHIA PA 19107
BONAKOAR-POUR MO, AKBAR R
TEMPLE UNIV HOSP RAO PHILAOELPHIA PA 19140
BONAN MO, A FEROINAND P
1814 OALANCEY PL PHILAOELPHIA PA 19103
BONAVITA MO, JOHN A R
1812 SPRUCE ST PHILAOELPHIA PA 19103
BONN MO, JERROLO C P
8220 CASTOR AVE PHILAOELPHIA PA 19152
BODKHAMMER MO, ROBT S P
249 HILLOALE RO VILLANOVA PA 19085
BORA MO, FRANK W ORS
2 BAILEY RO YEAODN PA 19050
BORDEN MO, ANTHONY G R
991 RYOAL RO RYOAL PA 19046
BORKOWSKI MO, ADOLPH F IM
2003 SHELMIRE AVE PHILAOELPHIA PA 19152
BORKOWSKI MO, BERNARO B GS
303 WINOY BUSH RO NEW HOPE PA 18938
BORKOWSKI MO, WINSLOW J N
1324 REO RAMBLER RO RYOAL PA 19046
BORNS MO, PATRICIA F R
3411 WAROEN OR PHILAOELPHIA PA 19129
BORDW MO, LAWRENCE S OBG
516 CRAIG LANE VILLANOVA PA 19085
BOROW MO, SYONEY PO
3400 ST VINCENT ST PHILAOELPHIA PA 19149
BOROWSKY MO, SYONEY M PO
1344 66TH AVE PHILAOELPHIA PA 19126
BORTIN MO, LEONARO IM
191 PRESIOENTIAL BLVO BALA CYNWYO PA 19004
BOURLANO MO, HENRY S CRS
2219 GARRETT RO OREXEL HILL PA 19026
BOUZARTH MO, WM F NS
EPISCOPAL HOSP STE 111 PHILAOELPHIA PA 19125
BOVE MO, FRANK A IM
2901 S BROAO ST PHILAOELPHIA PA 19148
BOWER MO, ROBT GS
230 N BROAO ST PHILAOELPHIA PA 19102
BOWERS MO, PAUL A OBG
255 S 17TH ST 2NO FL PHILAOELPHIA PA 19103
BOWMAN MO, JAMES E PO
7959 FRONTENEC ST PHILAOELPHIA PA 19111
BOYO 3RO MO, ROBT T GS
3910 POWELTON AVE PHILAOELPHIA PA 19104
BOYER MO, RANOAL A R
39 E MONTGOMERY AVE AROMORE PA 19003
BOYLE JR MO, JAMES J R
ANOOVER RO HAVERFORO PA 19041
BRACHFELO MO, JONES IM
227 NICHOLSON OR MOORESTOWN N J 08057
BRAOFORO MO, GEORGE W FP
1500 LOCUST ST APT 3008 PHILAOELPHIA PA 19102
BRADLEY JR MO, ROBT H U
33 E CHESTNUT HILL AVE PHILAOELPHIA PA 19118
BRAOY MO, LUTHER W R
230 N BROAO ST PHILAOELPHIA PA 19102
BRAITMAN MO, ROBT A IM
539 PRESCOTT RO MERION STA PA 19066
BRAUNFELO OO, ROBERT FP
206 HAROWICKE LA VILLANOVA PA 19085

BRAV MD, SOLOMON S DPH
5575 N PARK AVE PHILADELPHIA PA 19141
BRECHER MD, EUGENE FP
8118 OLD YORK RD ELKINS PARK PA 19117
BRECHT MD, JAMES A P
111 N 49TH ST PHILADELPHIA PA 19139
BRECKENRIDGE MD, JOHN W R
7937 HEATHER RD ELKINS PARK PA 19117
BREGMAN MD, JOS FP
7967 LANGDON ST PHILADELPHIA PA 19111
BRENMAN MD, ARNOLD K DTD
7612 MOUNTAIN AVE PHILADELPHIA PA 19117
BRENNAN MD, JAMES T R
3400 SPRUCE ST PHILADELPHIA PA 19104
BRENNAN MD, JOS E FP
431 E LEVICK ST PHILADELPHIA PA 19111
BRENNAN MD, RUSSELL J DTD
6100 WALNUT ST PHILADELPHIA PA 19139
BRENNER DD, RICHARD P IM
2175 KNORR ST PHILADELPHIA PA 19149
BRENNER MD, MAXWELL B US
2919 RICHMOND ST PHILADELPHIA PA 19134
BRENNER MD, SIDNEY FP
2175 KNORR ST PHILADELPHIA PA 19149
BRENNER MD, SOPHIE A FP
646 SPRINGFIELD RD SPRINGFIELD PA 19064
BRESLER MD, R RALPH IM
1003 WELLINGTON RD JENKINTOWN PA 19046
BREST MD, ALBERT N IM
JEFFERSON MED COLL PHILADELPHIA PA 19107
BREZIN MD, JOSEPH IM
1605 BROOKHAVEN RD WYNNEWOOD PA 19096
BRIGHAM MD, M PRINCE GS
3401 N BROAD ST PHILADELPHIA PA 19140
BRIGHTON MD, CARL T DRS
14 FLINTSHIRE RD MALVERN PA 19355
BRIGLIA MD, NICHOLAS N FP
2116 W PASSYUNK AVE PHILADELPHIA PA 19145
BRIGNOLA MD, MICHAEL P IM
215 BARCLAY BLDG BALA-CYNWYD PA 19004
BRILLMAN MD, NATHAN FP
6737 HARRISON AVE PHILADELPHIA PA 19149
BRINDISI MD, GAETANO IM
804 N 64TH ST PHILADELPHIA PA 19151
BRITT MD, EDWARD C FP
2030 N 63RD ST PHILADELPHIA PA 19151
BRODBYN MD, THOMAS J PS
3433 N BROAD ST PHILADELPHIA PA 19140
BRODKMAN MD, STANLEY K TS
1025 WALNUT ST PHILADELPHIA PA 19107
BRODER MD, GEORGE J R
1553 CHERRY LA RYDAL PA 19046
BRODOVSKY MD, HARVEY S IM
130 S 9TH ST PHILADELPHIA PA 19107
BRODSKY MD, ISADORE IM
1528 FLAT ROCK RD NARBERTH PA 19072
BRODY MD, JEROME I IM
3300 HENRY AVE PHILADELPHIA PA 19129
BRODY MD, LOUIS FP
2401 PENNA AVE PHILADELPHIA PA 19130
BRODY MD, MORRIS W P
2 W LEVERING HILL RD BALA-CYNWYD PA 19004
BRODY MD, SIDNEY A IM
1608 FARLINGTON RD HAVERTOWN PA 19083
BRODY MD, WILLIAM IH
3590 S OCEAN BLVD PALM BEACH FL 33480
BRONNLE MD, ALBERT H AN
34TH & CIVIC CTR BLVD PHILADELPHIA PA 19104
BROGAN MD, EDMUND J DTD
1020 CEDAR GROVE RD WYNNEWOOD PA 19096
BROGAN MD, JOHN J DBG
3101 COTTMAN AVE PHILADELPHIA PA 19149
BROGAN MD, LOUIS E PD
914 S 48TH ST PHILADELPHIA PA 19143
BROMBERG MD, DAVID DTD
TIMBER RG TH PARK AVE LINDENWOLD N J 08021
BRONSTEIN MD, ROBERT M R
8201 HENRY AVE F3 PHILADELPHIA PA 19128
BROOKS MD, ALLAN PSY
7900 OLD YORK RD 110B ELKINS PARK PA 19117
BROOKS MD, FRANK P IM
UNIV HOSP SPRUCE ST PHILADELPHIA PA 19104
BROOKS MD, ROBT FP
7600 WOODBINE AVE PHILADELPHIA PA 19151
BROSELOW MD, DAVID D FP
515 W CHELTEN AVE PHILADELPHIA PA 19144
BROSNAN MD, WM J AN
1225 CENTENNIAL RD NARBERTH PA 19072
BROUDO MD, SAML F DRS
6800 A CASTOR AVE PHILADELPHIA PA 19149
BROWN JR MD, ERNEST H IH
419-21 LANKENAU MED BLD PHILADELPHIA PA 19151
BROWN MD, CLARK E PTH
SD PAHET RD TRURO MASS 02666
BROWN MD, EARL H FP
B N BRYN HAWR PL MEDIA PA 19063
BROWN MD, HERMAN FP
9989 VERREE RD PHILADELPHIA PA 19115
BROWN MD, J OLIVER FP
863 N 47TH ST PHILADELPHIA PA 19139
BROWN MD, MAURICE L DBG
HAVERFORD GEN HOSP HAVERTOWN PA 19083
BROWNE MD, LAURENCE T IM
PRESIDENTIAL APTS D-126 PHILADELPHIA PA 19131
BROWNSTEIN MD, ISRAEL E DBG
1325 W TABOR RD PHILADELPHIA PA 19141
BROWNSTEIN MD, PHILLIP K U
220 HERHAID LN TH 183 PHILADELPHIA PA 19118
BRUCK MD, RHODA N R
322 GERARD AVE PHILADELPHIA PA 19117
BRUCKER MD, PAUL C FP
1025 WALNUT ST PHILADELPHIA PA 19107
BRUNNER MD, RICHARD A P
191 PRES BLVD ST #116 BALA-CYNWYD PA 19004
BRUND DD, ELENA P PD
1801 VINE ST RM 318 PHILADELPHIA PA 19103

BRUND MD, GIOVANNI R
VIA NAZIONALE 196/4 34016 DPICINA TRIESTE ITALIA
BRUNT JR MD, MANLY Y P
633 MALIN RD NEWTOWN SQ PA 19073
BRUST MD, RAYMOND W IM
301 MILL RD HAVERTOWN PA 19083
BRYANT JR MD, WINSTON M DPH
5900 SPRUCE ST PHILADELPHIA PA 19139
BRYLAWSKI MD, MICHAEL IM
606 ELKINS AVE ELKINS PARK PA 19117
BUCH MD, HERIBERTO E DPH
85 N LANSDOWNE AVE LANSDOWNE PA 19050
BUCHERT MD, JOS G FP
3019 N 8TH ST PHILADELPHIA PA 19133
BUCHHEIT MD, WM A NS
TEMPLE UNIV HOSP PHILADELPHIA PA 19140
BUCKA MD, EDWARD R IM
1015 WALNUT ST PHILADELPHIA PA 19107
BUERKLIN MD, ELLEN M IM
PO BOX 8299 WYETH LABS PHILADELPHIA PA 19101
BULLUCK MD, DAVID E DS
530 WALNUT ST PHILADELPHIA PA 19172
BULOVA MD, STEPHEN I IM
230 N BROAD CANCER INST PHILADELPHIA PA 19102
BUMGARDNER MD, HEATH D DBG
704 TILGHMAN DR DUNN N C 28334
BUNESE MD, HORST J FP
B126 RIDGE AVE PHILADELPHIA PA 19128
BURCH MD, WILLIAM ORS
7212 SHEARWATER PL PHILADELPHIA PA 19153
BURG MD, FREDRIC D PD
3930 CHESTNUT ST PHILADELPHIA PA 19104
BURLAND MD, J ALEXIS P
15 COLWYN LANE BALA-CYNWYD PA 19004
BURNETT MD, W EMORY GS
47 E RIGHTERS MIL RD NARBERTH PA 19072
BURNEY MD, LEROY E US
901 ROCK CREEK RD BRYN MAWR PA 19010
BURROS MD, HARRY M U
419 S 19TH ST PHILADELPHIA PA 19146
BURSTEIN MD, FRANK FP
8541 BUSTLETON AVE PHILADELPHIA PA 19152
BUTCHER MD, JAMES PTH
51 N 39TH ST PHILADELPHIA PA 19104
BUTLER MD, MELVIN V FP
2024 N 22ND ST PHILADELPHIA PA 19121
BUTSON MD, HARRY E PD
8236 GERMANTOWN AVE PHILADELPHIA PA 19118
BUZBY MD, FRANKLIN S GS
1107 WAKELING ST PHILADELPHIA PA 19124
BYRDY MD, HAROLD S P
155 KING ST PITTSFIELD MA 01201
BYRNE MD, PHILIP J FP
324 ASHBOURNE RD ELKINS PARK PA 19117
CADDEN MD, JOS T IM
5251 E ROOSEVELT BLVD PHILADELPHIA PA 19124
CADY JR MD, HERBERT M PD
7056 GERMANTOWN AVE PHILADELPHIA PA 19119
CAHAN MD, MICHAEL S PD
1939 W CHELTENHAM AVE PHILADELPHIA PA 19117
CAHN MD, MILTON H D
1930 CHESTNUT ST PHILADELPHIA PA 19103
CALABRESE MD, ANTHONY J IM
20B HOBART DR LAUREL SPRINGS N J 08021
CALABRO MD, SAL P D
2206 S BROAD ST PHILADELPHIA PA 19145
CALATA MD, ELISED R PH
THE CAMBRIDGE APT 1205 PHILADELPHIA PA 19144
CALDERON MD, GUSTAVE GS
617 E ALLEGHENY AVE PHILADELPHIA PA 19134
CALES MD, ROBERT J TS
3144 PASSYUNK AVE PHILADELPHIA PA 19145
CALESNICK MD, BENJ PTH
646 SPRINGFIELD RD SPRINGFIELD PA 19064
CALLERY MD, GERALD E DRS
111 LONG LANE UPPER DARBY PA 19082
CAMBRIDGE MD, FLORINDA L US
5801 SPRUCE ST PHILADELPHIA PA 19139
CAMP MD, WM P P
FRIENDS HOSP PHILADELPHIA PA 19124
CAMPBELL MD, ROBT E R
PENNSYLVANIA HOS RAD DP PHILADELPHIA PA 19107
CANDER MD, LEON IH
317 CHERRY LN WYNNEWOOD PA 19096
CANINO MD, CHRISTOPHER W R
433 ALDAN AVE ALDAN PA 19018
CANNARD MD, THOS H AN
309 MARYLAND AVE HAVERTOWN PA 19083
CANNON MD, EDWARD J DPH
1321 SPRUCE ST PHILADELPHIA PA 19107
CANNON MD, ELTON H FP
6447 CHEW AVE PHILADELPHIA PA 19119
CANTAFIO MD, RALPH PM
3512 BILLGER DR HUNTINGDON VLY PA 19006
CANTER MD, DONALD DTD
3257 PRINCETON AVE PHILADELPHIA PA 19149
CANTOR MD, HARRY GS
BENSON MANOR APT 708 JENKINTOWN PA 19046
CANTOR MD, ROBERT E PRH
CEDARBROOK HILL C713 WYNCOTE PA 19095
CANUSO MD, NICHOLAS A DBG
1645 S BROAD ST PHILADELPHIA PA 19148
CAPLAN MD, BERNERD R
8128 FAIRVIEW RD ELKINS PARK PA 19117
CAPLAN MD, MURRAY S P
9321 LARAMIE RD PHILADELPHIA PA 19115
CAPPOLA JR MD, MICHAEL T FP
5871 N 6TH ST PHILADELPHIA PA 19120
CAPPUCCIO MD, MATTHEW S DBG
1809 S 12TH ST PHILADELPHIA PA 19148
CAPUTO MD, LARRY A R
4617 PINE ST APT D51 PHILADELPHIA PA 19143
CARABASI MD, RALPH A IM
130 S 9TH ST STE 1920 PHILADELPHIA PA 19107
CARDAHDNE MD, S JOSEPH P
111 N 49TH ST PHILADELPHIA PA 19139

CAREY MD, LAWRENCE S IM
2245 GARRETT RD DREXEL HILL PA 19026
CARLUCCI MD, RONALD J GS
721 WINCHESTER RD BROOMALL PA 19008
CARNABUCI MD, GUY J D
1612 S BROAD ST PHILADELPHIA PA 19145
CARP MD, ALBERT A PD
7433 DREXEL RD PHILADELPHIA PA 19151
CARP MD, LEON M IM
7516 CITY AVE PHILADELPHIA PA 19151
CARPEL MD, RAPHAEL FP
2601 S MASSEY ST PHILADELPHIA PA 19142
CARRINGTON MD, ELSIE R DBG
3300 HENRY AVE PHILADELPHIA PA 19129
CARROLL MD, ROBT T IM
8705 PATTON RD WYNDMOOR PA 19118
CARROLL MD, STANTON F GS
530 MANOR RD WYNNEWOOD PA 19096
CARROZZA MD, HARRY D DPH
5735 RIDGE AVE PHILADELPHIA PA 19128
CARSON MD, JOHN B IM
BOX 291 GRADYVILLE RD NEWTOWN SQ PA 19073
CARTER MD, WM B FP
6113 COBBS CREEK PKWY PHILADELPHIA PA 19143
CASE JR MD, WARREN G P
PENN TOWERS STE 1408 PHILADELPHIA PA 19103
CASEY MD, JOHN D GS
715 CHELTEN AVE PHILADELPHIA PA 19126
CASEY MD, PAUL R GS
B350 ROOSEVELT BLVD PHILADELPHIA PA 19152
CASSALLIA DDS, PETER T DS
7955 CASTOR AVE PHILADELPHIA PA 19115
CASSIDY MD, WM J ORS
1254 GANTT DR HUNTINGDON VLY PA 19006
CASTAGNA MD, ARMAND FP
6463 MALVERN AVE PHILADELPHIA PA 19151
CASTALLO MD, MARIO A DBG
507 E ALLEN LN PHILADELPHIA PA 19119
CASTEL MD, NORMAN FP
2500 BELMONT AVE PHILADELPHIA PA 19131
CASTIGLIANO MD, S GORDON IM
CENTRAL & SHELMIRE AVES PHILADELPHIA PA 19111
CASTILLO MD, JOSE PS
435 TIMBER LA DEVON PA 19333
CASTOR MD, LOUIS H IM
6190 RISING SUN AVE PHILADELPHIA PA 19111
CASWELL MD, HORACE T GS
3401 N BROAD ST PHILADELPHIA PA 19140
CATES MD, JERRY L GS
EPISCOPAL HOSPITAL PHILADELPHIA PA 19125
CATTIE MD, VINCENT J GS
6350 N 7TH ST PHILADELPHIA PA 19126
CAUTILLI MD, RICHARD A DRS
7928 BUSTLETON AVE PHILADELPHIA PA 19152
CAVA MD, JOS J IH
1923 S BROAD ST PHILADELPHIA PA 19148
CAWLEY MD, NOEL S PTH
101 CONROY AVE SCRANTON PA 18505
CAYTEN MD, C GENE GS
4219 CHESTER AVE STE 3 PHILADELPHIA PA 19104
CELEBRE MD, ERHIND A FP
618 ARDMORE AVE ARDMORE PA 19003
CELEBRE MD, JOAN A DBG
1130 TOWER LANE E NARBERTH PA 19072
CEPEDA MD, ELVESSA P AN
1149 LIBERTY BELL DR CHERRY HILL NJ 08034
CHA MD, DONG S PS
666 E PENN ST 202 PHILADELPHIA PA 19144
CHACHKIN MD, SAHL GS
6B10 CASTOR AVE PHILADELPHIA PA 19149
CHALAL MD, GERALD S FP
2428 BROWN ST PHILADELPHIA PA 19130
CHALAL MD, KENNETH IM
2428 BROWN ST PHILADELPHIA PA 19130
CHAMBLIN MD, WH D DBG
3910 POWELTON AVE STE30 PHILADELPHIA PA 19104
CHAN MD, ANNE K DPH
WILLS EYE HOSP PHILADELPHIA PA 19130
CHAN MD, GUY H DPH
334 S LAWRENCE PHILADELPHIA PA 19106
CHANG MD, KUN T AN
60 E TOWNSHIP LINE ELKINS PARK PA 19117
CHANNICK MD, BERTRAM J IM
3401 N BROAD ST PHILADELPHIA PA 19140
CHARKES MD, NATHAN D DS
3400 N BROAD ST PHILADELPHIA PA 19140
CHARNY MD, CHAS W U
2039 DELANCEY PL PHILADELPHIA PA 19103
CHARTOCK MD, SOLOMON M FP
207B E CUMBERLAND ST PHILADELPHIA PA 19125
CHASE MD, HAROLD F AN
1732 OLD GULPH RD VILLANOVA PA 19085
CHASE MD, ROBT A PS
3930 CHESTNUT ST PHILADELPHIA PA 19104
CHASTENEY III MD, EDWARD A DBG
LANKENAU HED BLDG ST 41 PHILADELPHIA PA 19151
CHAT MD, EMANUEL P
11615 BUSTLETON AVE PHILADELPHIA PA 19116
CHEN MD, KWONG-NAN PH
12TH & TABOR RD PHILADELPHIA PA 19141
CHEN MD, MAO-HSIUNG AN
1903 A HUMPHREY HERRY W ELKINS PARK PA 19117
CHEN MD, WEI-FAN GS
283 CONGRESS AVE LANSDOWNE PA 19050
CHERKEN MD, HARRY DTD
3327 NETHERFIELD RD PHILADELPHIA PA 19129
CHERNER MD, RACHMEL IM
WASH LN&TOWNSHIP LINE R SUITE 101
JENKINTOWN PA 19046
CHERNEY MD, PAUL J PTH
1200 YORK RD ABINGTON PA 19001
CHERNOFF MD, BENJ IH
6901 OLD YORK RD PHILADELPHIA PA 19126
CHESEN MD, DAVID IM
CEDARBROOK HILL III WYNCOTE PA 19095

CHESLER MD, WM FP
1340 E LUZERNE ST PHILADELPHIA PA 19124
CHI MO, NUNGJA DBG
7700-B STENTON AVE #106 PHILADELPHIA PA 1911B
CHILD MD, PRDCTDR L PTH
307 CDLKET LN WAYNE PA 190B7
CHINITZ MO, JOEL L IM
250 N 13TH ST PHILADELPHIA PA 19107
CHIRICD MO, ANNA-MARIE IM
26 W REX AVE PHILADELPHIA PA 1911B
CHISUM MO, MELVIN J IM
1 PARKWAY 2ND FLOOR PHILADELPHIA PA 19102
CHMIELEWSKI MD, ROBT E IM
1220 OLD WELSH RD HUNTINGDN VLY PA 19006
CHD MO, JONG S P
2485 BYBERRY LA HATBORO PA 19040
CHD MO, SANG Y PTH
447 CLAIREMONT RO VILLANDVA PA 190B5
CHOH MD, SDDK P AN
3300 HENRY AVE PHILADELPHIA PA 19129
CHDI MD, BYONG L AN
1032 NESHAMINY VLY APTS CDRNWELLS HTS PA 19020
CHOI MO, EDWARD M R
GENERAL HOSPITAL WILKES-BARRE PA 1B702
CHOLLAK MO, WILLIAM L DRS
1116 WAVERLY ST PHILADELPHIA PA 19147
CHOMSKY MD, DAVID E IM
1411 WALNUT ST STE 603 PHILADELPHIA PA 19102
CHRISTIDES MO, STEPHAN A ORS
SUITE 3F 301 SOUTH 8 ST PHILADELPHIA PA 19106
CHRISTIE MO, JOAN A D8G
240 KINGSBORO AVE GLOVERSVILLE NY 12078
CHU MO, ODNALO IM
6100 CASTDR AVE PHILADELPHIA PA 19149
CHU MO, JENNIFER PM
4711 CEDAR AVE PHILADELPHIA PA 19143
CHU MO, WINSTON PS
927 NORTH ST COLLINGDALE PA 19023
CHUNG MO, HACK R P
FORD RD & MONUMENT AVE PHILADELPHIA PA 19131
CHUNG MD, STANLEY M ORS
CHILDRENS HOSP PHILADELPHIA PA 19104
CHUNG MD, WHAN S OBG
FRONT ST & LEHIGH AVE PHILADELPHIA PA 19125
CHUNN MO, LIVINGSTON FP
1310 OLD FORD RD HUNTNGDON VLY PA 19006
CICCONE MO, EMMETT F PTH
CANTERBURY CT B1B PHILADELPHIA PA 19114
CINBERG MO, LEONARD A IM
5112 N BROAD ST PHILADELPHIA PA 19141
CIRELLI MO, MARIO G GS
6304 N SIXTH ST PHILADELPHIA PA 19126
CLAIR MO, HENRY S FP
532 DEVEREAUX ST PHILADELPHIA PA 19111
CLARK MO, DONALD L AN
3400 SPRUCE ST PHILADELPHIA PA 19104
CLARK MO, EDDIE L FP
2109 W DIAMOND ST PHILADELPHIA PA 19121
CLARK MO, JOHN K US
843 PARKES RUN LA VILLANOVA PA 19085
CLARK MO, THOS W IM
44 W HIGHLAND AVE PHILADELPHIA PA 1911B
CLARKE MO, FRANKLYN R P
376 S BELLEVUE AVE LANGHDRNE PA 19047
CLARKE MO, JOHN R GS
3300 HENRY AVE PHILADELPHIA PA 19129
CLARKE MO, JOSEPH F R
2601 HOLME AVE PHILADELPHIA PA 19152
CLEARFIELD MD, HARRIS R IM
230 N BROAD ST PHILADELPHIA PA 19102
CLERF MO, LOUIS H US
5575 8TH AVE N ST PETERSBURG FLA 33710
CLOSE MO, HENRY P IM
660 RITTENHOUSE LN STRAFFORD PA 190B7
CLOSE MO, RICHARD A US
322 IONA AVE NARBERTH PA 19072
CLOSSON MO, EDWARD W GS
2301 S BROAD ST PHILADELPHIA PA 1914B
COANE MO, MORTON R OBG
6B10 CASTOR AVE PHILADELPHIA PA 19149
COFFEY MO, WM F IM
FIDELITY INS S PENN SQ PHILADELPHIA PA 19101
COHEN MO, ABRAHAM L FP
5400 W GIRARD AVE PHILADELPHIA PA 19131
COHEN MD, DAVID J FP
1807 DELANCEY PL PHILADELPHIA PA 19103
COHEN MO, ERWIN A GS
60 E TOWNSHIP LINE ELKINS PARK PA 19117
COHEN MO, H ELLIOTT IM
7911 HEATHER RD PHILADELPHIA PA 19117
COHEN MD, H EMMANUEL IM
51 N 39TH ST PHILADELPHIA PA 19104
COHEN MO, HARRY W P
501 HAMILTON RD MERION PA 19066
COHEN MD, ISADORE S IM
1919 CHESTNUT ST PHILADELPHIA PA 19103
COHEN MO, J STANLEY OBG
ELKINS PARK HOUSE B13-B PHILADELPHIA PA 19117
COHEN MO, JACOB J FP
5301 OLD YORK RD PHILADELPHIA PA 19141
COHEN MO, KENNETH O P
PRESIDENTIAL APTS 0112 PHILADELPHIA PA 19131
COHEN MO, MEYER A OTO
1829 PINE ST PHILADELPHIA PA 19103
COHEN MO, NORMAN F IM
5450 WISSAHICKON AVE PHILADELPHIA PA 19144
COHEN MO, NORMAN N PRM
MERCY CATHOLIC MED CTR PHILADELPHIA PA 19023
COHEN MO, PAUL A IM
223B MT VERNON ST PHILADELPHIA PA 19130
COHEN MO, ROBT M NS
RANCOCOS VLY HOSP WILLINGBORO NJ 08046
COHEN MO, ROBT V GS
520 SPRING AVE PHILADELPHIA PA 19117
COHEN MO, SARLE H IM
1201 W OLNEY AVE PHILADELPHIA PA 19141

CDHEN MD, SHERWODD V OPH
2375 WDODWARD ST PHILADELPHIA PA 19115
CDHEN MO, STANLEY N IM
255 S 17TH ST PHILADELPHIA PA 19103
CDHEN MO, THEDDDRE B P
421 HIDDEN RIVER RD NARBERTH PA 19072
CDHN MO, EDWIN M IM
7900 OLD YORK RD PHILADELPHIA PA 19117
CDHN MD, HERBERT E GS
130 S 9TH ST PHILADELPHIA PA 19107
CDHN MD, RDNALD E IM
4940 FRANKFORD AVE PHILADELPHIA PA 19124
CDLBERG MO, JAMES E GS
1025 WALNUT ST PHILADELPHIA PA 19107
CDL8URN JR MD, HAROLD L O
47 WAGDN BRIDGE RUN MDDRESTOWN NJ 0B057
COLE MD, KAY N OBG
1335 TABDR RD PHILADELPHIA PA 19141
COLLEY MD, ALFRED L GS
4900 PENN ST PHILADELPHIA PA 19124
COLLINS MD, MARJEANNE PD
34TH&CIVIC CTR BD RM203 PHILADELPHIA PA 19104
CDLMENAR MO, ANTDNIO B AN
5043 COPLEY RD PHILADELPHIA PA 19144
COLOMBI MD, DANIEL J DBG
2301 S BROAD ST 205 PHILADELPHIA PA 1914B
COLDSI MO, NICHOLAS J DPH
14543 TRAMDRE DR CHESTERFIELD MO 63017
CDLTMAN MD, ARTHUR B IM
1301 ROBBINS ST PHILADELPHIA PA 19111
COLTDN MO, NATHAN H P
306 BAINTREE RD ROSEMONT PA 19010
CDMBER MD, BERNARD E P
LANKENAU MED BLDG PHILADELPHIA PA 19151
COMER MO, NATHAN L P
1100 HLCRST RD PENN VLL NARBERTH PA 19072
COMERDTA MD, ANTHONY J GS
7861 SPRING AVE ELKINS PARK PA 19117
CONAWAY MD, HORACE B IM
34 THOMAS PAINE HOUSE WAYNE PA 190B7
CONGER MO, KYRIL B U
3401 N BROAD ST PHILADELPHIA PA 19140
CONLY JR MD, SAML S US
1025 WALNUT ST PHILADELPHIA PA 19107
CONN MO, S HALL P
NORRISTOWN ST HOSP NORRISTOWN PA 19401
CONNAUGHTON MD, JAMES F OBG
PA HOSP 8TH&SPRUCE ST PHILADELPHIA PA 19107
CONNELL MD, JANET T P
SUITE 101 2201 PA AVE PHILADELPHIA PA 19130
CONNOR DD, JANETTA V IM
1B0B JANNEY TERRACE LANGHORNE PA 19047
CONNOR DD, JOSEPH P IM
1B0B JANNEY TERRACE LANGHORNE PA 19047
CONROY DD, JAMES F IM
230 N BRDAD ST PHILADELPHIA PA 19102
CONROY MD, JDS V GS
CRESTMONT AVE&MEADDW LA PHILADELPHIA PA 19154
CDDDLEY MD, EUGENE L IM
262 LINDLEY LANE MERION PA 19066
CDDNEL MD, PAULINE OTO
47 E MT PLEASANT AVE PHILADELPHIA PA 19119
COOPER MD, DONALD R GS
3300 HENRY AVE PHILADELPHIA PA 19129
COOPER MD, EDWARD I FP
B00 DERWYN RD DREXEL HILL PA 19026
COOPER MD, EDWARD S IM
6710 LINCOLN DR PHILADELPHIA PA 19119
COOPER MD, MARTIN FP
1927 NICHOLAS DR HUNTINGDN VLY PA 19006
COOPER MD, MAX M R
1652 PENNYPACK RD HUNTNGDON VLY PA 19006
COOPERMAN MD, GERTRUDE FP
333 E CITY LINE AVE BALA CYNWYD PA 19004
COOPERMAN MD, MICHAEL T IM
921 W CHELTENHAM AVE MELROSE PARK PA 19126
COPE MD, CONSTANTIN IM
8246 FAIRVIEW RD ELKINS PARK PA 19117
COPELAN MD, HERBERT W IM
522 CAMBRIDGE RD BALA CYNWYD PA 19004
COPELAND MD, ADRIAN D P
130 S 9TH ST STE 1720 PHILADELPHIA PA 19103
COPELAND MD, NATHANIEL H IM
4622 KINGSESSING AVE PHILADELPHIA PA 19143
COPELAND MD, SOLKIN C PD
OLD LANC RD &LOTCHES LN MERION PA 19066
COPPES MD, CHAS D OBG
421 GREEN LANE PHILADELPHIA PA 19128
COPPOLINO MD, JOHN F PD
3410 GALT OCEAN DR 1410 FT LAUDERDALE FL 33308
COREN MD, GARY S R
3929 ROBIN ROAD HUNTINGDON VLY PA 19006
CORFF MD, MEYER GS
202 COVENTRY HOUSE MELROSE PRK PA 19126
CORMAN MD, LEV A OS
12TH & TABOR RD PHILADELPHIA PA 19141
CORNFIELD MD, DENNIS B IM
509 BRIDLE RD GLENSIDE PA 19038
CORSON MD, JOS K O
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118
CORSON MD, STEPHEN L OBG
715 RIGHTERS MILL RD NARBERTH PA 19072
COTLER MD, JEROME M ORS
1015 WALNUT ST STE 621 PHILADELPHIA PA 19101
COTTRELL MD, DAVID C ORS
DEL CO MED CTR BROOMALL PA 19008
COUSOUNIS MD, GERRY T FP
6221 RIDGE AVE PHILADELPHIA PA 19128
COWITZ MD, BERNARD P
111 PRESIDENTIAL BLVD25 BALA CYNWYD PA 19004
COX MD, JAMES L P
111 N 49TH ST PHILADELPHIA PA 19139
COX MD, SUSAN E OBG
3300 HENRY AVE PHILADELPHIA PA 19129
COYLE MD, PATRICK J IM
390B HENRY AVE PHILADELPHIA PA 19129

COYNE MD, RICHARD J IM
450 E LEVERING MILL RD MERIDN PA 19066
CRAM MD, ROBT H ORS
49 HAMPDEN RD UPPER DARBY PA 190B2
CRAMER MD, BERNARD S FP
60 E TOWNSHIP LN RD ELKINS PARK PA 19117
CRAMER MD, LESTER M PS
33 E CHESTNUT HILL AV PHILADELPHIA PA 1911B
CRANE MD, A REYNOLDS PTH
PENNSYLVANIA HOSP PHILADELPHIA PA 19107
CREECH MD, RICHARD H IM
AMER DNCDLDGIC HOSP PHILADELPHIA PA 19111
CRELLIN MD, JACOB A IM
2031 LOCUST ST PHILADELPHIA PA 19103
CRESSON MD, SAML L GS
2600 N LAWRENCE ST PHILADELPHIA PA 19133
CRETZMEYER MD, CHAS H GS
330 S 9TH ST PHILADELPHIA PA 19107
CREW MD, ROBT S FP
6112 ENSLEY DR FLOURTDWN PA 19031
CRISTDL MD, DAVID S U
FDXCRDFT SQ APTS 113 JENKINTDWN PA 19046
CRDLL MD, MILLARD N R
PD BDX 1B0 ST DAVIS PA 19089
CRONIN MD, DENNIS W GS
1200 CONCDRD AVE DREXEL HILL PA 19026
CRUFT MD, GED E GS
3930 CHESTNUT ST PHILADELPHIA PA 19104
CUCINDTTA MD, DOMENICD PD
3101 HELLERMAN ST PHILADELPHIA PA 19149
CUCINOTTA MD, SALVATDRE DBG
1645 S 8ROAD ST PHILADELPHIA PA 1914B
CUDKDWICZ MD, LEON IM
YONDER HILL FARM RT72 HIGHLAND DH 45132
CUISON MD, NAVORA AN
1741 FARMVIEW RD MAPLE GLEN PA 19002
CUISON MD, SERGIO Q AN
1741 FARMVIEW RD MAPLE GLEN PA 19002
CULF MD, NORRIS K PS
644 NORRISTOWN RD HORSHAM PA 19044
CULLEN MD, MILTDN L GS
488 N YORK RD WARMINSTER PA 1B974
CUNNINGHAM MD, JOHN D OTO
105 39TH ST AVALON NJ 08202
CURCIO MD, MARY R IM
40B GREEN LANE PHILADELPHIA PA 19128
CURRIE MD, RICHARD J U
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118
CURTIN MD, JOHN J IM
1746 S 65TH ST PHILADELPHIA PA 19142
CUSTER MD, RICHARD P PTH
INST FOR CANCER RES FOX CHASE PA 19111
CUTLER MD, IRVIN IM
6600 ROOSEVELT BLVD PHILADELPHIA PA 19149
CUTLER MD, JACK OBG
1245 HIGHLAND AVE ABINGTON PA 19001
CUTLER MD, NEIL R
13 OLD HICKORY RD RICHBORO PA 18954
CYNN MD, WON S R
GRADUATE HOSP PHILADELPHIA PA 19146
CZARNECKI MD, CASIMIR OPH
9412 ACADEMY RD PHILADELPHIA PA 19114
CZARNECKI MD, DOROTHY G OBG
9412 ACADEMY RD PHILADELPHIA PA 19114
CZARNECKI MD, NANCY S FP
9410 ACADEMY RD PHILADELPHIA PA 19114
DAGOSTINO MD, VALENTINO AN
220 SPRUCE ST PHILADELPHIA PA 19146
DAHLKE MD, MIRIAM B IM
LLANGOLLEN LANE NEWTOWN SQ PA 19073
DAITER MD, DONALD P
1221 COTTMAN AVE PHILADELPHIA PA 19111
DALE MD, ANTHONY D FP
APT 404 1810 RITTENHOUS PHILADELPHIA PA 19103
DALONZO MD, WALTER A GS
1647 S 15TH ST PHILADELPHIA PA 19145
DALSIMER MD, WALTER D P
330 CYNWYD RD BALA CYNWYD PA 19004
DALTON MD, JOHN R U
517 PINE ST PHILADELPHIA PA 19106
DALY JR MD, MICHAEL J OBG
3401 N BROAD ST PHILADELPHIA PA 19140
DALY MD, JAMES W IM
644 MORRIS AVE BRYN MAWR PA 19010
DALY MD, THOS W NS
476 MANHEIM PHILADELPHIA PA 19144
DAMSKER MD, JEFFREY I R
HAHNEMANN HOSP PHILADELPHIA PA 19102
DANA JR MD, ALAN S D
NE MED CTR WELSH&RSVLT PHILADELPHIA PA 19114
DANEHOWER MD, WM F FP
5626 N 3RD ST PHILADELPHIA PA 19120
DANIELEWSKI MD, GEO L FP
2349 ORTHODOX ST PHILADELPHIA PA 19137
DANIELS MD, ROGER B IM
PA HOSP 8TH & SPRUCE ST PHILADELPHIA PA 19107
DANIS MD, MARTHA J AN
1867 ACORN LN ABINGTON PA 19001
DANNENBURG MD, ARTHUR M FP
235 S 15TH ST PHILADELPHIA PA 19102
DAUGHTRIDGE MD, TRUMAN G R
8835 GERMANTOWN AVE PHILADELPHIA PA 1911B
DAVID MD, MITCHELL P
1B RADCLIFFE RD BALA CYNWYD PA 19004
DAVIDSON MD, JAY H IM
1002 SPRUCE ST PHILADELPHIA PA 19107
DAVIDSON MD, STEVEN J FP
3300 HENRY AVE BOX 192 PHILADELPHIA PA 19129
DAVIE MD, JOHN H IM
216 N BROAD ST 4TH FL PHILADELPHIA PA 19102
DAVIS MD, C NELSON P
524 HOWE RD MERION PA 19066
DAVIS MD, JOHN W PS
135 S 18TH ST PHILADELPHIA PA 19103
DAVIS MD, LAWRENCE W R
925 CHESTNUT ST 7TH FL PHILADELPHIA PA 19107

DAVIS MD, RICHARD A NS
3400 SPRUCE ST PHILADELPHIA PA 19104
DAVITCH MD, LEDNARD S FP
1900 SPRUCE ST PHILADELPHIA PA 19103
DE MD, NIRMAL K IM
84 QUARRY RDAD LEVITTDWN PA 19057
DEAVER MD, JDSHUA M GS
306 LANKENAU MED BLDG PHILADELPHIA PA 19151
DEBBAS MD, JDS N R
5 PRINCE EUGENE LANE MEDIA PA 19063
DEBERARDINIS MD, CAMILLO T IM
5809 CHEW AVE PHILADELPHIA PA 19138
DECASPERIS MD, ANTHONY J GS
6813 N 7TH ST PHILADELPHIA PA 19126
DECASTRD MD, NIEVES O AN
230 N BRDAD ST PHILADELPHIA PA 19102
DECHERNEY MD, WM A FP
2603 S 8TH ST PHILADELPHIA PA 19148
DECINA MD, LDUIS J DBG
7266 VALLEY AVE PHILADELPHIA PA 19128
DECKER MD, JDHN P PTH
PENNSYLVANIA HDSP PHILADELPHIA PA 19107
DECLEMENT MD, FREDERICK A GS
1900 S BRDAD ST PHILADELPHIA PA 19145
DEGUZMAN-CAM MD, BRIGIDA DBG
3700 BARING ST PHILADELPHIA PA 19104
DEHDRATIUS MD, RAPHAEL F IM
255 S 17TH ST PHILADELPHIA PA 19103
DEICHLER MD, JOHN W DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
DEININGER MD, JDHN T IM
AEMC YDRK TABDR RDS PHILADELPHIA PA 19141
DEITCH MD, BERNARD IM
1030 E LANCASTER AVE RDSEMDNT PA 19010
DEITZLER MD, MARGARET M AN
2818 BAYVIEW DR ALAMEDA CA 94501
DELAURENTIS MD, DDMINIC A GS
PA HDSP 8TH & SPRUCE PHILADELPHIA PA 19107
DELRDSSI MD, ANTHDNY J GS
486 CHURCH RD DEVDN PA 19333
DELUCA MD, CHARLES Q ORS
2 WATERMAN AVE PHILADELPHIA PA 19118
DEMARCD MD, CARLD M IM
7060 CITY LINE PHILADELPHIA PA 19151
DEMARTIND DDS, BRUCE K AN
3300 HENRY AVE PHILADELPHIA PA 19129
DEMASI MD, PANTALEDNE FP
2134 S 15TH ST PHILADELPHIA PA 19145
DEMICHELE MD, JDS GS
1285 CLUB HOUSE RD GLADWYNE PA 19035
DEMING MD, MARGERY V AN
FAIRFAX APTS PHILADELPHIA PA 19104
DEMDURA MD, JAMILO B DRS
118 SPRUCE ST PHILADELPHIA PA 19106
DEMPSEY MD, EUGENE C FP
1400 S 22D ST PHILADELPHIA PA 19146
DENCH JR MD, EDWARD H US
10 WASHINGTDN DR LAUREL SPRINGS NJ 08021
DENIZARD MD, CARL E PD
7916 LDUIS LANE PHILADELPHIA PA 19118
DENTDN MD, CLARENCE IM
685 3RD AVE NEW YDRK NY 10017
DEPAULA MD, CARL J DRS
8505 PATTDN RD PHILADELPHIA PA 19118
DERENZO MD, AURELID G FP
1827 S BRDAD ST PHILADELPHIA PA 19148
DEREZIN MD, MARVIN IM
1700 B FRANKLIN PKY 230 PHILADELPHIA PA 19103
DERHAM MD, RDBT J GS
6340 SHERWDDD RD PHILADELPHIA PA 19151
DERDNDE MD, MARGARET P
1170 NE 191ST ST N MIAMI BCH FL 33162
DERSHAW MD, SAML FP
6314 DGDNTZ AVE PHILADELPHIA PA 19141
DESAI MD, AJIT M IM
8401 NEWBDLD LANE PHILADELPHIA PA 19118
DESIATD MD, NICDLA IM
721 W ERIE AVE PHILADELPHIA PA 19140
DESILVERID MD, RDBT V P
1700 BENJ FRANK PKY PHILADELPHIA PA 19103
DESSEN MD, EDWARD R
3600 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
DETUERK MD, JDHN J GS
1073 MDNTGDMERY AVE NARBERTH PA 19072
DETULLID MD, ANTHDNY E FP
2128 S 20TH ST PHILADELPHIA PA 19145
DEUTCHMAN MD, SANDRA S AN
111 THE MEWS KINGS HWAY HADDDNFIELD NJ 08033
DEUTSCH MD, JDEL GS
500 BLUE HILLS AVE SINA HARTFDRD CT 06112
DEVINE MD, JEAN K PD
600 GAWAIN RD PLYMDUTH MTNG PA 19462
DEVINE MD, PETER J PRM
6 PHEASANT DR HDLLAND PA 18966
DEVLIN MD, JDS T PD
2501 S 21ST STREET PHILADELPHIA PA 19145
DEWEES MD, ERNEST J US
32 WING RD FALMDUTH MA 02540
DEYDUNG MD, EDWARD M R
518 DTT RD BALA CYNWYD PA 19001
DHAND MD, SANDEEP IM
7706-B PENRDSE AVE ELKINS PARK PA 19117
DIAMDND MD, HERBERT P
420 BDLSDVER RD WYNNEWDDD PA 19096
DIBELLD MD, ANGELD M FP
8201 CRAIG ST PHILADELPHIA PA 19136
DICKENS MD, HELEN D DBG
3400 SPRUCE ST STE 106 PHILADELPHIA PA 19104
DICKSDN MD, GLENN S DBG
1505 FDULKRDD ST PHILADELPHIA PA 19124
DICKSDN MD, RDBERT L DTD
RT 3 BDX 304 W JEFFERSN NC 28694
DICKSTEIN MD, BENJ PD
6810 CASTDR AVE PHILADELPHIA PA 19149
DIDID MD, FRANCESCD P FP
731 MDRRIS ST PHILADELPHIA PA 19148
DIEMER JR MD, LDUIS M FP
1849 E ALLEGHENY AVE PHILADELPHIA PA 19134
DIGIACDMD MD, DSCAR P FP
6810 RIDGE AVE PHILADELPHIA PA 19128
DIGILID MD, VICTDR A IM
2200 ST JAMES PL PHILADELPHIA PA 19103
DIGIOVANNI MD, ALPHDNSE J GS
4 MARTINS RUN MEDIA PA 19063
DIIENND MD, JDS A P
1164 HIGHLAND AVE ABINGTDN PA 19001
DIMARCD MD, BEATRICE AN
1620 MDNTGDMERY AVE VILLANDVA PA 19085
DINEEN MD, THDS G IM
31 LINDEN ST LANSDDWNE PA 19050
DINDN MD, LDUIS R IM
301 SDUTH 8TH ST PHILADELPHIA PA 19106
DIDN MD, HARRY S FP
CEDARBRDDK HILL APT III WYNCDTE PA 19095
DIDRID MD, JDS A AN
1827 PURDIE LANE MAPLE GLEN PA 19002
DIPALMA MD, JDS R IM
230 N BRDAD ST PHILADELPHIA PA 19102
DIRDCCD MD, VINCENT P FP
2125 S 13TH ST PHILADELPHIA PA 19148
DISILVESTRD JR MD, JDHN M IM
275 S 19TH ST PHILADELPHIA PA 19103
DISILVESTRD MD, HELEN E IM
6950 LARGE ST PHILADELPHIA PA 19149
DISTEFAND MD, GRIMALDD C AN
658 GLENWYD RD BRYN MAWR PA 19010
DITUNND JR MD, JDHN F IM
JEFF U 11TH & WALNUT PHILADELPHIA PA 19107
DJERASSI MD, ISAAC PD
2034 DELANCEY PL PHILADELPHIA PA 19143
DLIN MD, BARNEY M P
230 W ALLENS LANE PHILADELPHIA PA 19119
DLUTDWSKI MD, BERNARD J DBG
10101 ACADEMY RD PHILADELPHIA PA 19114
DDBELBDWER JR MD, RALPH R
10TH & SANSDM ST PHILADELPHIA PA 19107
DDDGE MD, HERBERT C AN
HDLY REDEEMER HDSP MEADDWBRDDK PA 19046
DODIES MD, LDUIS A FP
CTR CITY 1 1326 SPRUCE PHILADELPHIA PA 19107
DDLFMAN MD, VICTDR FP
726 CHESTNUT ST PHILADELPHIA PA 19106
DDLINSKAS MD, CARDL A R
7312 EMLEN ST PHILADELPHIA PA 19119
DDLPHIN MD, JDHN M PTH
P D BDX M KNG DF PRUSS PA 19406
DDMANSKI MD, JDHN J FP
1705 HUNTING PK PHILADELPHIA PA 19140
DDMBKDSKI MD, WALTER J FP
1523 RHDDES DR HUNTINGDN VLY PA 19006
DDMDN MD, CHAS M IM
5801 SPRUCE ST PHILADELPHIA PA 19139
DDNAGHUE MD, ADRIAN H IM
7602 ATLANTIC AVE MARGATE CITY NJ 08402
DDNALDSDN MD, JAMES B IM
3401 N BRDAD ST PHILADELPHIA PA 19140
DDNALDSDN MD, MILTDN H PD
7701 BURHDLME AVE PHILADELPHIA PA 19111
DDNATD MD, RDBT A PTH
413 NEWBDLD RD JENKINTDWN PA 19046
DDNER DD, IVAN A US
518 BRDDK LANE WARMINSTER PA 18974
DDNNELLY JR MD, JDS C TS
315 CHERRY LA WYNNEWDDD PA 19096
DDNNELLY MD, CELESTE C AN
616 E GATES ST PHILADELPHIA PA 19128
DDNDVAN MD, RDBT J P
8TH & SPRUCE STS PHILADELPHIA PA 19107
DDRAZID MD, EDWARD A R
529 APPLEWDDD DR FT WASHINGTDN PA 19034
DDRMAN MD, GDRDDN FP
1003 N 6TH ST PHILADELPHIA PA 19123
DDRNSTEIN MD, PERRY I IM
DLD YDRK RD&MTG HDUSE PHILADELPHIA PA 19117
DDRTCH MD, JDSEPH DBG
S DELSEA DR & MADISDN CLAYTDN NJ 08312
DDRWART MD, BDNNIE B IM
124 MAPLE AVENUE BALA CYNWYD PA 19004
DDSHI MD, KIRTI K AN
9 HARRDWGATE DR CHERRY HILL N J 08003
DDTD JR MD, JDS B AN
320 SINKLER RD WYNCDTE PA 19095
DDUGHERTY MD, MALVIN J DPH
34 LDPELY RD UPPER DARBY PA 19082
DDUGLAS MD, E LDRENZD U
5000 WALNUT ST PHILADELPHIA PA 19139
DDUWES MD, KAREL GS
434 CRESCENT RD WYNCDTE PA 19095
DDWLING MD, JDHN J DRS
1432 MDNK RD GLADWYNE PA 19033
DDWNES MD, JDHN J AN
CHILDRENS HDSP DPT ANES PHILADELPHIA PA 19104
DDWRAY MD, RAMESH FP
228 LINDEN CDURT CDRNWELLS HGTS PA 19020
DRAPER MD, NELLE E FP
308 HAVERFDRD PA SWARTHMDRE PA 19081
DRATCH MD, MICHAEL B IM
1521 LDCUST ST PHILADELPHIA PA 19102
DRATMAN MD, MARY B IM
7125 WISSAHICKDN AVE PHILADELPHIA PA 19119
DRATMAN MD, MITCHELL L P
ALDEN PARK APT 302-A PHILADELPHIA PA 19144
DRAYER MD, CALVIN S P
811 LAFAYETTE RD BRYN MAWR PA 19010
DREIFUS MD, LEDNARD S IM
1415 HAGYSFDRD RD NARBERTH PA 19072
DRINKER MD, HENRY M PD
8236 GERMANTDWN AVE PHILADELPHIA PA 19118
DSILVA MD, HENRY I PTH
THDMAS JEFFERSDN HDSP PHILADELPHIA PA 19104
DUBB MD, JEFFREY W IM
2110 LDCUST ST PHILADELPHIA PA 19103
DUBLIN MD, GEDRGE J DPH
1018 E CH APT 2151 RT 3 CHERRY HILL N J 08002
DUCA MD, PETER R IM
THDMAS JEFFERSDN HDSP PHILADELPHIA PA 19107
DUCHIN MD, HARVEY E DBG
811 SPRUCE ST PHILADELPHIA PA 19107
DUCKETT JR MD, JDHN W U
DNE CHILDRENS CTR PHILADELPHIA PA 19104
DUDEK MD, WM C FP
4225 MANAYUNK AVE PHILADELPHIA PA 19128
DUFNER MD, MARY E PTH
9617 LEDN ST PHILADELPHIA PA 19114
DUKES MD, JDHN L FP
PINECRDFT RD BERWYN PA 19312
DUMAS MD, PETER A P
4020 MECHANICSVILLE RD CDRNWELLS HGTS PA 19020
DUNCAN MD, GARFIELD G IM
RD 1 MALVERN PA 19355
DUNCAN MD, JDHN J PS
PAINTERS CRDSS 205 RT 1 CHADDS FDRD PA 19317
DUNCAN MD, THEDDDRE G IM
829 SPRUCE ST STE 302 PHILADELPHIA PA 19106
DUNFIELD MD, ANTHDNY H P
PHILA STATE HDSP PHILADELPHIA PA 19154
DUPLER MD, DDNALD A IM
LANKENAU MED BLDG #332 PHILADELPHIA PA 19151
DURDCHER MD, JDHN R IM
PENNA HDSPITAL PHILADELPHIA PA 19107
DYKYJ MD, RDMAN IM
5213 N BRDAD ST PHILADELPHIA PA 19141
DYSDN MD, WM L P
107 PINE ST PHILADELPHIA PA 19106
DZWDNCZYK JR MD, JDHN GS
4 PINE VIEW DR MEDIA PA 19063
EASBY MD, MARY H US
SHELBDURNE VT 05482
ECKER MD, MALCDLM L DRS
500 WILLDW AVE STE A AMBLER PA 19002
EDEIKEN MD, JACK R
JEFFERSDN HDSP PHILADELPHIA PA 19107
EDELL DD, STEVEN L R
UNIV DF PA DEPT DF RAD PHILADELPHIA PA 19104
EDINGTDN MD, JDHN M P
4601 MARKET ST PHILADELPHIA PA 19139
EDMUNDS JR MD, L HENRY TS
1000 RADVIN INST PHILADELPHIA PA 19104
EGER MD, SHERMAN A GS
A406 VALLEY VIEW APTS KNG DF PRUSS PA 19406
EGLICK MD, PAUL G PD
10151 BUSTLETDN AVE PHILADELPHIA PA 19116
EHRLICH MD, ALEXANDER E D
222 W RITTENHDUSE SQ PHILADELPHIA PA 19103
EHRLICH MD, GED E IM
ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141
EICHMAN MD, JDS C FP
9 MDNTGDMERY AVE BALA-CYNWYD PA 19004
EICHMAN MD, MARY R FP
9 MDNTGDMERY AVE BALA-CYNWYD PA 19004
EIMAN MD, JDHN W PTH
ABINGTON MEM HDSP ABINGTDN PA 19001
EISMAN MD, SYLVAN H IM
3400 SPRUCE ST PHILADELPHIA PA 19104
EISNER MD, HENRY IM
413 BRYN MAWR AVE BALA-CYNWYD PA 19004
ELCDCK MD, CLAUDIUS A IM
400 S 57TH ST PHILADELPHIA PA 19143
ELDAIEF MD, SAMIR F GS
1508 PLYMDUTH BLVD NDRRISTDWN PA 19401
ELFMAN MD, LDUIS K DTD
3725 S DCEAN DR APT 304 HDLLYWDDD FL 33019
ELIADES MD, WM IM
1015 CHESTNUT ST PHILADELPHIA PA 19107
ELLEN MD, STEPHEN J DBG
13 WEIRWDDD RD RADNDR PA 19087
ELLER MD, RICHARD W AN
3234 E BRUCE DR DRESHER PA 19025
ELLIDTT MD, FRANK A N
807 SPRUCE ST PHILADELPHIA PA 19107
ELLIS JR MD, LEANDER T P
100 S SWARTHMDRE AVE SWARTHMDRE PA 19081
ELLIS MD, H LENWDDD FP
450 S 57TH ST PHILADELPHIA PA 19143
ELLIS MD, RICHARD A DPH
255 S 17TH ST PHILADELPHIA PA 19103
ELLIS MD, SAML FP
275 BRYN MAWR APT E-25 BRYN MAWR PA 19010
ELLIS MD, WM U
15TH & UPLAND ST 400 CHESTER PA 19013
ELLISDN MD, JULIUS IM
NE MED CTR WELSH&RSVLT PHILADELPHIA PA 19114
ELLDSD MD, CIPRIAND A PTH
612 BERGEN DR CINNAMINSDN N J 08077
ELLDSD MD, MARGARITA F AN
612 BERGEN DR CINNAMINSDN NJ 08077
ELMALEH MD, MIRIAM K FP
8251 DLD YDRK RD ELKINS PARK PA 19117
ENGEL MD, GILSDN C GS
334 LANKENAU MED BLDG PHILADELPHIA PA 19151
ENGINEER MD, ERACH H AN
34 LEVERING CIRCLE BALA CYNWYD PA 19004
ENGLE MD, RDWLAND B FP
1364 HARRISDN ST PHILADELPHIA PA 19124
ENGLISH MD, D SPURGEDN P
449 RIGHTERS MILL RD NARBERTH PA 19072
ENTERLINE MD, HDRATID T PTH
3400 SPRUCE ST PHILADELPHIA PA 19104
ENTINE MD, JDS H GS
6737 HARBISDN AVE PHILADELPHIA PA 19149
EPPLE MD, WALTER D NS
LANKENAU HDSPITAL PHILADELPHIA PA 19151
EPSTEIN MD, HERMAN FP
CRITTENDEN & WILLDW GR PHILADELPHIA PA 19118
EPSTEIN MD, ISADDRE S IM
3950 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
ERDMAN 2ND MD, WM J PM
3803 THE DAK RD PHILADELPHIA PA 19129

ERICKSON MO, JAMES C AN
613 BRIOLE RD GLENSIOE PA 19038
ERSLEV MO, ALLAN J IM
JEFFERSON MED COLL PHILADELPHIA PA 19107
ERSNER MO, JACK S OS
1930 CHESTNUT ST PHILADELPHIA PA 19103
ESCARTE MO, DEOGRACIAS E FP
AERDNUTRONIC-FORO CORP LANSOALE PA 19446
ESCOBAR MO, EDGAR FP
31 VERNASA OR LANGHORNE PA 19047
ESCOLL MD, PHILIP J P
111 N 49TH ST PHILADELPHIA PA 19139
ESKENAZI MD, MARKO M OBG
B140 VERREE RO PHILAOELPHIA PA 19111
ESKIN MO, BERNARO A O8G
MAOISON HOUSE SUITE 124 PHILAOELPHIA PA 19131
ESPINO MO, SHIRLEY C AN
540 8RIAN OR CHERRY HILL NJ 08003
ESTACIO MO, RESTITUTO N PO
149B 8RICK RO CHERRY HILL NJ 08003
ESTERHAI JR MO, JOHN L FP
804 LONGFIELO RO PHILAOELPHIA PA 19118
ESTIOKO MO, MANUEL R TS
1335 W TABOR RO STE 307 PHILAOELPHIA PA 19141
ETEZADY MO, M HOSSEIN P
451 GYPSY RO GULPH MILLS PA 19406
ETTELSON MO, LAWRENCE N IM
5436 118TH AVE SE 8ELLEVUE WA 9B004
ETTENGER MO, MORRIS S OTO
2607 WELSH RO APT J205 PHILAOELPHIA PA 19114
ETTINGER MO, JEFFREY B PO
ST JAMES HOUSE 13 & WLN PHILAOELPHIA PA 19107
ETZL MO, MICHAEL M IM
9025 FRANKFORO AVE PHILADELPHIA PA 19114
EVANS MO, AUOREY E PO
226 W RITTENHOUSE SQ PHILAOELPHIA PA 19103
EVANS MO, 8ARBARA J PO
3300 HENRY AVE PHILAOELPHIA PA 19129
EVANS MO, JOS 8 PO
3200 RAWLE ST PHILAOELPHIA PA 19149
EVERS MO, WILLIAM AN
5218 WINTERTON OR FAYETTEVILLE NY 13066
EVERTS MO, GLENN S US
58 W WATER ST GETTYS8URG PA 17325
EVERTS SUAREZ MO, ERICH A PTH
1567 PALMER ST PHILAOELPHIA PA 19125
EWING MO, JAMES H P
POSSM HOLLOW RO WALLINGFORD PA 19086
EYMONTT MO, MICHAEL J R
18 HARROWGATE OR CHERRY HILL NJ 08003
EZICKSON MO, WM J U
441 ANTHWYN RO NARBERTH PA 19072
FABER MO, KALMAN P
255 S 17TH ST PHILAOELPHIA PA 19103
FA8IANI MO, JOS A ORS
925 BRYN MAWR AVE NARBERTH PA 19072
FALKENSTEIN MO, SHELOON J AN
636 SPRUCE ST PHILAOELPHIA PA 19106
FALLAH-NEJAO MO, MANOUCHER GS
GRAOUATE HOSP RM 1200 PHILAOELPHIA PA 19146
FALUOI MO, GEORGIANA IM
829 SPRUCE ST PHILAOELPHIA PA 19107
FAR8ER MO, EMANUEL P O8G
6823 CASTOR AVE PHILAOELPHIA PA 19149
FARELL MO, OAVIO M OBG
1912 SPRUCE ST PHILAOELPHIA PA 19103
FARQUHAR MO, JOHN O PO
PRES8-UNIV OF PA MEOCTR PHILAOELPHIA PA 19104
FARRAR JR MO, GEO E IM
VILLAGE 2 TAHOE 18 NEW HOPE PA 18938
FARRELL MO, HARRY L GS
135 S 20TH ST PHILAOELPHIA PA 19103
FEOERICI MO, VALERIO J GS
119 OEVON RO CINNAMINSON NJ 08077
FEOORIW MO, PETRO FP
4733 N 12TH ST PHILAOELPHIA PA 19141
FEIG MO, STEPHEN A R
220 LOCUST ST PHILAOELPHIA PA 19106
FEIGENBAUM MO, LLOYO J FP
2502 REO OAK CIRCLE SPRINGFIELO PA 19064
FELOMAN MO, JACK A GS
1B C OURHAN CT WILLIAMSVILLE NY 14221
FELOMAN MO, JULIAN O OBG
829 SPRUCE ST PHILAOELPHIA PA 19107
FELIX MO, OIONISIO O8G
441 TOMLINSON RO #O-7 PHILAOELPHIA PA 19116
FENLIN JR MO, JOHN M ORS
248 S 21ST ST PHILAOELPHIA PA 19103
FEO MO, LOUIS G US
814 PINE ST PHILADELPHIA PA 19107
FERGUSON JR MO, GUERRANT H FP
116 8ALA AVE 8ALA-CYNWYO PA 19004
FERGUSON MO, EMANUEL R FP
5612 8AYNTON ST PHILAOELPHIA PA 19144
FERRARA MO, VINCENT L NS
931 HUNTINGTON PIKE HUNTINGTON VLY PA 19006
FERREIRA MO, ARTURO J IM
B400 8USTLETON AVE PHILADELPHIA PA 19152
FETTER MO, FEROINANO IM
322 S 21ST ST PHILAOELPHIA PA 19103
FICKE MO, J RONALO IM
3919 MARTIN RO HUNTNGOON VLY PA 19006
FIEOLER MO, JAMES J FP
3512 AINSLIE ST PHILAOELPHIA PA 19129
FIEL MO, STANLEY B IM
9200 BUSTLETON AVE PHILAOELPHIA PA 19115
FIELO MO, HOWARO L P
1025 WALNUT ST PHILAOELPHIA PA 19107
FIELOS MO, HARRY O8G
133 S 36TH ST PHILAOELPHIA PA 19104
FIGUEROA MO, WM G IM
933 HAVERFORO AVE 8RYN MAWR PA 19010
FILMYER JR MO, EOWARO A PO
2220 MT CARMEL AVE GLENSIOE PA 19038
FINE MO, ERIC W P
1018 AR8ORETUM RO WYNCOTE PA 19095

FINE MO, RAYMOND M FP
7309 FRANKLIN 403 HOLLYWOOO CA 90046
FINEBERG MO, CHAS GS
SOCIETY HILL TOWERS N PHILAOELPHIA PA 19106
FINESTONE MO, ALBERT J IM
3401 N BROAD PHILADELPHIA PA 19140
FINESTONE MO, ISRAEL IM
5163 WESTFORO RO PHILAOELPHIA PA 19120
FINK MO, GOROON B PTH
3190 TREMONT AVE TREVOSE PA 19047
FINKELSTEIN MO, OAVIO IM
419 S 19TH ST PHILADELPHIA PA 19146
FINKLESTEIN MO, LEAH S R
2401 PA AVE APT 16 A 11 PHILAOELPHIA PA 19130
FINN MO, JOS L O8G
8014 BURHOLME AVE PHILADELPHIA PA 19111
FINNEGAN MO, JAMES O GS
216 N 8ROAO ST PHILAOELPHIA PA 19102
FIRST MO, ARTHUR OBG
191 PRESIOENTIAL 8LVO 8ALA CYNWYO PA 19004
FIRST MO, HOWARO E OBG
SOUTH 17TH STE 2000 PHILAOELPHIA PA 19103
FIRST MO, STEWART E O8G
255 S 17TH ST STE 2000 PHILAOELPHIA PA 19103
FISCHBACH MO, MAX W IM
ELKINS PARK HOUSE ELKINS PARK PA 19117
FISCHER JR MO, CARL R FP
224 W HATHAWAY LANE AROMORE PA 19003
FISCHER MO, CARL C PO
3351 SPANISH TR APT 214 OELRAY 8EACH FL 33444
FISCHER MO, H KEITH P
5450 WISSAHICKON AV A11 PHILAOELPHIA PA 19144
FISCHER MO, SHARON P OS
1401 LINOSAY LA MEAOOWBROOK PA 19046
FISH MO, SYLVAN M PRM
6421 LE8ANON AVE PHILAOELPHIA PA 19151
FISHBACK MO, OAVIO 8 FP
2034 E SOMERSET ST PHILAOELPHIA PA 19134
FISHER MO, GEO R OS
B29 SPRUCE ST SUITE 308 PHILADELPHIA PA 19107
FISHER MO, MARY S R
3401 N 8ROAO ST PHILAOELPHIA PA 19140
FISHER MO, SETH M AN
1201 LAKEMONT RO VILLANOVA PA 19085
FISHMAN MO, AARON E IM
6618 WOOOLANO AVE PHILAOELPHIA PA 19142
FISHMAN MO, ALFREO P IM
2401 PENNSYLVANIA AVE PHILAOELPHIA PA 19130
FITE MO, FRANKLIN K PTH
GERMANTOWN OISP HOSP PHILAOELPHIA PA 19144
FITTS JR MO, WM T GS
3400 SPRUCE ST PHILAOELPHIA PA 19104
FLANAGAN MO, H FRANKLIN OPH
4412 MANAYUNK AVE PHILAOELPHIA PA 19128
FLEISCHMAJER MO, RAUL O
230 N 8ROAO ST PHILAOELPHIA PA 19102
FLEISHMAN OO, LEON FP
8317 8USTLETON AVE PHILAOELPHIA PA 19152
FLEMING MO, BURTON A P
500 W MORELANO AVE PHILAOELPHIA PA 19118
FLETCHER MO, LOUIS FP
661 S AVE SECANE PA 1901B
FLICK SR MO, JOHN B US
449 W MONTGOMERY AV 102 HAVERFORO PA 19041
FLICKINGER MO, FREOERICK W PRM
BOX 216 MAIN ST YORK SPRINGS PA 17372
FLINKMAN MO, LEONARO FP
210 MEETINGHOUSE LA MERION PA 19066
FLINT MO, OORDTHY J P
1027 VALLEY FORGE RO OEVON PA 19333
FLORO MO, CLARO N OBG
3300 HENRY AVE PHILAOELPHIA PA 19129
FOOERARO MO, JOHN PRM
829 8ENSON ST PHILAOELPHIA PA 19111
FOLOES MO, STEVEN I AN
4033 WOOORUFF RO LAFAYETTE HILL PA 19444
FOLOES MO, VERONIKA M PO
4033 WOOORUFF RO LAFAYETTE HILL PA 19444
FONTANILLA MO, ROODLFO C FP
649 CORNWALLIS OR MT LAUREL NJ 08054
FORCE MO, THOS B O8G
1304 FAIRY HILL RO RYOAL PA 19046
FOREMAN MO, JOS GS
6737 HARBISON AVE PHILAOELPHIA PA 19149
FORMAN MO, HARRIS IM
412 OALY ST PHILAOELPHIA PA 1914B
FORMAN MO, HARVEY R IM
1038 WARFIELO LANE HUNTINGOON VLY PA 19006
FORMAN MO, JOS E FP
6600 REVERE ST PHILAOELPHIA PA 19149
FORMAN MO, KENNETH J IM
ONE ABINGTON PLAZA 401 JENKINTOWN PA 19046
FORMAN MO, MYRON R
1608 JUNIPER AVE ELKINS PARK PA 19117
FORMAN MO, SAML FP
605 ROCKLAND AVE YEAOON PA 19050
FORNWALT MO, HELEN L O8G
231 OLO GULPH RO WYNNEWOOO PA 19096
FORSTER JR MO, H WALTER OPH
37 S 20TH ST PHILAOELPHIA PA 19103
FOULGER MO, MARGARET P IM
601 ROCKWOOO RO WILMINGTON OEL 19802
FOX IV MO, JAMES W PS
135 S 18TH ST PHILAOELPHIA PA 19103
FRANKEL MO, OONALO S O8G
255 S 17TH ST PHILAOELPHIA PA 19103
FRANKEL MO, LEON A GS
3600 CONSHOHOCKEN AVE PHILAOELPHIA PA 19131
FRANKLIN MO, MORRIS FP
1919 CHESTNUT ST PHILAOELPHIA PA 19103
FRANKLIN MO, SIONEY N IM
1900 SPRUCE ST PHILAOELPHIA PA 19103
FRAYER MO, WM C OPH
51 N 39TH ST PHILAOELPHIA PA 19104
FRAZIER MO, WM O GS
3400 SPRUCE ST PHILAOELPHIA PA 19104

FREOERICKS MO, LILLIAN E AN
7950 WHITEWOOO RO ELKINS PARK PA 19117
FREEOMAN MO, ABRAHAM P
1015 CHESTNUT ST 1013 PHILAOELPHIA PA 19107
FREEDMAN MO, E FANNIE FP
937 N 65TH ST PHILADELPHIA PA 19151
FREEOMAN MO, JACOB J FP
1600 S 2BTH ST PHILADELPHIA PA 19145
FREEOMAN MO, LOUIS J OBG
210 LOCUST ST #12A PHILAOELPHIA PA 19106
FREEMAN MO, JOS T IM
1530 LOCUST ST PHILAOELPHIA PA 19102
FREIWALO MO, MILTON J OPH
222 RITTENHOUSE SQ W PHILAOELPHIA PA 19103
FRIEOENBERG MO, ZACHARY B ORS
133 S 36TH ST PHILAOELPHIA PA 19104
FRIEOMAN MO, AOELE K R
200 SPRUCE ST PHILAOELPHIA PA 19106
FRIEOMAN MO, MILTON L FP
7201 LARGE ST PHILAOELPHIA PA 19149
FRIEOMAN MO, PAUL S R
8107 CEOAR RO ELKINS PARK PA 19117
FRIEOMAN MO, RONALO H IM
1525 UPLANO AVE JENKINTOWN PA 19046
FRIEOMAN MO, SIONEY PO
34TH & CIVIC CTR 8LVO PHILAOELPHIA PA 19104
FRIEOMANN OO, OANIEL V FP
6049 CHESTNUT ST PHILAOELPHIA PA 19139
FRIEMAN MO, HERMAN FP
1501 JUNIPER AVE ELKINS PARK PA 19117
FRIGNITO MO, NICHOLAS G P
1900 SPRUCE ST PHILAOELPHIA PA 19103
FRISHMUTH MO, GERTRUOE J O8G
435 RIPKA AVE PHILAOELPHIA PA 1912B
FROBESE MO, ALFREO S GS
1245 HIGHLAND AVE A8INGTON PA 19001
FRONEFIELO MO, HELEN P AN
103 WALNUT AVE WAYNE PA 19087
FRUMIN MO, A8RAHAM M OS
515 HOWE RO MERION STATION PA 19066
FUGARO OO, ANTHONY J AN
220 SANORINGHAM RO CHERRY HILL NJ 08003
FUMA MO, JOHN F P
2NO USAGH LANOSTUHL BX1 APO NEW YORK 09180
FUNCH MO, RO8T B R
GERMANTOWN OISP HOSP PHILAOELPHIA PA 19144
FUNCH MO, ROSS S AN
606 FIELOS OR LAFAYETTE HILL PA 19444
FUNK MO, ELMER H IM
510 MILL8ROOK RO OEVON PA 19333
FUREY JR MO, CHARLES A PM
3705 S FLAGLER OR W PALM 8EACH FLA 33405
FURGIUELE MO, FRANCIS P OPH
5430 GREENE ST PHILAOELPHIA PA 19144
FUTCHER MO, PALMER H IM
273 S THIRO ST PHILAOELPHIA PA 19106
GABUZOA MO, THOS G IM
164 N LATCHES LN 8ALA-CYNWYO PA 19004
GAFFNEY MO, HELEN P OPH
407 GETTY AVE CLIFTON NJ 07011
GAGLIAROI MO, JOSEPH M FP
1 N SURREY AVE VENTNOR NJ 08406
GAIN MO, THOS B GS
422 PENN VALLEY RO NARBERTH PA 19072
GAISIN MO, ALLEN PO
39 PENATH RO BALA CYNWYO PA 19004
GALLIGAN MO, WM J IM
2909 GARRETT RO OREXEL HILL PA 19026
GALLO MO, EOUAROO F R
4065 B BALWYNNE PK RO PHILAOELPHIA PA 19131
GAMBESCIA MO, JOS M IM
1B11 S 8ROAO ST PHILAOELPHIA PA 1914B
GAM8ONE MO, VICTOR E FP
2200 S 23RO ST PHILAOELPHIA PA 19145
GAN MO, WALTER S OPH
B101 BRAOFORO ST PHILAOELPHIA PA 19152
GANGEMI MO, COLUMBUS R IM
1430 S 8ROAO ST PHILAOELPHIA PA 19146
GANIBAN MO, JUSTINIANO S IM
7B09 GAYL RO CHELTENHAM PA 19012
GANSMAN MO, OAVIO H FP
5500 WAYNE AVE PHILAOELPHIA PA 19144
GAR8AK MO, FRANK AN
717 RAIKES RO HUNTINGON VLY PA 19006
GAR8ER MO, OALE W FP
325 N LANSODWNE AVE LANSOOWNE PA 19050
GARCIA MO, CELSO R OBG
3400 SPRUCE ST PHILAOELPHIA PA 19104
GARCIA MO, JOSE C GS
435 FOULKE LN SPRINGFIELO PA 19064
GARCIA MO, LAUREANO P IM
328 W GOOFREY AVE PHILAOELPHIA PA 19120
GARONER OO, MARSHALL K FP
441 TOMLINSON F-21 PHILAOELPHIA PA 19116
GARONER MO, VINCENT E FP
155 BETHLEHEM PK PHILAOELPHIA PA 19118
GARFIELO MO, SAML J O8G
7241 REVERE ST PHILAOELPHIA PA 19149
GARFINKLE MO, WM B FP
437 CRESCENT RO WYNCOTE PA 19095
GARNER MO, VAUGHN C US
447 E WAOSWORTH AVE PHILAOELPHIA PA 19119
GARNET MO, JAMES O OBG
8TH & SPRUCE STS PHILAOELPHIA PA 19107
GARTLANO MO, JOHN J ORS
1015 WALNUT ST RM 621 PHILAOELPHIA PA 19107
GARVIN MO, EUGENE J PRM
1001 CITY LINE AVE E610 PHILAOELPHIA PA 19151
GASCON MO, PERLA G AN
YORK & TA8OR ROS PHILAOELPHIA PA 19141
GASH MO, RICHARO M GS
532 OEVEREAUX AVE PHILAOELPHIA PA 19111
GASKINS MO, AL8ERT L PO
105 W SCHOOLHOUSE LN PHILAOELPHIA PA 19144
GASPAR MO, VICTORIA S PM
1801 JFK BLVO PHILAOELPHIA PA 19103

GATTI MO, ODMINIC L FP
2020 E ALLEGHENY AVE PHILAOELPHIA PA 19134
GAUKLER MO, RDBT J P
1416 OLD GULPH RD VILLANDVA PA 19085
GAYOOS MD, ANNA E US
KENILWORTH APTS #116 PHILAOELPHIA PA 19144
GECKELER MO, EOWIN O US
1312 MEOFORD RO WYNNEWDDO PA 19096
GECZY MO, MARIA IM
SK&F LABS 1500 SPRING G PHILAOELPHIA PA 19101
GEFTER MO, LOUIS P FP
2346 E ALLEGHENY AVE PHILADELPHIA PA 19134
GEFTER MO, WARREN B R
1000 CONESTOGA RO RDSEMDNT PA 19010
GEIST MD, OONALO C GS
2201 BRYN MAWR APT 1205 PHILAOELPHIA PA 19131
GELEHRTER MO, JOS R
300 CREST PARK RD PHILAOELPHIA PA 19119
GELFAND MO, OAVID IM
1722 PINE ST PHILAOELPHIA PA 19103
GELFOND MO, OAVID B IM
2401 PENNA AVE STE 6B36 PHILAOELPHIA PA 19130
GELLER MO, JOS FP
7TH & CHELTEN AVE PHILAOELPHIA PA 19126
GENNARELLI MD, THOMAS A NS
3400 SPRUCE ST PHILAOELPHIA PA 19104
GENNARO MO, ANTHONY R CRS
TEMPLE U HSC OEPT SURG PHILAOELPHIA PA 19140
GERBER MO, HARRIS S FP
1036 MAGEE AVE PHILAOELPHIA PA 19111
GERBER MD, PAUL FP
701 W ROOSEVELT BLVO PHILAOELPHIA PA 19140
GERBER MO, PHILIP IM
245 N BROAD ST PHILADELPHIA PA 19107
GERNER MD, P CALVIN IM
332 PENN RO WYNNEWOOD PA 19096
GERSHENFELO MD, MARVIN A IM
1301 W TABOR RD PHILADELPHIA PA 19141
GERSON MD, LEROY T IM
440 HAVERFORD RO WYNNEWOOO PA 19096
GERSTLEY 3RO MD, LOUIS OBG
CEOARBRDOK HILL CM23 WYNCOTE PA 19095
GESENSWAY MO, OANL B P
626 SPRUCE ST PHILAOELPHIA PA 19106
GETSON MO, OAVIO FP
B201 HENRY AVE PHILAOELPHIA PA 19128
GETSON MD, MAURICE IM
7351 WOOOBINE AVE PHILADELPHIA PA 19151
GETTES MO, NANCY J IM
2401 PENNA AVE PHILAOELPHIA PA 19130
GETTY MO, THOS B FP
1035 HOLLY TREE RO ABINGTON PA 19001
GETZ OO, HARRY O PO
B201 HENRY AVE #G21 PHILAOELPHIA PA 19128
GETZ MO, WM B OPH
251 BRODKOALE DR HUNTINGOON VLY PA 19006
GHOSH MO, SURESH C GS
1335 W TABOR RD STE 307 PHILADELPHIA PA 19141
GIACOBBO MO, JOHN N PD
2400 S 21ST ST PHILAOELPHIA PA 19145
GIAMPETRO MO, ANTHONY M IM
2301 S BROAD ST PHILADELPHIA PA 19148
GIANAKON MO, HARRY G P
111 N 49TH ST PHILADELPHIA PA 19139
GIBBONS MO, RICHARD E OBG
1801 JFK BLVO 1817 PENN PHILAOELPHIA PA 19103
GIBSON MO, GLEN G OPH
2031 LOCUST ST PHILAOELPHIA PA 19103
GILBERT OO, MAX FP
4241 ALTHEA WAY LAKE PARK FL 33410
GILBERT MO, ROBT P IM
JEFFERSON MED COLL PHILAOELPHIA PA 19107
GILETTO MO, BASIL J OBG
2020 LOCUST ST PHILAOELPHIA PA 19103
GILL MO, RDBT J IM
715 SPRUCE ST PHILAOELPHIA PA 19107
GINIECZKI MD, CHESTER J OBG
3446 SHELMIRE AVE PHILADELPHIA PA 19136
GINLEY MD, THOMAS H U
PRES APTS STE O 130 PHILAOELPHIA PA 19131
GINSBERG MD, OAVID K IM
2301 S BROAO ST PHILAOELPHIA PA 19148
GINSBURG MO, ABRAHAM FP
1833 BERTRAM RO HUNTINGON VLY PA 19006
GINSBURG MO, HOWARO H ORS
9 CHARTWELL COURT ROCHESTER NY 14618
GINSBURG MO, ISAODRE W IM
TEMPLE UNIV MED CTR PHILAOELPHIA PA 19140
GINSBURG MO, ROBERT IM
1411 MEADOW DR NORRISTOWN PA 19403
GIDROANO MD, AUGUSTIN T PO
1817 S BRDAO ST PHILADELPHIA PA 19148
GIDRDAND MO, LORRAINE M FP
5015 SCHUYLER ST PHILADELPHIA PA 19144
GIRAROO MD, SALVATORE P IM
2517 S COLORAOO ST PHILAOELPHIA PA 19145
GIRSH MO, LEONARO S IM
1401 MELROSE AVE PHILAOELPHIA PA 19126
GISLASON MO, G JOHN U
ABINGTON HOSP ABINGTON PA 19001
GIUOICE MD, VIRGINIO J FP
701 KENMORE RD PHILAOELPHIA PA 19151
GIUFFRE MD, JAMES C GS
538 MONTGOMERY SCH LN WYNNEWOOO PA 19096
GIULIAN MO, KARL A OBG
EPISCOPAL HOSP PHILAOELPHIA PA 19125
GIVEN MD, GED G FP
14000 ROOSEVELT BLVO PHILADELPHIA PA 19114
GIVEN MO, KENNETH M IM
MERCK SHARP DOHME RES WEST POINT PA 19486
GIZOAVCIC MO, BARTOL IM
1483 STRATHMANN DR SOUTHAMPTON PA 18966
GLADSTONE MO, LEONARO G IM
7624 MASSEY WAY ELKINS PARK PA 19117
GLASKIN MO, ALLEN FP
955 TYSON AVE PHILADELPHIA PA 19111

GLASS MO, OOROTHEA O PM
935 MELROSE AVE MELROSE PARK PA 19126
GLASS MO, PHILLIP OBG
1919 CHESTNUT ST PHILAOELPHIA PA 19103
GLASSBURN MO, JOHN R R
236 N BROAO ST PHILAOELPHIA PA 19102
GLASSMAN MO, SOLOMON IM
1320 RACE ST PHILAOELPHIA PA 19107
GLAUOEL MO, STANLEY F FP
6729 WOOOLANO AVE PHILAOELPHIA PA 19142
GLAUSER MO, ELINOR M IM
630 RICHARDS RD WAYNE PA 19087
GLAUSER MO, FRANK GS
7B76 SPRING AVE 33 ELKINS PARK PA 19117
GLAUSER MO, STANLEY C FP
630 RICHAROS RO WAYNE PA 19087
GLAZER MO, ROBERT M ORS
1358 DRAYTON LN WYNNEWOOO PA 19151
GLICK MO, ABRAHAM IM
454 WOLF ST PHILAOELPHIA PA 1914B
GLICKMAN OO, NEIL P FP
610 BUSTLETON AVE PHILAOELPHIA PA 19149
GLICKMAN OO, SHELOON C FP
1381 RHOADES OR HUNTINGON VLY PA 19006
GLICKMAN MO, MURRAY ORS
5209 N BROAO ST PHILAOELPHIA PA 19141
GLUCKMAN MO, STEPHEN J IM
6511 WAYNE AVE PHILADELPHIA PA 19119
GO MO, WELLES P GS
204 LEXINGTON HAVERTOWN PA 19083
GOODARO MO, KATHARINE E PO
490 E ABINGTON AVE PHILAOELPHIA PA 19118
GOOINEZ-CEJUOO MO, JORGE A OPH
11855 A ACAOEMY RO PHILAOELPHIA PA 19154
GOEPP MO, CARLA E IM
1025 WALNUT ST PHILAOELPHIA PA 19107
GOHEL MO, VIJAYSINH K R
32 IMPERIAL OR CHERRY HILL NJ 08034
GOLO MO, ALLAN OTO
5245 OXFORD AVE PHILAOELPHIA PA 19124
GOLO MO, ESTELLE M PO
155 W WALNUT LN PHILADELPHIA PA 19144
GOLO MO, HENRY J FP
200 RAOBURN RO PHILADELPHIA PA 19115
GOLO MO, JEROME A IM
PO BOX B299 PHILADELPHIA PA 19101
GOLO MO, MICHAEL J FP
331 BRISTOL RO WILMINGTON NC 28401
GOLOBACHER JR MO, LAWRENCE R FP
2361 E ALLEGHENY AVE PHILAOELPHIA PA 19134
GOLOBERG OO, MURRAY AN
405 NEWBOLO RO JENKINTOWN PA 19046
GOLOBERG MO, BARRY B R
THOMAS JEF MOSP RAO OPT PHILADELPHIA PA 19107
GOLOBERG MO, HARRY IM
EINSTEIN MEO CTR N OIV PHILADELPHIA PA 19141
GOLOBERG MO LTO, RICHARD E OPH
948 HUNTERS TURN HUNTINGON VLY PA 19006
GOLOBERGER MO, ARNOLO OBG
1930 CHESTNUT ST PHILAOELPHIA PA 19103
GOLOBURGH MO, WARREN P IM
275 S 19TH ST 3RO FL PHILAOELPHIA PA 19131
GOLOENBERG MO, EOWARO M IM
220 E MERMAID LN #TH217 PHILAOELPHIA PA 19118
GOLOFARB MO, ALVIN F OBG
ST JAMES HOUSE STE 100 PHILAOELPHIA PA 19107
GOLOFINE MO, HARRY A PO
1344 ROBBINS AVE PHILAOELPHIA PA 19111
GOLOFINE MO, JOS O FP
1900 JFK BLVO STE 1706 PHILADELPHIA PA 19103
GOLOMAN MO, ARNOLO O P
220 S 16TH ST PHILAOELPHIA PA 19102
GOLOMAN MO, LEONARO I GS
3401 N BRDAO ST PHILAOELPHIA PA 19140
GOLOMAN MO, MARVIN R
8118 OLO YORK RO ELKINS PARK PA 19117
GOLOMAN MO, SIONEY S PRM
1327 PINE ST PHILAOELPHIA PA 19107
GOLOMANN MO, OAVIO R IM
922 COURTLAND ST PHILAOELPHIA PA 19140
GOLOSMITH MO, HARRY S GS
B15 PARKES RUN LN VILLANOVA PA 19085
GOLOSTEIN MO, ARTHUR M OPH
2301 S BRDAO ST PHILAOELPHIA PA 1914B
GOLOSTEIN MO, BERNARO AN
709 OXFORO RO BALA-CYNWYO PA 19004
GOLOSTEIN MO, FRANZ IM
231 LANKENAU MEO BLOG PHILAOELPHIA PA 19151
GOLOSTEIN MO, JACOB IM
ONE ABINGTON PLAZA 401 JENKINTOWN PA 19046
GOLOSTEIN MO, JEROME O
10151 BUSTLETON AVE PHILAOELPHIA PA 19116
GOLOSTEIN MO, NORMAN S FP
4TH ST AND NEORO AVE PHILAOELPHIA PA 19120
GOLOWEIN MO, MANFRED I IM
3600 SPRUCE ST PHILAOELPHIA PA 19104
GOLLUB MO, MORTON J IM
1616 E WILLOW GROVE AVE PHILAOELPHIA PA 19118
GOMEZ MO, JAIRO P
2822 N 5TH ST PHILAOELPHIA PA 19122
GONICK MO, PAUL U
HAHNEMANN HOSP PHILAOELPHIA PA 19102
GONNELLA MO, JOS S IM
1025 WALNUT ST PHILAOELPHIA PA 19107
GONZALEZ MASO MO, GUILLERMO E FP
5004 N 5TH ST PHILAOELPHIA PA 19120
GONZALEZ MO, CARLOS F R
258 ST JOSEPHS WAY PHILADELPHIA PA 19106
GOOOMAN MO, OAVIO H IM
8340 HIGH SCHOOL RO ELKINS PARK PA 19117
GOOOMAN MO, OORIS IM
2921 WASHINGTON ST #4 SAN FRAN CA 94115
GOOOMAN MO, ELLIOTT L IM
614 BAIR RO BERWYN PA 19312
GOODMAN MO, HARRY P
1311 PROVIOENCE RO SECANE PA 1901B

GOOONER MO, OAVIO M DBG
7205 CHARLTON ST PHILADELPHIA PA 19119
GORACCI MO, ARMANOO GS
REO BANK AVE WOOOBURY NJ 08096
GORODN MO, BURGESS L IM
1550 N LAKE SHORE DR CHICAGO ILL 60610
GORDON MO, JACOB S CRS
5119 N BRDAO ST PHILADELPHIA PA 19141
GOROON MO, JOHN F ORS
1801 JFK BLVO APT 2204 PHILAOELPHIA PA 19103
GORDON MO, JOS P
8304 TULPEHOCKEN AVE PHILAOELPHIA PA 19117
GORDON MO, PAUL E FP
4620 W COMMERCIAL BLVO TAMARAC FL 33319
GORDON MO, WM OTO
5345 SPRUCE ST PHILADELPHIA PA 19139
GOREN MO, STANLEY E PO
198 CHELTENHAM AVE PHILAOELPHIA PA 19120
GOSFIELO JR MO, EOWARO IM
2113 SPRUCE ST PHILAOELPHIA PA 19103
GOTTHEIL MO, EOWARO P
T JEFFERSON UNIV PHILAOELPHIA, PA 19107
GOTTLIEB OO, MARSHALL M IM
2 BALA CYNWYO PLZ IL-1B BALA CYNWYO PA 19004
GOTTLIEB MO, HARRY IM
5555 WISSAHICKON AVE PHILAOELPHIA PA 19144
GOTTLIEB MO, PHILIP M IM
B1B MEO ARTS BLDG PHILADELPHIA PA 19102
GOTTLIEB MO, RONALO S IM
1025 WALNUT ST PHILADELPHIA PA 19107
GOTTLIEB MO, STANLEY PRM
160 SHELLY LN PHILADELPHIA PA 19115
GOULO MO, RICHARO B P
8210 CRITTENOEN ST PHILAOELPHIA PA 1911B
GOULEY MO, BENJ A IM
1201 W OLNEY AVE PHILADELPHIA PA 19141
GOWOEY MO, M AGNES FP
2410 NEW ALBANY RO CINNAMINSON NJ 08077
GOWING MO, JEAN FP
602 LEVERINGTON AVE PHILAOELPHIA PA 19128
GRACE MO, HELEN K OBG
270 UPPER GULPH RD BX22 RAONOR PA 19087
GRAHAM MO, GARTH K IM
1500 SPRING GARDEN ST PHILAOELPHIA PA 19101
GRASSI MO, MICHAEL O P
203B LOCUST ST PHILAOELPHIA PA 19103
GRASSO MO, COND M OPH
9601 ASHTON RO APT EB PHILAOELPHIA PA 19114
GRATZ OO, IRWIN AN
411 WOODBINE AVE NARBERTH PA 19070
GRAVES JR MO, BEVERLY IM
1822 W GIRARO AVE PHILADELPHIA PA 19130
GRAY JR MO, FRANK O IM
775 MILL CREEK RO GLAOWYNE PA 19107
GRAY MO, FRIEOA G IM
230 NORTH BROAO ST PHILADELPHIA PA 19102
GRECO MO, TOBY A OBG
2506 S 20TH ST PHILAOELPHIA PA 19145
GREEN MO, ROBT L ORS
2 MIMOSA CIR LAFAYETTE HLS PA 19444
GREEN MO, WM FP
7723 LYCOMING AVE PHILADELPHIA PA 19126
GREENBAUM MO, CHAS H O
8220 CASTOR AVE PHILAOELPHIA PA 19152
GREENBERG MO, HARRY H GS
202B SPRING GAROEN ST PHILADELPHIA PA 19130
GREENBERG MO, JACK O N
EPISCOPAL HOSP PHILADELPHIA PA 19125
GREENBERG MO, LEONARO F IM
325 GRIBBEL RO WYNCOTE PA 19095
GREENBERG MO, MARVIN P
111 N 49TH ST PHILAOELPHIA PA 19139
GREENBERG MO, MARVIN S O
TABOR MED BLOG PHILADELPHIA PA 19141
GREENE MO, DONALO H ORS
OXFORO AND BORBECK AVES PHILADELPHIA PA 19111
GREENE MO, DOUGLAS W U
5617 SPRUCE ST PHILAOELPHIA PA 19139
GREENE MO, LLOYO B U
326 S 19TH ST PHILADELPHIA PA 19103
GREENFIELO MO, SAML L IM
2500 BLACK OLIVE BLV 10 OELRAY BCH FL 33445
GREENFIELO MO, VAL S US
5001 FRANKFORO AVE PHILAOELPHIA PA 19124
GREENSTEIN MO, SIONEY IM
BENSON EAST STE A-B JENKINTOWN PA 19046
GREENWALO MO, EARL F OBG
3401 N BROAO ST PHILAOELPHIA PA 19140
GREENWALO MO, STANLEY M FP
3927 PATRICIAN OR PHILAOELPHIA PA 19154
GRIESBACK OO, RUSSELL IM
230 N BROAO ST PHILAOELPHIA PA 19102
GRIFFITH MO, CHAS Q PTH
1789 WASHINGTON LN MEAOOWBRDOK PA 19046
GRIFFITH MO, JOHN R IM
1015 CHESTNUT ST PHILAOELPHIA PA 19107
GRIFFITH MO, REYNOLO S IM
517 CONSHOHOCKEN ST RO GLADWYNE PA 19035
GROFE MO, JERROLO G P
2200 FRANKLIN PKWY W 10 PHILAOELPHIA PA 19130
GROFF MO, HARVEY O PRM
RUTGERS SHC 11 BISHOP P NEW BRUNSWICK NJ 0890
GROSH MO, JULIETA O GS
3401 N BROAO ST PHILAOELPHIA PA 19140
GROSS MO, BENJ A O
304 S 19TH ST PHILAOELPHIA PA 19103
GROSS MO, PAUL R O
716 SPRUCE ST PHILAOELPHIA PA 19106
GROSSMAN MO, ERIC J AN
34B LLANORILLO RO BALA CYNWYO PA 19004
GROSSMAN MO, GILBERT IM
ONE ABINGTON PLAZA 401 JENKINTOWN PA 19046
GROSSMAN MO, JOS N FP
6711 OLO YORK RO PHILAOELPHIA PA 19126
GROSSMAN MO, JOS N PO
5127 N BROAO ST PHILAOELPHIA PA 19141

GRDTZINGER MD, PAUL J GS
2121 VALLEY RO HUNTNGDDN VLY PA 19006
GRDVE MO, DANL D AN
5025 N MERVINE ST PHILADELPHIA PA 19141
GRUBER MD, HEINZ K DBG
8827 NDRWDDD AVE PHILADELPHIA PA 19116
GRUNT MO, RICHARD F IM
1429 S FIFTH ST PHILADELPHIA PA 19147
GUERRERO MD, JUAN R PD
1718 SPRINGFIELD AVE NEW PRDVIDENCE NJ 07974
GUESON MO, EMERITA T DBG
3101 COTTMAN AVE PHILADELPHIA PA 19149
GUPTA MD, GIRIWARLAL N
3401 N BRDAD ST PHILADELPHIA PA 19140
GUPTA MO, SANTDSH DBG
4700 ANACONDA RD CDRNWELLS HGTS PA 19020
GUPTA MD, VED P IM
ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141
GUREGHIAN MO, PATRICIA A R
608 MANAYUNK RD MERIDN PA 19066
GURKAYNAK MD, NECMI IM
7600 LEXINGTON AVE PHILADELPHIA PA 19152
GUTEKUNST MD, PAUL E FP
255 S 17TH ST PHILADELPHIA PA 19103
GUTIERREZ MO, EMMELINE P IM
1290 VALLEY RD MEADOWBRODK PA 19046
GUTMAKER MD, HYMAN R FP
2220 SNYDER AVE PHILADELPHIA PA 19145
GUTNICK MD, MORTON OBG
8329 FAIRVIEW RO ELKINS PARK PA 19117
GUTSCHE MD, 8RETT 8 AN
HDSP DF THE U DF PA PHILADELPHIA PA 19104
GUTTMANN MO, GAD G DRS
1335 TA8DR RD PHILADELPHIA PA 19141
GUZZD MD, CARL P CRS
20 WDRTHINGTDN AVE SPRING LAKE NJ 07762
HAASE MD, GUNTER R N
PA HDSP 8TH & SPRUCE PHILADELPHIA PA 19107
HAAZ MD, WILLIAM S IM
562 MEADDWBRDDK DR HUNTINGDDN VLY PA 19006
HABBDUSHE MD, FAWZI P GS
1229 WAVERLY RO GLADWYNE PA 19035
HADDEN MD, SAML 8 P
946 REMINGTDN RD WYNNEWDDD PA 19096
HAEBERLE MD, WM A IM
4126 DECATUR ST PHILADELPHIA PA 19136
HAENTZE MD, FREDERICK E PTH
47 TDWNSHIP LINE RD HARLEYSVILLE PA 19438
HAFT MD, HARDLD NS
460 RDCK GLEN DR WYNNEWDDD PA 19096
HAGAN JR MD, EUGENE P DBG
3101 CDTTMAN ST PHILADELPHIA PA 19149
HAHN MD, GED A DBG
255 S 17TH ST PHILADELPHIA PA 19103
HAIMDWITZ MD, SAML I IM
1 GARDENIA RD LEVITTDWN PA 19057
HAIN MD, SU C IM
560 BETHLEHEM PIKE FT WASHINGTDN PA 19034
HALL MD, JDHN H TS
TEMPLE U 3401 N BRDAD PHILADELPHIA PA 19140
HALLETT MD, JDS W DPH
136 S 16TH ST PHILADELPHIA PA 19102
HALPERN MD, BARRY R U
1210 GAINSBDRD BALA CYNWYD PA 19004
HAMDI MD, LDUISE D P
2004 DELANCY PL PHILADELPHIA PA 19103
HAMDI MO, TURGUT N DPH
2004 DELANCY PL PHILADELPHIA PA 19103
HAMILTDN MD, ANGIE S US
6900 WAYNE AVE PHILADELPHIA PA 19119
HAMILTDN MD, RALPH W PS
RAVDIN INST 3400 SPRUCE PHILADELPHIA PA 19104
HAMILTDN MD, WM L D
5501 GREENE ST PHILADELPHIA PA 19144
HAMMER MD, CARL P
1111 MILLBRDDK RD BERWYN PA 19312
HAMMER MD, GLENN S IM
230 N BRDAD ST PHILADELPHIA PA 19102
HAMMERMAN MD, STEVEN P
1942 LDMBARD ST PHILADELPHIA PA 19146
HAMMETT MD, VANBUREN D P
191 PRESIDENTIAL APTS BALA CYNWYD PA 19004
HAMPTDN MD, JANET A IM
441 LYCEUM AVE PHILADELPHIA PA 19128
HAND MD, B MARVIN N
1801 KENNEDY BLVD PHILADELPHIA PA 19103
HAND MD, JDHN G FP
1724 PINE ST PHILADELPHIA PA 19103
HANDLER MD, JAY J U
1025 WALNUT ST PHILADELPHIA PA 19107
HANNA MD, CHAS M IM
2117 LAGDDN DR DUNEDIN FL 33528
HANND MD, HARDLD A IM
SAPPHIRE BAY 8CH APTS S ST THDMAS VI 00801
HANSELL MD, HENRY L FP
R D 2 LANSDALE PA 19446
HANSDN JR MD, CLARENCE W IM
HDSP UNIV DF PA PHILADELPHIA PA 19104
HARKINS MD, HERBERT P DTD
LANKENAU MED BLDG PHILADELPHIA PA 19151
HARLEY MD, RDBISDN D DPH
WILLS EYE HDSP PHILADELPHIA PA 19130
HARP MD, JAMES R AN
3401 N BRDAD ST PHILADELPHIA PA 19140
HARRER MD, DANL C DBG
LANKENAU HDSP MED BLDG PHILADELPHIA PA 19151
HARRIS MD, ELLWDDD G IM
3600 CDNSHDHKN AVE#1911 PHILADELPHIA PA 19144
HARRIS MD, JAMES S GS
SUITE 10B 666 E PENN ST PHILADELPHIA PA 19144
HARRISDN JR MD, FRANCIS G U
1617 SWEETBRIAR RD GLADWYNE PA 19035
HARTLEY MD, ARTHUR A DBG
S JERSEY MED CTR RT 70 CHERRY HILL NJ 08034
HARTZELL MD, DWIGHT J IM
8TH & DELANCEY PLACE PHILADELPHIA PA 19107
HARVEY MD, EDITH E DPH
HILLTDP & WYNDALE RD JENKINTDWN PA 19046
HARWICK MD, RDBT D GS
2201 8 FRANKLIN PKWY PHILADELPHIA PA 19130
HASBUN MD, FRANKLYN A GS
39TH & POWELTDN AVE PHILADELPHIA PA 19104
HASH MD, CECIL J NS
EPISCDPAL HDSP PHILADELPHIA PA 19125
HASKELL MD, BENJ CRS
1427 SPRUCE ST PHILADELPHIA PA 19102
HASKIN MD, MARVIN E R
509 SPRUCE ST PHILADELPHIA PA 19106
HATLEY MD, WALTER F PD
8TH & GIRARD AVE PHILADELPHIA PA 19123
HAUPT MD, GED J GS
306 LANKENAU MED BLDG PHILADELPHIA PA 19151
HAUSMAN MD, DAVID H PTH
PENNSYLVANIA HOSP PHILADELPHIA PA 19107
HAVENS JR MD, WALTER P IM
829 SPRUCE ST STE 302 PHILADELPHIA PA 19107
HAWTHDRNE MD, HERBERT R GS
3625 DARBY RD BRYN MAWR PA 19010
HAYES JR MD, MARTIN F GS
THE PHILADELPHIAN 2C45 PHILADELPHIA PA 19130
HAYES MD, BRIAN L IM
2114 PACKARD AVE HUNTINGDDN VLY PA 19006
HAYES MD, MARTIN F P
6213 FRANKFDRD AVE PHILADELPHIA PA 19135
HAYLLAR MD, 8ENJ L U
530 SCDTT RD GLADWYNE PA 19035
HECKLIN MD, DSCAR B DRS
1305 W TA8DR RO PHILADELPHIA PA 19141
HEOGES JR MD, THDMAS R DPH
8TH AND SPRUCE ST PHILADELPHIA PA 19107
HEERSINK MD, MARNIX E DPH
2991 SCHDDLHDUSE LN E32 PHILADELPHIA PA 19144
HEHN MD, ARTHUR C DBG
1264 LENDX RD JENKINTDWN PA 19046
HEIM MD, DSCAR E US
BLACK HAWK APTS I-3 DDWNINGTDWN PA 19335
HEIMAN MD, DDNALD F IM
GERMANTDWN HDSP PHILADELPHIA PA 19144
HEINE MD, WM I IM
5579 N PARK AVE PHILADELPHIA PA 19141
HEINKEL MD, HDWARD F IM
1919 SDLLY AVE PHILADELPHIA PA 19152
HELLER MD, ALVIN G IM
100 CHURCH RD ARDMDRE PA 19003
HELLER MD, MELVIN S P
15 E LEVERING MILL RD 8ALA CYWNYD PA 19004
HELLER MD, RD8T S AN
352 GRIBBEL RD WYNCDTE PA 19095
HELRICH MD, MARTIN AN
UNIV DF MD HDSP BALTIMDRE MD 21201
HELWIG JR MD, JDHN IM
GERMANTDWN HDSP PHILADELPHIA PA 19144
HENDLER MD, BARRY H FP
1722 BENJAMIN DR AM8LER PA 19002
HEPPENSTALL MD, RONALD B DRS
34TH & SPRUCE STS PHILADELPHIA PA 19104
HERBISDN MD, GERALD J PRM
185 WDDDSTDCK VILLANDVA PA 19085
HERBST MD, 8ERNADETTE A N
3300 HENRY AVENUE PHILADELPHIA PA 19129
HERGESHEIMER MD, LESTER GS
8215 CHELTENHAM AVE PHILADELPHIA PA 19118
HERMAN MD, CARL D P
MDSS REHA8 HDSP PHILADELPHIA PA 19141
HERMAN MD, CHARLES W FP
4401 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
HERMAN MD, HARDLD GS
5000 RICHMDND ST PHILADELPHIA PA 19137
HERMAN MD, HARRY FP
2055 GULF DF MEXICD DR SARASDTA FL 33577
HERMAN MD, JERRY H DBG
7310 CASTDR AVE PHILADELPHIA PA 19152
HERMAN MD, WALTER M IM
275 N LATCHES LN MERIDN PA 19066
HERMANN MD, GED A PTH
PRES8YTERIAN HDSP PHILADELPHIA PA 19104
HERMANN MD, IRVIN F IM
201 S 18TH ST PHILADELPHIA PA 19103
HERMEL MD, MDRTIMER B R
255 S 17TH ST PHILADELPHIA PA 19103
HERDLD MD, SANFDRD L IM
220 E MERMAID LN#142 PHILADELPHIA PA 19118
HERRERA MD, ANIBAL F IM
3910 PDWELTDN AVE 204 PHILADELPHIA PA 19104
HERRING MD, ALLEN B IM
2733 TAUNTDN ST PHILADELPHIA PA 19152
HERRDN JR MD, JAMES R DBG
1055 HADDDN AVE CDLLINGSWDDD NJ 08108
HERSCHMANN MD, KATHARINE FP
3700 CDUNTRY CLUB RD PHILADELPHIA PA 19131
HERSKDVITZ MD, HERBERT P
132 BUCK LA HAVERFDRD PA 19041
HERZDG MD, RDBT S IM
7607 LEDNARD ST PHILADELPHIA PA 19152
HESKEL MD, MILTDN M DS
1335 TABDR RD PHILADELPHIA PA 19141
HESSIDN MD, HENRY M FP
2932 SD 72 ST PHILADELPHIA PA 19153
HEYL MD, W MEREDITH DBG
1107 BETHLEHEM PIKE FLDURTDWN PA 19031
HICKEY MD, JDHN S FP
335B DISSTDN ST PHILADELPHIA PA 19149
HICKDK JR MD, RDBERT L DBG
4101 QUEENSWDDD DR PDRTSMDUTH VA 23703
HINCHCLIFFE JR MD, JAMES H FP
192B DLD HUNTINGDDN PK HUNTINGDDN VLY PA 19006
HINE8AUGH JR MD, MAHLDN C DBG
421 LANCASTER AVE HAVERFDRD PA 19041
HINMAN MD, LDUIS F DPH
666 E PENN ST PHILADELPHIA PA 19144
HIPPLE MD, MARY A FP
RITTENHDUSE SQ E 8ARCLA PHILADELPHIA PA 19103
HIRSH MD, HERMAN P
3555 N BRDAD ST PHILADELPHIA PA 19140
HIRSH MD, LEDNARD F NS
230 N BRDAD ST PHILADELPHIA PA 19102
HIRSH MD, STEVEN L R
1244 FT WASHINGTDN AVE FT WASHINGTDN PA 19034
HIRST MD, JDHN C DBG
2016 RITTENHDUSE SQ PHILADELPHIA PA 19103
HITZRDT MD, LEWIS H US
161 PATTDN AVE PRINCETDN N J 08540
HNELESKI MD, IGNATIUS S IM
800 S 48TH ST PHILADELPHIA PA 19143
HDCHBERG MD, RD8T O R
1119 WDDDBINE AVE NARBERTH PA 19072
HDDES MD, PHILIP J R
PD 8DX 875 BISCAYNE ANX MIAMI FL 33152
HDOGENS MD, HELEN L US
86 YDRK ST 8RIDGETON N J 08302
HDDGES MO, JDHN H IM
436 SABINE AVENUE WYNNEWDDD PA 19096
HDEFFEL JR MD, JOS M GS
1245 HIGHLAND AVE ABINGTDN PA 19001
HDERNER MD, RALPH W IM
MED ARTS 8LDG JENKINTDWN PA 19046
HOFFMAN JR MD, GEO L OBG
133 S 36TH ST PHILADELPHIA PA 19104
HDFFMAN JR MD, NICHDLAS F US
101 W MARYLAND BEACH HAVEN N J 0800B
HDFFMAN MD, J OAVIO DRS
2050 LDCUST ST PHILADELPHIA PA 19103
HDFFMAN MD, STANLEY A GS
713 CATALPA DR MUNCIE IN 47304
HDFFMEIER MD, CHAS L DBG
5245 DXFDRD AVE PHILADELPHIA PA 19124
HDLFELNER MD, EOWARO D U
95 LANE DF ACRES HADDENFIELD NJ 08033
HDLLANDER MD, GED IM
3500 VISTA ST PHILADELPHIA PA 19136
HDLLANDER MD, JDS L IM
3400 SPRUCE ST PHILADELPHIA PA 19104
HDLLINGSWDRTH MD, NDRMAN 8 AN
AEMC ANES ASSDC PHILADELPHIA PA 19141
HDLLIS MD, CHAS B US
354 SYCAMDRE AVE MERIDN STA PA 19066
HDLMES MD, RDBT H PTH
736 MUSTIN LAND VILLANDVA PA 19085
HDLRDYDE MD, CHRISTDPHER P IM
LANKENAU HDSP PHILADELPHIA PA 19151
HDLT MD, GDRDON P DTD
730 HAZELHURST AVE MERIDN PA 19066
HDLT MD, WILLIAM E P
4524 FDREST PARK BLVD ST LDUIS MD 63108
HDNG MD, KEUMSDON D8G
8815 GERMANTDWN AVE PHILADELPHIA PA 19118
HDNIGMAN MD, FREDERIC H PTH
211 WINDING WAY MERIDN PA 19066
HDRAN MD, CHAS A IM
1124 SIGNAL HILL LA BERWYNE PA 19312
HDRAN MD, GERALD W DPH
MARPLE NEWTDN MED BLDG NEWTDWN SQUARE PA 19073
HDRENSTEIN DD, MITCHELL FP
7131 RIDGE AVE PHILADELPHIA PA 19128
HDRNER MD, GEDRGE J IM
717 DLD EAGLE SCHDDL RD WAYNE PA 19087
HDRDWITZ DD, GARY R N
STE W1805 PARK TDWNE PL PHILADELPHIA PA 19130
HDRTDN MD, KEITH A P
111 N 49TH ST PHILADELPHIA PA 19139
HDRVATH MD, RDNALD J DRS
8621 GERMANTDWN AVE PHILADELPHIA PA 19118
HDRWITZ MD, DRVILLE IM
8TH & SPRUCE PA HDSP PHILADELPHIA PA 19107
HDULE MD, LAURENT 8 U
6818 VERBENA ST PHILADELPHIA PA 19126
HDULIHAN MD, RDBERT E DTD
515 STATIDN AVE GLENSIDE PA 19038
HDUSE MD, 8ENJ FP
6701 CASTDR AVE PHILADELPHIA PA 19149
HDUSEL MD, EDMUND L IM
255 S 17TH ST PHILADELPHIA PA 19103
HDUSER MD, L MURRAY R
PENNSYLVANIA HDSP PHILADELPHIA PA 19107
HDYER MD, PAUL J PTH
1206 RDDMAN ST APT 31 PHILADELPHIA PA 19147
HUBBARD MD, JDHN P U
3930 CHESTNUT ST PHILADELPHIA PA 19104
HUGHES MD, BDLAND U
419 HILLBRDDK RD BRYN MAWR PA 19010
HUGHES MD, EUGENE P GS
113 W CHESTNUT HILL AVE PHILADELPHIA PA 19118
HUGHES MD, JDS F P
111 N 49TH ST PHILADELPHIA PA 19139
HULNICK MD, STUART J PS
3433 N BRDAD ST PHILADELPHIA PA 19140
HUMPHRIES MD, THDMAS J IM
119 LDM8ARD ST PHILADELPHIA PA 19147
HUNDLEY MD, J WARREN IM
600 DXFDRD RD BALA CYNWYD PA 19004
HUNT JR MD, WM T DPH
513 PARKVIEW DR WYNNEWDDD PA 19096
HUNTER MD, JAMES M GS
243 S 10TH ST PHILADELPHIA PA 19107
HUNTER MD, RDBT J US
928 N 63D ST PHILADELPHIA PA 19151
HUREWITZ MD, SYLVAN J IM
1723 RIDGEWAY RD HAVERTDWN PA 19083
HURLDCK MD, JDAN E FP
RDXBDRD MEM HDSP PHILADELPHIA PA 1912B
HURWITZ MD, A8RAHAM FP
1016 FAIRMDNT AVE PHILADELPHIA PA 19123
HUTH MD, EDWARD J IM
4200 PINE ST PHILADELPHIA PA 19104
HYATT MD, RDBT W DBG
EPISCDPAL HDSP PHILADELPHIA PA 19125
HYETT MD, MARVIN R DBG
255 S 17TH ST 2ND FL PHILADELPHIA PA 19103

HYLTDN MD, CASIMER FP
509 SDUTH 52ND ST PHILADELPHIA PA 19143
HYMAN MD, HARDLD L IM
3401 N 8RDAD ST PHILADELPHIA PA 19140
IMMERMAN MD, SAML L US
3600 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
INGAGLID MD, PHILIP E FP
1838 S 8RDAD ST PHILADELPHIA PA 19145
INGERSDLL MD, CHAS J FP
153 W HARVEY ST PHILADELPHIA PA 19144
INGRAHAM JR MD, NDRMAN R PRM
STENTDN AND WHITEMARSH PHILADELPHIA PA 19118
INDUYE MD, WM Y GS
527 SHDEMAKER RD ELKINS PARK PA 19117
IRANI MD, RDSHEN N US
1015 WALNUT ST PHILADELPHIA PA 19107
ISAACSDN MD, HDWARD D8G
7348 DREXEL RD PHILADELPHIA PA 19151
ISARD MD, HARDLD J R
YDRK & TA8DR RDS PHILADELPHIA PA 19141
ISKANDRIAN MD, GRETA P PD
230 N 8RDAD ST PHILADELPHIA PA 19102
ISRAEL MD, HARDLD L IM
130 S 9TH ST PHILADELPHIA PA 19107
ITKIN MD, IRVING H IM
HAHNEMANN HDSP PHILADELPHIA PA 19102
IVKER MD, MILTDN R
419 S 19TH ST PHILADELPHIA PA 19146
JACD8S MD, E GARDNER P
111 N 49TH ST PHILADELPHIA PA 19139
JACD8S MD, STANLEY R PRM
11TH & WALNUT ST PHILADELPHIA PA 19107
JACDBY MD, JAY AN
1025 WALNUT ST PHILADELPHIA PA 19107
JAFFARI MD, MDHAMMED PM
213 GREENDALE RD PHILADELPHIA PA 19154
JAFFE DDS, MICHAEL L AN
8 FDXCRDFT CRT W 8ERLIN NJ 08091
JAFFE MD, BERYL P
1 BELMDNT AVE BALA-CYNWYD PA 19004
JAFFE MD, MARVIN E N
2100 PACKARD AVE HUNTINGDN VLY PA 19006
JAFFE MD, MAURICE FP
6300 HUNTDVER LN ROCKVILLE MD 20852
JAHANGER MD, MDHAMMED S D8G
34 BRYANT RD TURNERSVILLE NJ 08012
JAL8UENA MD, RDBT C OPH
2300 GARRETT RD DREXEL HILL PA 19026
JAMES 3RD MD, THDS I IM
502 S 45TH ST PHILADELPHIA PA 19104
JAMES MD, FRANK S IM
1026 E SYDNEY ST PHILADELPHIA PA 19150
JAMSHIDI MD, JAVAD D8G
5555 WISSAHICKDN 1012 PHILADELPHIA PA 19144
JAN MD, RDNALD S GS
2222 S 8RDAD ST PHILADELPHIA PA 19145
JANNELLI MD, ANGELA F IM
1325 66TH AVE APT A13 PHILADELPHIA PA 19136
JARVIS MD, F WAYNE FP
6367 DVERBRDDK AVE PHILADELPHIA PA 19151
JARYMDVYCH MD, JARDSLAW I IM
230 8ARCLAY CIRCLE CHELTENHAM PA 19012
JAURIGUE MD, VENERANDD G GS
1917 NICHDLAS DR HUNTINGDN VLY PA 19006
JELEN MD, JDS A FP
4403 CDMLY ST PHILADELPHIA PA 19135
JENKINS MD, B WHEELER FP
8351 LIMEKILN PK WYNCDTE PA 19095
JENDFSKY MD, JACK D8G
215 4TH AVE HADDEN HGTS NJ 08035
JEPSDN MD, JDANNE H IM
MEDICAL CDLL DF PA PHILADELPHIA PA 19129
JESSAR MD, RALPH A IM
133 S 36TH ST PHILADELPHIA PA 19104
JDHNSDN JR MD, HDWARD J PRM
127 LINDEN AVE RUTLEDGE PA 19070
JDHNSDN MD, DDN E P
111 N 49TH ST PHILADELPHIA PA 19139
JDHNSDN MD, RDBERT G GS
4207 RIDGECREST DR LAS VEGAS NV 89121
JDHNSDN MD, THDS A IM
135 S 18TH ST PHILADELPHIA PA 19103
JDHNSDN MD, TURNER C IM
1511 W ERIE AVE PHILADELPHIA PA 19140
JDHNSDN MD, WAINE C D
3322 N 8RDAD ST PHILADELPHIA PA 19140
JDHNSDN MD, WALTDN R FP
1930 WHARTDN ST PHILADELPHIA PA 19146
JDHNSDN MD, WM H FP
211 N 52ND ST PHILADELPHIA PA 19139
JDHNSTDN MD, FRANK B IM
801 MED ARTS BLDG PHILADELPHIA PA 19102
JDHNSTDN MD, JEAN C IM
433 HDWARD RD GLADWYNE PA 19035
JDHNSTDN MD, RDBT F IM
230 N 8RDAD ST PHILADELPHIA PA 19102
JDNES MD, WILLIAM L FP
701 N 42ND ST PHILADELPHIA PA 19104
JDRGENSEN MD, VALERIE D8G
8TH & SPRUCE ST PHILADELPHIA PA 19107
JDSHI MD, HARENDRA V GS
60 E TDWNSHIP LINE ELKINS PARK PA 19117
JDSHI MD, KUNDABALA S PD
9601 ASHTDN RD E 11 PHILADELPHIA PA 19114
JDSDN MD, RAYMDND M NS
409 MC CLATCHY BLDG UPPER DARBY PA 19082
JDYCE 3RD MD, JDHN J DRS
666 E PENN ST PHILADELPHIA PA 19144
JDYCE MD, MICHAEL F DRS
7922 BUSTLETDN AVE PHILADELPHIA PA 19152
JUDKDWSKI MD, E LESLIE GS
6737 HARBISDN AVE PHILADELPHIA PA 19149
JUELE MD, RDDSEVELT R GS
1901 S 8RDAD ST PHILADELPHIA PA 19148
KAHN MD, 8ERNARD L US
APT 825 SYLVANIA HDUSE PHILADELPHIA PA 19107
KAHN MD, DDNALD L IM
575 APPLEWDDD DR FT WASHINGTON PA 19034
KAHN MD, HYMAN R IM
1149 WEST8URY RD JENKINTDWN PA 19046
KAHN MD, SIGMUND B IM
324 SURRY RD CHERRY HILL N J 08034
KAIN MD, THDS M IM
404 SHEL8DURNE RD HAVERTDWN PA 19083
KAJANI MD, MEHDI K IM
8232 FAIRVIEW RD ELKINS PARK PA 19117
KALISH MD, RD8T W P
8812 HAWTHORN LN WYNDMDDR PA 19118
KALLISH MD, MARVIN N DRS
FRDNT & LEHIGH STE C105 PHILADELPHIA PA 19125
KALDDNER MD, ALFRED L D8G
519 SPRAGUE RD NAR8ERTH PA 19072
KAMBIN MD, PARVIZ DRS
2027 PINE ST PHILADELPHIA PA 19103
KAMDAR MD, JAYANT C FP
3598 8RDDKVIEW RD PHILADELPHIA PA 19154
KANIS MD, MYRDN L AN
60 E TWNSHIP RD ELKINS PARK PA 19117
KANNANGARA MD, YDGESWARY AN
202 GLEN PLACE ELKINS PARK PA 19117
KANNAPEL MD, ALLEN R D8G
5100 TDWNSHIP LINE RD DREXEL HILL PA 19026
KANTER MD, FRANK J FP
631 E ALLEGHENY AVE PHILADELPHIA PA 19134
KAPLAN DD, DANIEL 8 FP
777 GERMANTDWN PK 617 PLYMOUTH MTG PA 19462
KAPLAN MD, AL8ERT A P
4401 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
KAPLAN MD, AL8ERT J P
1706 S PARKTDWNE PL APT PHILADELPHIA PA 19130
KAPLAN MD, 8ERNARD D8G
6100 CHARLES ST PHILADELPHIA PA 19135
KAPLAN MD, ELIZABETH 8 P
1706 S PARKTDWNE PL APT PHILADELPHIA PA 19130
KAPLAN MD, LDUIS GS
1204 GREENTREE LANE NAR8ERTH PA 19072
KAPLAN MD, RICHARD H PM
JEFFERSDN UNIV HDSP PHILADELPHIA PA 19107
KAPLAN MD, S RICHARD DRS
419 S 19TH ST PHILADELPHIA PA 19146
KAPLDW MD, GWEN H D8G
271 S 3RD ST PHILADELPHIA PA 19106
KAPUDR MD, SHEELA PD
1824 CDUNTRY CLUB DR CHERRY HILL NJ 08003
KARAFIN MD, LESTER U
3401 N BRDAD PHILADELPHIA PA 19140
KARAKASHIAN MD, NUBAR A DPH
539 E ALLEGHENY AVE PHILADELPHIA PA 19134
KARANJIA MD, KHORSHED S FP
56 W PRINCETDN RD BALA CYNWYD PA 19004
KARAYANNIS MD, NICHDLAS R
6756 MARKET ST UPPER DARBY PA 19082
KARETAS MD, ALEXANDRA I AN
309 LDNGFIELD RD PHILADELPHIA PA 19118
KARMILDWICZ MD, N PETER GS
291 PENNCREST ST LANGHDRNE PA 19047
KARP MD, JDSEPH S DPH
202 N 8DWMAN AVE MERIDN PA 19066
KARP MD, LDUIS A DPH
51 N 39TH ST PHILADELPHIA PA 19104
KASDIN MD, SHARDN L FP
1212 LENDX RD JENKINTDWN PA 19046
KASE MD, WM A P
645 E ALLEGHENY AVE PHILADELPHIA PA 19134
KASEFF MD, LEDN G R
1783 EL-CAMIND REAL BURLINGAME CA 94010
KASHATUS MD, WM C PTH
P D BDX M KNG DF PRUSS PA 19406
KASPARIAN MD, HRATCH IM
14 SCATTERGDDD RD CHERRY HILL NJ 08034
KASSER MD, MAX D DPH
101 S 20TH ST PHILADELPHIA PA 19103
KASSDW MD, PHILLIP 8 IM
2200 PARKWAY APT 1612N PHILADELPHIA PA 19130
KATALAN MD, MAURICE M IM
2601 S BDUVIER ST PHILADELPHIA PA 19145
KATES MD, MALCDLM IM
2301 S 8RDAD ST PHILADELPHIA PA 19148
KATIN MD, MICHAEL J IM
10 RDCKLAND DR WILLINGSBDRD NJ 08046
KATDWITZ MD, JAMES A DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
KATZ MD, ALBERT B IM
345 E WYDMING AVE PHILADELPHIA PA 19120
KATZ MD, 8ENJ R US
17 HENLEY RD PHILADELPHIA PA 19151
KATZ MD, DAVID A FP
3460 PEEL ST APT 901 MDNTREAL CANADA PQ H3A2M1
KATZ MD, G HENRY DS
111 N 49TH ST PHILADELPHIA PA 19139
KATZ MD, IRVING M DPH
104 CRESTWDDD DR LANSDALE PA 19446
KATZ MD, JACDB DPH
1601 WALNUT ST STE 325 PHILADELPHIA PA 19103
KATZ MD, JULIAN IM
D 103 PRESIDENTIAL APTS PHILADELPHIA PA 19131
KATZ MD, M RICHARD NS
1335 W TA8DR RD PHILADELPHIA PA 19141
KATZ MD, MAX P
255 S 17TH ST PHILADELPHIA PA 19103
KATZ MD, RICHARD I N
A E M C-DEPT NEURDLDGY PHILADELPHIA PA 19141
KATZ MD, WARREN A IM
1335 W TABOR RD 302 PHILADELPHIA PA 19141
KATZEN MD, RAYMDND R
1940 E WALNUT LANE PHILADELPHIA PA 19138
KAUFFMAN MD, ABRAHAM L FP
3024 RICHMDND ST PHILADELPHIA PA 19134
KAUFFMAN MD, LEDN A IM
2016 WAVERLY ST PHILADELPHIA PA 19146
KAUFFMAN MD, MARK S DRS
7919 RDLLING GREN CHELTENHAM PA 19012
KAUFMAN MD, A8RAHAM S FP
CEDAR8RDDK HILL III C80 WYNCDTE PA 19095
KAUH MD, YDUNG C D
5800 RIDGE AVE PHILADELPHIA PA 19128
KAY MD, CALVIN F IM
4200 PINE ST PHILADELPHIA PA 19104
KAY MD, GDRDDN M PTH
623 W UPSAL ST PHILADELPHIA PA 19119
KAY MD, MICHAEL L DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
KAYE MD, DDNALD IM
3300 HENRY AVE PHILADELPHIA PA 19129
KAZEM MD, ISMAIL R
CATHDLIC UNIV NIJMEGEN HDLLAND
KEAN MD, HER8ERT DTD
220 S 16TH ST PHILADELPHIA PA 19102
KEATES MD, EDWIN U DPH
1 A8INGTDN PLAZA JENKINTDWN PA 19046
KEELY MD, ELIZA8ETH S D8G
606 E GATES ST PHILADELPHIA PA 19128
KEISERMAN MD, JDS IM
1900 KENNEDY BVD AP 102 PHILADELPHIA PA 19103
KELLER MD, FREDERICK E US
BDX 13 DUBLIN PA 18917
KELLERMAN MD, EDWIN IM
801 S BDWMAN AVE WYNNEWDDD PA 19096
KELLMAN MD, IAN A R
10101 ACADEMY RD PHILADELPHIA PA 19114
KELLDW MD, WM F IM
JEFFERSDN MED CDLL PHILADELPHIA PA 19107
KELLY MD, HER8ERT T IM
1520 SPRUCE ST STE 107 PHILADELPHIA PA 19102
KELLY MD, WM E OS
P D BDX 1027 PADLI PA 19301
KELSEY MD, DAVID M GS
6 GUNNING LA GLADWYNE PA 19035
KELVIN MD, CARL B FP
8ENSDN MANDR SUITE 114A JENKINTDWN PA 19046
KENDALL MD, A RICHARD U
3401 N BRDAD ST RYDAL PA 19140
KENDALL MD, BENJ D8G
1601 WALNUT ST STE 215 PHILADELPHIA PA 19102
KENDALL MD, NDRMAN PD
3401 N BRDAD ST PHILADELPHIA PA 19140
KENNEDY MD, THDS J DBG
3129 WILLITS RD PHILADELPHIA PA 19114
KEDHANE MD, RICHARD B R
20 FARISTDN RD WAYNE PA 19087
KEDSATHIT MD, NARONG TS
1611 S BRDAD ST PHILADELPHIA PA 19148
KERN MD, FRANKLIN M DBG
903 NICHDLSDN RD WYNNEWDDD PA 19096
KERN MD, RICHARD A IM
1239 REMINGTDN RD WYNNEWDDD PA 19096
KERR JR MD, THDS GS
1700 MARKET ST PHILADELPHIA PA 19103
KERR MD, JDHN H IM
418 E LANCASTER AVE WAYNE PA 19087
KESILMAN MD, MDRRIS IM
KENNEDY HDUSE APT B315 WYNCDTE PA 19095
KESSLER MD, ARNDLD S DBG
2311 CDTTMAN AVE PHILADELPHIA PA 19149
KETTRICK MD, RD8ERT G AN
DNE CHILDRENS CTR PHILADELPHIA PA 19104
KEYES MD, 8ALDWIN L P
2031 LDCUST ST PHILADELPHIA PA 19103
KHAN MD, QADAR IM
2239 DEER PATH RD HUNTINGDN VLY PA 19006
KHANNA MD, CHANCAL PTH
1764 TERRACE DR MAPLE GLEN PA 19002
KHANTHAN MD, SUBRAMANIAM E AN
106 SUSAN DR #3 ELKINS PARK PA 19117
KHELLA MD, LEWIS PM
15 RAILRDAD HAVERFDRD PA 19041
KHDURY MD, JACQUES A IM
51 N 39TH ST PHILADELPHIA PA 19104
KILLDUGH MD, JDHN H IM
1025 WALNUT ST PHILADELPHIA PA 19107
KIM MD, DDNG S P
2690 BARRY LA HUNTINGDN VLY PA 19006
KIM MD, JUNG S PD
7901 RDLLING GREEN RD CHELTENHAM PA 19012
KIM MD, KWAN E IM
HAHNEMANN HDSP PHILADELPHIA PA 19102
KIM MD, PHIL Y PTH
A E MED CTR PHILADELPHIA PA 19141
KIM MD, SANG 8 TS
4115 PRESIDENTIAL DR LAFAYETTE HILL PA 19444
KIM MD, SEUNG H AN
21 HIGHGATE LN CHERRY HILL NJ 08003
KIM MD, YDNG S AN
14 TERRACE RD NDRRISTDWN PA 19401
KIM MD, YDUNG N IM
7931 GREEN LANE WYNCDTE PA 19095
KIM MD, YUNG-HDDN PTH
JEANES HDSP FDX CHASE PHILADELPHIA PA 19111
KIMBEL MD, PHILIP IM
244 MEETING HDUSE LN MERIDN PA 19066
KIMBIRIS MD, DEMETRIDS G IM
230 N 8RDAD ST PHILADELPHIA PA 19102
KIMMEL MD, MURRAY H U
824 PARDEE LN WYNCDTE PA 19095
KING MD, GERALDINE A N
1500 PINE ST APT 405 PHILADELPHIA PA 19102
KING MD, LDIS I R
8840 GERMANTDWN AVE PHILADELPHIA PA 19118
KING MD, LDRRAINE C D8G
515 BRIAN DR CHERRY HILL N J 08003
KING MD, DRVILLE C GS
8022 RDANDKE ST PHILADELPHIA PA 19118
KIR8ER MD, H PETER DPH
9 WATERMAN AVE PHILADELPHIA PA 19118
KIRSCHNER MD, RDBT J DPH
437 WYLDHAVEN RD ROSEMDNT PA 19010
KIRSHBAUM MD, BERNARD A O
D-128 PRESIDENTIAL APT PHILADELPHIA PA 19131

KIRSHBAUM MD, GARY R P
DAK HILL A N-101 PENN VALLEY PA 19072
KIRSHNER MD, JACDB J IM
1930 CHESTNUT ST PHILADELPHIA PA 19103
KISSICK MD, WM L PRM
DPT RESEARCH MED U DF P PHILADELPHIA PA 19174
KISTENMACHER MD, JOHN C GS
666E PENN ST PHILADELPHIA PA 19144
KITCHEN 3D MD, JAMES G IM
911 ACADEMY LN 8RYN MAWR PA 19010
KITCHNER MD, IRVING P
1930 CHESTNUT ST PHILADELPHIA PA 19103
KITEI MD, MILTDN N FP
2243 S 9TH ST PHILADELPHIA PA 1914B
KLARICH MD, PHILIP DBG
427 CDDPER ST CAMDEN NJ 0B102
KLAUS MD, ROBT L U
1303 W TABDR RD PHILADELPHIA PA 19141
KLEIN MD, DDRDTHY E PD
LTL PRINCESS HDME PDRT ST THOMAS VI 00B01
KLEIN MD, SHELDDN FP
10125 VEREE RD STE 301 PHILADELPHIA PA 19116
KLEINBART MD, MDRKIS IM
3600 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
KLEINBERG DD, HARVEY S FP
6522 LEBANDN AVE PHILADELPHIA PA 19151
KLEINER MD, HENRY T P
PRESIDENTIAL APTS PHILADELPHIA PA 19131
KLEINER MD, JACK P
7900 YDRK RD PHILADELPHIA PA 19117
KLIGMAN MD, ALBERT M D
3400 SPRUCE ST PHILADELPHIA PA 19104
KLINGENSMITH MD, PAUL D DBG
LANKENAU MED BLDG #35 PHILADELPHIA PA 19151
KLINGENSMITH MD, WALTER C IM
300 E LANCASTER AVE WYNNEWDDD PA 19096
KLINGES JR MD, HENRY G FP
2951 LELICK ST PHILADELPHIA PA 19149
KLINGHDFFER MD, JUNE F IM
3300 HENRY AVE PHILADELPHIA PA 19129
KLINGHDFFER MD, LEDNARD DRS
255 S 17TH ST PHILADELPHIA PA 19103
KLINMAN MD, STEVEN W IM
6201 N 10TH ST 116 PHILADELPHIA PA 19141
KLINMAN MD, WM IM
3593 INDIAN QUEEN LANE PHILADELPHIA PA 19129
KLDPP MD, JDHN W GS
233 PLYMDUTH RD GWYNEDD VLY PA 19437
KNEE DD, NDRMAN S FP
5103 WHITAKER AVE PHILADELPHIA PA 19124
KNDWLES MD, HARRY J GS
722 RIGHTERS MILL RDAD NARBERTH PA 19072
KDCHIS MD, GEO P P
11100 KNIGHTS RD PHILADELPHIA PA 19154
KDDSI MD, MAGDI S PS
1067 WELLINGTDN RD JENKINTDWN PA 19046
KDEBERT MD, MARTIN J FP
1052 8RIDGE ST PHILADELPHIA PA 19124
KDGAN MD, ALLAN J FP
1901 HDPKINSDN HDUSE PHILADELPHIA PA 19106
KDGANTI MD, PURNACHANDRA R AN
A C E M YDRK & TABDR RD PHILADELPHIA PA 19141
KDHL MD, E JAMES DRS
913 HAVERFDRD RD BRYN MAWR PA 19010
KDHLER MD, HENRY J DPH
703 S YDRK RD HATBDRD PA 19040
KDIWAI MD, EICHI K PTH
230 N BRDAD ST PHILADELPHIA PA 19102
KDLANSKY MD, HARDLD P
ELKINS PARK HDUSE ELKINS PARK PA 19117
KDLBYE MD, MARIDN B DBG
4802 FT SUMNER DR BETHESDA MD 20016
KDLTES MD, JDHN A P
530 SPRING LANE PHILADELPHIA PA 1912B
KDMADA MD, RUDDLPH A DRS
333 RDCKSVILLE RD HDLLAND PA 1B966
KDNDRATDWSKI MD, RICHARD Z DTD
B28 CDNSHDHDCKEN ST GLADWYNE PA 19035
KDDLPE MD, LDUIS IM
SUITE 106 BENSDN MANDR JENKINTDWN PA 19046
KDDNS MD, LAWRENCE S IM
CENTRAL & SHELMIRE AVES PHILADELPHIA PA 19111
KDDP MD, C EVERETT GS
CHILDRENS HDSP PHILADELPHIA PA 19104
KDPPEL MD, ALEXANDER FP
406B RDDSEVELT BLVD PHILADELPHIA PA 19124
KDPPEL MD, MAX M U
7310 CASTDR AVE PHILADELPHIA PA 19115
KDPRDWSKA MD, IRENE PTH
3401 N BRDAD ST PHILADELPHIA PA 19140
KDPRDWSKI MD, HILARY DS
3600 SPRUCE ST PHILADELPHIA PA 19104
KDRENTZWITT MD, EDITH FP
7 SURREY RD PHILADELPHIA PA 19126
KDREY MD, JDSEPH J GS
2504 E ALLEGHENY AVE PHILADELPHIA PA 19134
KDTAKIS MD, JDHN IM
111 N LANSDDWNE AVE LANSDDWNE PA 19050
KDTIN MD, EDWARD H FP
209 INDIAN CREEK RD PHILADELPHIA PA 19151
KDTLER MD, MDRRIS N IM
1320 RACE STREET PHILADELPHIA PA 19107
KDTLDFF MD, LEDN FP
1837 S 65TH ST PHILADELPHIA PA 19142
KDTWAL MD, HDMI B DBG
230 N BRDAD ST PHILADELPHIA PA 19102
KDUTCHER MD, MARTIN E IM
2301 S BRDAD ST PHILADELPHIA PA 1914B
KDVACH MD, CDLEMAN W P
1601 WALNUT ST STE 1325 PHILADELPHIA PA 19102
KDZART MD, DAVID M DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
KRAFT JR MD, ALBERT J IM
827 PINE TREE RD LAFAYETTE HLS PA 19444
KRAMER MD, MARK S IM
A E M C YDRK TABDR RDS PHILADELPHIA PA 19141

KRAMER MD, SELMA P
3902 NETHERFIELD RD PHILADELPHIA PA 19129
KRAMER MD, SIMDN R
2228 LDCUST ST PHILADELPHIA PA 19103
KRANE MD, MARVIN A DBG
1919 CHESTNUT ST PHILADELPHIA PA 19103
KRASNDFF MD, SIDNEY D IM
7900 DLD YDRK RD 114B ELKINS PARK PA 19117
KRAUS MD, RDBERT P
STAR RT A BDX 26B ANCHDRAGE AK 99507
KRAUS MD, THEDDDRE J FP
3153 RICHMDND ST PHILADELPHIA PA 19134
KRAUSE MD, JACDB DRS
136 S 16TH ST PHILADELPHIA PA 19102
KRAUSE MD, RDBERT L IM
GSB-BARCLAY BLDG BALA CYNWYD PA 19004
KRAUSS MD, JACK P
2301 S BRDAD ST MERIDN PA 1914B
KRAUSZ MD, MARTIN R FP
1544 E CHELTENHAM AVE PHILADELPHIA PA 19124
KRAVITZ MD, CHAS H IM
1321 W TABDR RD PHILADELPHIA PA 19141
KRAVITZ MD, MDRTDN A PRM
HAMPTDN&SCRDPE RDS RYDAL PA 19046
KREHL MD, WILLARD A IM
1025 WALNUT ST PHILADELPHIA PA 19107
KREMENS MD, VICTDR R
5601 N BRDAD ST PHILADELPHIA PA 19141
KREMER MD, HDWARD U IM
419 S 19TH ST PHILADELPHIA PA 19146
KRENZEL MD, ARCHIBALD R P
PRESIDENTIAL APTS PHILADELPHIA PA 19131
KRESLDFF MD, RICHARD S DPH
7650 WILLIAMS WAY ELKINS PARK PA 19117
KRESSLER MD, RDBT J PD
301 S BTH ST PHILADELPHIA PA 19106
KRICUN MD, MDRRISDN E R
B201 HENRY AVE APT L 17 PHILADELPHIA PA 1912B
KRIEGER MD, BENSDN FP
4115 GYPSY LANE PHILADELPHIA PA 19144
KRISHNA MD, PADMA PD
#A17 7949 RIDGE AVE PHILADELPHIA PA 1912B
KRISTDFIC MD, JDHN D IM
1014 SPRUCE ST#6-1 PHILADELPHIA PA 19107
KRDN MD, KENNETH M P
WYNCDTE HDUSE BDX A WYNCDTE PA 19095
KRDN MD, SAML D GS
210B SPRUCE ST PHILADELPHIA PA 19103
KRDSER MD, LILA S FP
2B5S WELSH RD PHILADELPHIA PA 19152
KRDUNGDLD MD, MILTDN L IM
191 APTS PRESIDENTIAL 8 BALA CYNWYD PA 19004
KRZYWICKI MD, PAUL L FP
3562 DAKMDNT ST PHILADELPHIA PA 19136
KUBER MD, MATTHEW E IM
1 FAIRWAY PLAZA 312 HUNTINGDN VLY PA 19006
KUBIAK MD, RICHARD V DRS
8407 BUSTLETDN AVE PHILADELPHIA PA 19152
KUMAR MD, VASANTHA R NS
5049 DXFDRD AVE PHILADELPHIA PA 19124
KUMAR MD, VEERANDRA IM
601 W CHELTEN AVE PHILADELPHIA PA 19126
KUNSZABD MD, ISTVAN S FP
2573 DRTHDDDX ST PHILADELPHIA PA 19137
KURDDA MD, KDSDN R
16 RDBIN LAKE DR CHERRY HILL NJ 08003
KURTZ MD, J STEPHEN DBG
717 BETHLEHEM PIKE PHILADELPHIA PA 1911B
KURZ MD, GEDRGE H DPH
HUNTERDDN MED CTR FLEMINGTDN NJ 0BB22
KUSHNER MD, THEDDDRE P
BARCLAY PAVILIDN CHERRY HILL NJ 0B034
KUTTY MD, AHMED C IM
19TH & LDMBARD STS PHILADELPHIA PA 19146
KWA MD, DANIEL M IM
PA HDSP 8TH&SPRUCE STS PHILADELPHIA PA 19107
KWIK MD, CHRISTINA I DS
B303 TULPENHDCKEN AVE ELKINS PARK PA 19117
KYLE MD, G CLAYTDN IM
UNIV PA 212 MALDNEY BLD PHILADELPHIA PA 19104
KYRIAKDPDULDS MD, ADRIAN A IM
BIRCH RUN RD R R 2 CHESTER SPGS PA 19425
LABE MD, ALEXANDER GS
60 E TDWNSHIP LINE PHILADELPHIA PA 19149
LABDRDA MD, DSCAR E IM
257 N STATE RD 22D SPRINGFIELD PA 19064
LACHMAN MD, JDHN W DRS
1907 MDNTGDMERY AVE VILLANDVA PA 19085
LACHMAN MD, MARTIN J R
5TH & REED STS PHILADELPHIA PA 19147
LADDEN MD, PAUL A FP
5700 N 3RD ST PHILADELPHIA PA 19120
LAFFEY MD, PATRICIA A R
230 N BRDAD ST PHILADELPHIA PA 19102
LAFDNTANT MD, RAYMDND F PM
MDSS REHAB HDSPITAL PHILADELPHIA PA 19140
LAIBSDN MD, PETER R DPH
445 MULBERRY HAVERFDRD PA 19041
LAM MD, MAN-TAI N IM
5501 N 11TH ST APT B0B PHILADELPHIA PA 19141
LAMBERT MD, RDBT L IM
685 VALLEY VIEW LA WAYNE PA 19087
LAMBERTSEN MD, CHRISTIAN J IM
U DF PA 14 MED LAB8 8LD PHILADELPHIA PA 19174
LAME MD, EDWIN L R
29 W SUNSET PHILADELPHIA PA 1911B
LAMPE MD, WM T IM
4207 TYSDN AVE PHILADELPHIA PA 19135
LANCIAND MD, RALPH C DPH
1801 J F KENNEDY BLV 52 PHILADELPHIA PA 19103
LANG MD, RDBT H PRM
RDHM & HAAS CD PHILADELPHIA PA 19105
LANG MD, WARREN R PTH
1919 CHESTNUT ST PHILADELPHIA PA 19103
LANGFELD MD, STEPHEN B IM
1025 WALNUT ST STE 210 PHILADELPHIA PA 19107

LANGFITT MD, THDS W NS
3400 SPRUCE ST PHILADELPHIA PA 19104
LANDCE MD, LDUIS F FP
5B17 HENRY AVE PHILADELPHIA PA 1912B
LANSBURY MD, JDHN IM
3414 BRAE BDURN DR HUNTINGDN VLY PA 19006
LAPAYDWKER MD, MARC S R
3401 N BRDAD ST PHILADELPHIA PA 19140
LAPDRTE MD, STEVEN M IM
867 N STILLMAN ST PHILADELPHIA PA 19130
LAQUER MD, K GEDRGE P
6341 RIDGE AVE PHILADELPHIA PA 1912B
LARGDZA MD, NACIANCEND T IM
25 LINDEN AVE LANSDDWNE PA 19050
LARDSSA MD, DDNATD D PS
3910 PDWELTDN AVE PHILADELPHIA PA 19104
LASALVIA MD, LUCY A DBG
3001 W QUEEN LN PHILADELPHIA PA 19129
LASKIN MD, ISADDRE IM
255 S 17TH ST STE 1010 PHILADELPHIA PA 19103
LASTICK MD, SAMUEL G FP
1245 N 29TH ST PHILADELPHIA PA 19121
LATDUR MD, FRANTZ PTH
51 N 39TH ST PHILADELPHIA PA 19104
LATDUR MD, MARIE G R
BTH & SPRUCE ST PHILADELPHIA PA 19107
LAUANDDS MD, IBRAHIM E PS
1 DEEP DALE E LEVITTDWN PA 19054
LAUBY MD, VINCENT W GS
3401 N BRDAD ST PHILADELPHIA PA 19140
LAUCIUS MD, JDS F IM
130 S 9TH ST STE 1910 PHILADELPHIA PA 19107
LAUCKS MD, RDBT B GS
GRAD HDSP 19TH & LDMBAR PHILADELPHIA PA 19146
LAUFER MD, ELIZABETH U DBG
ANDDRRA SHDPPING CTR PHILADELPHIA PA 1912B
LAURENT MD, ALFRED PD
1427 E WASHINGTDN LN PHILADELPHIA PA 1913B
LAUTZ MD, VIRGINIA H AN
12 WESTFIELD RD ARDMDRE PA 19003
LAVAN MD, DDNALD W IM
255 S 17TH ST PHILADELPHIA PA 19103
LAVERAN STIEBER MD, RUDDLF F P
111 N 49TH ST PHILADELPHIA PA 19139
LAVIN DD, EDWIN US
11603 BUSTLETDN AVE PHILADELPHIA PA 19116
LAVIN MD, MDRRIS IM
3701 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
LAVINE MD, RDBERT L IM
230 NDRTH BRDAD ST PHILADELPHIA PA 19102
LAWLDR MD, JDHN M IM
511 E GDRGAS LANE PHILADELPHIA PA 19119
LAWRENCE MD, JAMES B P
136 S 16TH ST PHILADELPHIA PA 19102
LAZARD MD, MIGUELA D FP
11991 AUDUBDN AVE PHILADELPHIA PA 19116
LEAFF MD, LDUIS A P
405 PEMBRDKE RD CYNWYD PA 19004
LEAHY MD, JDHN J AN
1601 SPRING GDN ST PHILADELPHIA PA 19130
LEARNER MD, NDRMAN IM
TEMPLE UNIV HDSP PHILADELPHIA PA 19140
LEAVITT MD, FREDERIC H N
248 MERIDN RD MERIDN STATIDN PA 19066
LEBERMAN MD, PAUL R U
3400 SPRUCE ST PHILADELPHIA PA 19104
LECKS MD, LEDNARD E IM
RITTENHDUSE CLARIDGE PHILADELPHIA PA 19103
LEDIS MD, RDBT PRM
6124 BUSTLETDN AVE PHILADELPHIA PA 19149
LEE JR MD, CHAS T IM
33 E CHESTNUT HILL AVE PHILADELPHIA PA 1911B
LEE JR MD, JAMES H DBG
1025 WALNUT ST PHILADELPHIA PA 19107
LEE MD, ARTHUR B DBG
7300 HIDLA RD PHILADELPHIA PA 1912B
LEE MD, BDNG S DRS
419 S 19TH ST PHILADELPHIA PA 19146
LEE MD, HENRY F PD
B236 GERMANTDWN AVE PHILADELPHIA PA 1911B
LEE MD, JAE H GS
2023-A CHELTENHAM AVE ELKINS PARK PA 19117
LEE MD, K FRANCIS R
JEFF MED CDLL HDSP PHILADELPHIA PA 19107
LEE MD, KWAN W PD
B1B CHILDS AVE DREXEL HILL PA 19026
LEE MD, KWANG W AN
117 BRDNDSBURG PL CHERRY HILL NJ 0B003
LEE MD, RDTAN FP
804 HAVERFDRD RD BRYN MAWR PA 19010
LEE MD, SEUNG H R
TEMPLE UNIV HDSP PHILADELPHIA PA 19140
LEE-BENNER MD, LDRD A P
MAYFAIR HDUSE SUITE 602 PHILADELPHIA PA 19144
LEEGARD MD, RDBERT L AN
2601 HDLME AVE PHILADELPHIA PA 19152
LEFKDE MD, RDY T DRS
226 W RITTENHSE SQ 1216 PHILADELPHIA PA 19103
LEFTDN MD, HARVEY B IM
PRESIDENTIAL D-103 PHILAQELPHIA PA 19131
LEHMAN MD, EDWARD D DBG
2717 FIDELITY BLDG PHILADELPHIA PA 19109
LEHR MD, HERNDDN B PS
3400 SPRUCE ST PHILADELPHIA PA 19104
LEHRER MD, LEWIS AN
UNDERWDDD MEM HDSP WDDDBURY NJ 0B096
LEIBFRIED MD, JANE M DBG
5501 GREENE ST PHILADELPHIA PA 19144
LEIGHTDN MD, JDSEPH PTH
3300 HENRY AVENUE PHILADELPHIA PA 19129
LEINER MD, SEYMDUR DRS
1515 HAMPTDN ROAD RYDAL PA 19046
LEINWEBER MD, BRUCE K DBG
169 FERNBRDDK AVE WYNCDTE PA 19095
LEIVY MD, FRANK E IM
1919 CHESTNUT ST PHILADELPHIA PA 19103

LELL MD, WM A DTD
SUNSET BLDG APT 103 CHESTNUT HILL VLG PA 1911B
LEMMDN JR MD, WM T GS
102 TANGLEWDDO OR LANSDALE PA 19446
LEMMON MO, WM M TS
1320 RACE ST PHILADELPHIA PA 19107
LEMDLE MO, GERALO M TS
3401 N BRDAD ST PHILADELPHIA PA 19140
LEMON MD, AROEN N DTD
870 PARK AVE 316 CAPITDLA CA 95010
LENTZ MO, JDHN W D
3111 W CDULTER ST PHILADELPHIA PA 19129
LEDNARD JR MD, EDWARD C P
RDDSEVELT & ADAMS AVE PHILADELPHIA PA 19124
LEDPDLD MD, RDBT L N
U DF PA DEPT CDMM MED PHILADELPHIA PA 19104
LEDPDLD MD, SAMUEL US
4231 DARWIN CR CHARLDTTE NC 28209
LEPANTD MD, PHILIP B R
417 MAYFAIR LANE LDUISVILLE KY 40207
LEPAR MD, EDWIN R
1040 KINGSLEY RD RYDAL PA 19046
LERNER MD, HARVEY J GS
829 SPRUCE ST PHILADELPHIA PA 19107
LERNER MD, JACDB C FP
6451 DXFDRD AVE PHILADELPHIA PA 19111
LERNER MD, SIDNEY S DTD
1101 STRATFDRD AVE PHILADELPHIA PA 19126
LESSIG MD, HARRY J IM
230 N BRDAD ST NUC MED PHILADELPHIA PA 19102
LEUCCI MD, GIND U
2314 E ALLEGHENY PHILADELPHIA PA 19134
LEVENBERG MD, DAVID P
FRIENDS HDSPITAL PHILADELPHIA PA 19124
LEVENSDN MD, CARL PM
WYNCDTE HDUSE APT 604 WYNCDTE PA 19095
LEVICK MD, LEDNARD J FP
1335 TABDR RD PHILADELPHIA PA 19141
LEVICK MD, STANLEY N IM
1335 W TABDR RD PHILADELPHIA PA 19141
LEVIN MD, BARRY L R
GRADUATE HDSP PHILADELPHIA PA 19146
LEVIN MD, HARVEY M DBG
2301 S 8RDAD ST PHILADELPHIA PA 19148
LEVIN MD, MICHAEL D PD
8001 RDDSEVELT BLVD 301 PHILADELPHIA PA 19152
LEVIN MD, MOSES J FP
5555 WISSAHICKDN AVE PHILADELPHIA PA 19144
LEVINE MD, ARNDLD H R
1307 RUTLAND LANE WYNNEWDDD PA 19096
LEVINE MD, SAML R
636 WYNCDTE HDUSE WYNCDTE PA 19095
LEVINSKY MD, WALTER J IM
3401 N BRDAD ST PHILADELPHIA PA 19140
LEVINSDN MD, RICHARD S IM
631 MANDR RD PENN VLY NARBERTH PA 19072
LEVISDN MD, SANDRA P IM
3300 HENRY AVE PHILADELPHIA PA 19129
LEVIT MD, EDITHE J US
3930 CHESTNUT ST PHILADELPHIA PA 19104
LEVIT MD, JDS FP
5325 DLD YDRK RD PHILADELPHIA PA 19141
LEVIT MD, SAML M IM
1910 SPRUCE ST PHILADELPHIA PA 19103
LEVY MD, FRANK D FP
7713 HARTEL ST PHILADELPHIA PA 19152
LEWINN MD, EDWARD 8 IM
UPPER BLACK EDDY PA 1B972
LEWIS MD, ALAN E IM
191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004
LEWIS MD, DANL W IM
255 S 17TH ST PHILADELPHIA PA 19103
LEWIS MD, PAUL L PTH
521 BAIRD RD MERIDN PA 19066
LEWIS MD, WILLIAM D AN
101 HAINES DR MDDRESTDWN NJ 0B057
LEWIS MD, WM J DTO
116 STDCKTDN RD BRYN MAWR PA 19010
LEWITT MD, MICHAEL H ADM
527 SPRUCE ST PHILADELPHIA PA 19106
LIACHDWITZ MD, CLAIRE H PM
PRESIDENTIAL APTS D703 PHILADELPHIA PA 19131
LIAW MD, MING T US
125 W BRDAD ST TAMAQUA PA 1B252
LIAW MD, WEN H FP
8TH & GIRARD AVE PHILADELPHIA PA 19104
LIBDNATI MD, MARGARET M AN
1601 SPRING GDN ST PHILADELPHIA PA 19130
LIEBEN MD, JAN PRM
CAMBRIDGE APTS PHILADELPHIA PA 19144
LIEBERMAN JR MD, ALEXANDER FP
335 HARRISDN AVE ELKINS PARK PA 19117
LIEBERMAN MD, ALAN H U
4031 BALWYNNE PK RD PHILADELPHIA PA 19131
LIEBERMAN MD, DANL P
130 S 9TH ST STE 2110 PHILADELPHIA PA 19107
LIEBERMAN MD, GEDRGE E DTD
WYNNEWDDD PLAZA APTS WYNNEWDDD PA 19096
LIEBERMAN MD, SAML FP
7714 HARTEL AVE PHILADELPHIA PA 19152
LIEBERT MD, PETER S PD
223 WINDING WAY MERIDN PA 19066
LIEBMAN MD, EMIL P OTD
137 HEWITT RD WYNCDTE PA 19095
LIEBMAN MD, RDNALD P
624 GREYTHDRNE RD WYNNEWDDD PA 19096
LIEF MD, HARDLD I P
101 S BUCK LN HAVERFDRD PA 19041
LIEM MD, HAN P
4 DARTMDUTH DR DELRAN N J 0B075
LIGHTFDDT MD, WM P GS
3401 N BRDAD ST PHILADELPHIA PA 19140
LIKDFF MD, WM IM
20 CDNSHO ST RD AP 309 BALA CYNWYD PA 19004
LIM MD, DEE B GS
5501 N 11TH ST APT 1205 PHILADELPHIA PA 19141
LIM MO, MARIO R FP
1766 FRANKFDRO AVE PHILADELPHIA PA 19125
LIN MD, PAUL M NS
1100 MILL ROAD RYOAL PA 19046
LINOEN MD, MAURICE E P
7100 GERMANTDWN AVE PHILADELPHIA PA 19119
LINDENBAUM DD, ELLIS J US
10663 BUSTLETDN AVE PHILADELPHIA PA 19116
LINDENMUTH MD, WDDDRDW W GS
VA HOSP W SPRING ST WEST HAVEN CT 06516
LINDQUIST MD, JOHN N IM
422 SABINE ST WYNNEWDDO PA 19096
LINN DD, RD8ERT PRM
419 LAWRENCE RD BRDDMALL PA 1900B
LINNEMANN MD, RDGER E R
350B MARKET ST PHILADELPHIA PA 19104
LINTGEN MD, CHARLES I DBG
325 MEADDWBRDDK DR HUNTINGDDN VLY PA 19006
LIPMAN MD, BERNARD L PD
NE MED CTR RSVLT&WELSH PHILADELPHIA PA 19154
LIPPIN MD, RICHARD A US
3901 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
LIPPD MD, FRANK L DBG
2301 S BRDAO ST PHILADELPHIA PA 19148
LIPSCHUTZ MD, ARTHUR PD
WILLDW GRDVE & CRITTEND PHILADELPHIA PA 1911B
LIPSCHUTZ MD, SAML S FP
950 SANGER ST PHILADELPHIA PA 19124
LIPSHUTZ MD, HARDLD U
2316 E ALLEGHENY AVE PHILADELPHIA PA 19134
LIPSHUTZ MD, WILLIAM H IM
800 SPRUCE ST PHILADELPHIA PA 19107
LIPSIUS MD, EDWARD I DPH
1919 CHESTNUT APT 1504 PHILADELPHIA PA 19103
LISAN MD, PHILIP IM
245 N BRDAD ST PHILADELPHIA PA 19107
LISKER MD, SHELDDN A IM
419 S 19TH ST PHILADELPHIA PA 19146
LITT MD, RD8ERT M R
378 FAIRHAVEN BLVD WODD8URY NY 11797
LITTLE MD, RALPH B P
111 N 49TH ST PHILADELPHIA PA 19139
LITTMAN MD, PHILIP R
3400 SPRUCE ST PHILADELPHIA PA 19104
LIU MD, JUNG-CHING DTD
7757 GREEN VLY RD WYNCDTE PA 19095
LIVDLSI MD, PHILIP D GS
539 W ERIE AVE PHILADELPHIA PA 19140
LDCHHEAD MD, HARRIE B PTH
500 BRIDLE RD GLENSIDE PA 1903B
LDDISE MD, RAYMDND J IM
1900 SPRUCE ST PHILADELPHIA PA 19103
LDEW MD, CLIFFDRD G IM
5 E CHESTNUT HILL AVE PHILADELPHIA PA 1911B
LDEWENBERG MD, LEDPOLD S DBG
255 S 17TH ST 2ND FL PHILADELPHIA PA 19103
LDFTUS MD, J EDWARD DTD
6 RDSE TERR LAFAYETTE HLS PA 19444
LDFTUS MD, THDMAS A P
17B E BDTH ST NEW YORK NY 10021
LDFTUS MD, THDS M FP
8015 BURHDLME AVE PHILADELPHIA PA 19111
LDGAN MD, THDS M FP
5925 WAYNE AVE PHILADELPHIA PA 19144
LDGUE MD, JAMES G DBG
666 E PENN ST SUITE 105 PHILADELPHIA PA 19144
LDHIER MD, RAYMOND GS
1417 REDWDDD LN WYNCDTE PA 19095
LDMAX JR MD, WALTER P IM
PD BDX 24 HILLTDWN PA 1B927
LDNDDN MD, PHILIP DRS
824 CEDARGLEN RD ELKINS PARK PA 19117
LDNDDN MD, W THDMAS DS
7701 BURHDLME AV FX CHS PHILADELPHIA PA 19111
LDNG MD, HARRY J IM
10512 MDNTEGD DR SAN DIEGD CA 92124
LDNG MD, JDS P DBG
725 S HIGHLAND AVE MERIDN STA PA 19066
LDNG SR MD, WM L P
9600 MILNDR ST PHILADELPHIA PA 19114
LDNSDDRF MD, RICHARD G P
1640 PINE ST PHILADELPHIA PA 19103
LDPDNTE MD, MARIE A R
30 S VALLEY RD PADLI PA 19301
LDRBER MD, STANLEY H IM
TEMPLE UNIV MED CTR PHILADELPHIA PA 19140
LDRENZ MD, HDWARD IM
2401 PENNA AVE #11A4 PHILADELPHIA PA 19130
LDRICD MD, ABEGAEL N DBG
6907 RISING SUN AVE PHILAOELPHIA PA 19111
LDRRY MD, RALPH W GS
1247 E LUZERNE ST PHILAOELPHIA PA 19124
LDTKE MD, PAUL A DRS
909 HAGYS FDRD RD NARBERTH PA 19072
LDUGHERIDGE MD, CHALMERS A FP
3901 RIVER DR ALEXANDRIA VA 22309
LDUIS-CHARLES MD, RDY PD
550 E WASHINGTDN LANE PHILADELPHIA PA 19144
LDUKA MD, MDUNIR H DBG
6806 N 11TH ST PHILADELPHIA PA 19126
LDVE MD, MICHAEL B R
205 E FIEDLER RD AMBLER PA 19002
LDWRY MD, LDUIS D DTD
3400 SPRUCE ST PHILADELPHIA PA 19104
LUBIN MD, JDS D AN
226 LDCUST ST PHILADELPHIA PA 19106
LUBIZKA MD, ALEXANDRIA P
2101 CLARKSDN AVE PHILADELPHIA PA 19144
LUCAS MD, R DUBDIS FP
237 E PRICE ST PHILADELPHIA PA 19144
LUCENA MD, AURDRA L AN
340 TDWER LN NARBERTH PA 19072
LUCENTE MD, EDWARD R OBG
1907 S BRDAD ST PHILADELPHIA PA 19148
LUISTRD MD, PATRIA D AN
2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130
LUKENS MO, RD8EKT M US
141 W HEATHER RD WILDWD CREST NJ 0B260
LUMISH MO, SALEM H IM
245 N BRDAD ST PHILADELPHIA PA 19107
LUNOY MD, THEDDDRE FP
2565 E NORRIS ST PHILAOELPHIA PA 19125
LUDNGO JR MO, RDMED A DTD
2054 LDCUST ST PHILADELPHIA PA 19103
LUDNGD SR MD, RDMEO A DTD
2054 LDCUST ST PHILAOELPHIA PA 19103
LUPARIELLD MD, ANGELO D IM
33 A PARK AVE LINDENWDLD NJ 0B021
LUSCDMBE MD, HERBERT A D
130 S 9TH ST PHILADELPHIA PA 19107
LUTMAN MD, FRANK C DPH
33 E CHESTNUT HILL AVE PHILADELPHIA PA 1911B
LYLE MD, DDNALD F PD
5526 ASBURY AVE DCEAN CITY NJ 0B226
LYNCH JR MD, FRANK B PTH
APT B09 ALDEN PRK PHILADELPHIA PA 19144
LYNCH MD, J EDWARD DBG
MERCY MED CATH CTR DARBY PA 19023
LYNCH MD, JAMES J FP
2318 E CUMBERLAND ST PHILADELPHIA PA 19125
LYNN MD, DDRDTHY R D
245 N BRDAD ST SUITE 30 PHILADELPHIA PA 19107
LYDN MD, JULIAN M PD
2943 BELMDNT AVE ARDMDRE PA 19003
LYDNS JR MD, JDHN W P
717 HARRISDN RD VILLANDVA PA 19085
LYDNS MD, HARVEY IM
250 N 13TH ST PHILADELPHIA PA 19107
LYU MD, BDYNG-SDDK L AN
1765 N WATERLDD ST PHILADELPHIA PA 19122
MACFADYEN MD, BRUCE V DBG
1801 J F KENNEDY BLVD PHILADELPHIA PA 19103
MACHT JR MD, ELMER L DBG
1400 YDRK RD ABINGTDN PA 19001
MACK MD, KARIN F P
518 S 21ST ST PHILADELPHIA PA 19146
MACKELL JR MD, JAMES V DRS
7922 BUSTLETDN AVE PHILADELPHIA PA 19152
MACKELL MD, JAMES V PD
1253 BURNETT RD HUNTINGDDN VLY PA 19006
MACKIE MD, JULIUS A GS
3400 SPRUCE ST PHILADELPHIA PA 19104
MACKINNEY MD, CHAS C U
422 LANKENAU MED BLDG PHILADELPHIA PA 19151
MACKDWIAK MD, RDBT C IM
1025 WALNUT ST PHILADELPHIA PA 19107
MACMILLAN MD, RDBERT M IM
MEDICAL COLLEGE DF PA PHILADELPHIA PA 19129
MACMDRAN MD, JAY W R
435 RIGHTERS MILL RD NARBERTH PA 19072
MACVAUGH 3RD MD, HDRACE GS
7145 LAFAYETTE AVE FT WASHINGTDN PA 19034
MADIANDS MD, MICHAEL IM
420 BDRBECK ST PHILADELPHIA PA 19111
MAODNNA MD, HARRY M U
625 BRIDLE RD GLENSIDE PA 1903B
MADOW MD, LED N
3300 HENRY AVE PHILADELPHIA PA 19129
MAGARGAL MD, LARRY E DPH
719 S 7TH ST PHILADELPHIA PA 19147
MAGHEN MD, KHALIL PD
7119 SHERWDDD RD PHILADELPHIA PA 19151
MAGILNER MD, ARTHUR D R
1251 FAIRACRES RD JENKINTDWN PA 19046
MAGILNER MD, LDUIS R
275 S 19TH ST PHILADELPHIA PA 19103
MAGRAN MD, LEDNARDD P
1001 VALLEY RD MELRDSE PARK PA 19126
MAHA MD, GED E IM
212 TALLY HD AMBLER PA 19002
MAHDNEY MD, MARGARET G D
324 INGEBDRG RD PHILADELPHIA PA 19151
MAIER MD, WILLIS P GS
TEMPLE U HDSP SURG DEPT PHILADELPHIA PA 19140
MAJDR MD, DAVID A IM
624 W CLIVEDEN ST PHILADELPHIA PA 19119
MAKLER MD, JACDB S FP
1801 JFK BLVD APT 1017 PHILADELPHIA PA 19103
MAKDUS MD, NDRMAN IM
6B8 S HIGHLAND AVE MERION PA 19066
MAKRIS MD, ALEX T IM
435 CDVERED BRIDGE RD CHERRY HILL N J 0B034
MALAMUT MD, LEDNARD L IM
590B DEVDN PL PHILADELPHIA PA 1913B
MALEK MD, MANSDUR FP
4717 E MDDNLIGHT WAY PARADISE VLY AZ 85253
MALLACE MD, ALAN H IM
441 TDMLINSDN RD F19 PHILADELPHIA PA 19116
MALLIN MD, WILLIAM S IM
221 MELRDSE CIRCLE MERIDN PA 19066
MALLDY MD, TERRENCE R U
1283 CLUB HDUSE RD GLADWYNE PA 19035
MALMUD MD, LEDN S R
3401 N BRDAD ST PHILADELPHIA PA 19140
MALSCH MD, EVA M AN
DPT DF AN 230 N BRDAD S PHILADELPHIA PA 19102
MALZ MD, ADAM D FP
2714 E COUNTRY CLUB RD PHILADELPHIA PA 19131
MANCALL MD, ELLIDTT L N
230 N BRDAD ST PHILADELPHIA PA 19102
MANDAL MD, SANAT K IM
319 MDRRIS DR CHERRY HILL NJ 0B003
MANDARIND MD, MICHAEL J DRS
2832A BELMDNT AVE PHILADELPHIA PA 19131
MANDARIND MD, MICHAEL P DRS
1120 TDWER LA NARBERTH PA 19072
MANDEL MD, MARTIN M N
BENSDN MANDR SUITE 110 JENKINTDWN PA 19046
MANDELL MD, MDRTDN S IM
508 CLDTHIER RD WYNNEWDDD PA 19096
MANGES MD, W BDSLEY GS
613 MDNTGDMERY SCH LA WYNNEWDDD PA 19096

MANGES MD, WILLIS E R
431 BARCLAY RO ROSEMONT PA 19010
MANLEY MD, JOHN G GS
APT M-3 FOX VALLEY W GLEN MILLS PA 19342
MANLOVE MO, FRANCIS R P
500 WILLIAMSON RO GLADWYNE PA 19035
MANN MO, STEPHEN C P
130 S 9TH ST 7TH F PHILADELPHIA PA 19107
MANSTEIN MO, GEO PS
1351 TABOR RD PHILADELPHIA PA 19141
MAPP MD, ESMDNO M R
T JEFFERSON UNIV HDSP PHILADELPHIA PA 19109
MARBACH MD, A HERBERT OBG
1307 TABOR RO PHILADELPHIA PA 19141
MARCELO MD, FLORDELIZA S AN
164B HUNTINGDON PIKE MEADOWBROOK PA 19046
MARCOVITZ MD, ELI P
255 S 17TH ST PHILADELPHIA PA 19103
MARDEN MD, PHILIP A OTD
3400 SPRUCE ST PHILADELPHIA PA 19104
MARFATIA MD, USHA S IM
1900 PARK AVE B23 CORNWELLS HGTS PA 19020
MARGATE MO, PEDRO R R
1920 COUNTRY CLUB RO CHERRY HILL NJ 08003
MARGOLES MO, LOUIS IM
1651 GRANGE AVE PHILADELPHIA PA 19141
MARGOLIS MD, BERNARO PD
7342 BROOKHAVEN RO PHILADELPHIA PA 19151
MARGOLIS MD, STEPHEN H FP
CEDARBROOK HILL 111 WYNCOTE PA 19095
MARIS MO, ELIZABETH P PO
FOULKEWAYS-GWYNEDO G10 GWYNEDO PA 19436
MARK MO, GEO E IM
4940 FRANKFORO AVE PHILADELPHIA PA 19124
MARKS MO, GERALO GS
45 FAIRVIEW RO NARBERTH PA 19072
MARKS MO, MEYER A OTO
2410 N 54TH ST PHILADELPHIA PA 19131
MARLOWE MO, FRANK I OTO
511 SABINE CIR WYNNEWOOD PA 19096
MARONE MO, PHILLIP J ORS
2500 S 17TH ST PHILADELPHIA PA 19145
MARRONE MO, ALFREO C OPH
220 LOCUST ST APT 21C PHILADELPHIA PA 19104
MARSHALL MO, BRYAN E AN
119 ADRINNE LANE WYNNEWOOD PA 19096
MARSHALL MO, E WAYNE IM
301 E 8TH ST 3RD FL PHILADELPHIA PA 19107
MARSLAND MO, THOMAS A IM
1206 ST CLAIR RD ORELAND PA 19075
MARTIN MO, JOHN H IM
3401 N BROAD ST PHILADELPHIA PA 19140
MARTINEZ MO, LUCAS J NS
1025 WALNUT ST PHILADELPHIA PA 19107
MARTYN MO, LOIS J OPH
2600 N LAWRENCE ST PHILADELPHIA PA 19144
MARVA MO, DONALO J IM
309 PINE ST PHILADELPHIA PA 19106
MARVEL JR MO, JAMES P ORS
807 SPRUCE ST PHILADELPHIA PA 19107
MASLOFF MD, MELVIN L OTO
723 S LATCHES LN MERION PA 19066
MASON MO, DANL IM
1333 RACE ST PHILADELPHIA PA 19107
MASON MO, HOWARO M FP
2109 W DIAMOND ST PHILADELPHIA PA 19121
MASS MD, BURTON IM
657 OAK SHADE AVE ELKINS PARK PA 19117
MASSANISO MO, FRANK P U
304 WHITEMARSH VY RO FT WASHINGTON PA 19034
MASTERS OO, ARNOLO US
3664 MORRELL AVE PHILADELPHIA PA 19114
MASTRANGELO MO, MICHAEL J IM
AMER ONCOLOGIC HOSP PHILADELPHIA PA 19111
MATSUMOTO MO, TERUO GS
515 FISHERS RO BRYN MAWR PA 19010
MATTEI MO, FRANK A ORS
1421 S BROAD ST PHILADELPHIA PA 19147
MATTEUCCI MO, WALTER V IM
3103 ARDMORE AVE PHILADELPHIA PA 1911B
MATUS MO, JOS P FP
5301 CASTOR AVE PHILADELPHIA PA 19124
MAURIELLO MO, NICHOLAS O PM
59TH ST CITY LINE AVE PHILADELPHIA PA 19131
MAY MO, ROBT E U
666 E PENN ST PHILADELPHIA PA 19144
MAYER MO, EUGENE M IM
1903 ROLLING LANE CHERRY HILL N J 08003
MAYER MO, KARL F US
2560 S PENINSULA OR DAYTONA BEACH FLA 32018
MAYOCK MO, ROBT L IM
44 GYPSY LA WYNNEWOOD PA 19096
MAYRO MO, JULIAN IM
335 W TABOR RO PHILADELPHIA PA 19141
MAZER MO, HOWARD U
12 GARWOOD OR CHERRY HILL NJ 08034
MAZZANTI MO, WALTER O OPH
02 WASHINGTON SQ PHILADELPHIA PA 19106
MCALLISTER MO, HELEN B P
400 POOKS HILL RO BETHESDA MO 20014
MCCAFFERTY MO, JOHN P GS
116 BUSTLETON AVE PHILADELPHIA PA 19152
MCAHEY MO, JAMES F US
ESLEY MANOR JACKSONVILLE FL 32223
MCALLION MO, LUTHER L FP
00 BETHLEHEM PIKE PHILADELPHIA PA 1911B
MCCARRON MO, DANL J OBG
9 GLENOALE RO UPPER DARBY PA 19082
MCAULEY MO, FRANCIS P OBG
225 MAGEE AVE PHILADELPHIA PA 19149
MCLENAHAN MO, JOHN L R
1 E CHESTNUT HILL AVE PHILADELPHIA PA 1911B
MCLENAHAN MO, WILLIAM U FP
29 BAYVIEW OR SARASOTA FL 33577
MCLOSKEY MO, JOS F PTH
66 W BRYN MAWR AVE LANSDOWNE PA 19050

MCCLOSKEY MD, RICHARO V IM
5TH & REEO STS PHILADELPHIA PA 19147
MCCONNELL MD, EDWARD L OBG
2342 S BRDAO ST PHILADELPHIA PA 19145
MCCORMICK MD, JOHN L GS
1016 WARRIDR RO OREXEL HILL PA 19026
MCCOY MO, CATHERINE F FP
1891 REVERE ROAO SOUTHAMPTON PA 18966
MCCRACKEN MD, STEWART IM
33 E CHESTNUT HILL AVE PHILADELPHIA PA 1911B
MCCREA MD, LOWRAIN E U
PO BOX 143B PINEHURST NC 28374
MCCUNE MO, WALLACE G IM
666 E PENN ST PHILADELPHIA PA 19144
MCCUROY MD, DIND E IM
822 WILOMAN ARMS SWARTHMORE PA 19081
MCCURDY MO, RICHARD R IM
211 SYKES LN WALLINGFORD PA 19086
MCDANIEL JR MO, EVERETT S DBG
212 E WAVERLY RO WYNCOTE PA 19095
MCOERMIT MO, JOHN R IM
1627 S BRDAD ST PHILADELPHIA PA 1914B
MCODNALO MD, OONALO J FP
611 FOSTER RO CHELTENHAM PA 19012
MCODNALO MD, PHILLIP R OPH
LANKENAU MED BLDG PHILADELPHIA PA 19151
MCOONNELL MO, WILLIAM V PTH
WEST JERSEY HOSP VOORHEES NJ 08043
MCODNOUGH MD, MICHAEL T IM
TEMPLE UNIV HOSP PHILADELPHIA PA 19140
MCELROY MO, ROBT C OBG
133 S 36TH ST PHILADELPHIA PA 19104
MCEVILLY MO, JAMES P P
10B80 CRESTMONT AVE PHILADELPHIA PA 19154
MCFADDEN MO, WM M PO
1187 E WASHINGTON LANE PHILADELPHIA PA 1913B
MCFARLANO MD, MALCOLM O IM
7701 LOUISE LN PHILADELPHIA PA 1911B
MCGEARY MO, JOS O IM
111 N BROAO ST PHILADELPHIA PA 19107
MCGEHEE MO, EDWARD H IM
JEFFERSON MED COLLEGE PHILADELPHIA PA 19107
MCGINNIS MO, FRANCIS T GS
6910 MARKET ST UPPER DARBY PA 19082
MCGLAMERY MO, MURIEL E N
AEMC N DIVISION PHILADELPHIA PA 19141
MCGRAW MO, THOS E IM
207 65TH AVE PHILADELPHIA PA 19126
MCGREEVEY MO, JOHN R R
2025 WILLIAMSBURG RO HUNTINGDON VLY PA 19006
MCGRUDER MO, EWART G FP
237 WOOD ST BRISTOL PA 19007
MCGUIGAN MO, THOMAS M FP
5203 BURTON ST PHILADELPHIA PA 19124
MCHENRY OO, JOHN J FP
2601 PARKWAY APT 645 PHILADELPHIA PA 19130
MCINTYRE MO, ROSEMARY E IM
7373 RIDGE AVE 236 PHILADELPHIA PA 1912B
MCKENNA MO, ERNEST L OTO
418 E LANCASTER AVE WAYNE PA 19087
MCKEOWN JR MO, JOHN J GS
935 CEDAR GROVE RO WYNNEWOOD PA 19096
MCLAUGHLIN JR MO, GUY W PO
7226 CASTOR AVE PHILADELPHIA PA 19149
MCLAUGHLIN MO, EDWARD O GS
3112 GARNET MINE RO BOOTHWYN PA 19061
MCLAUGHLIN MO, GEO E IM
666 E PENN ST PHILADELPHIA PA 19144
MCLAUGHLIN MO, JAMES S IM
1349 W PIKE ST PHILADELPHIA PA 19140
MCMICKEN MO, WM H IM
11410 BUSTLETON AVE PHILADELPHIA PA 19116
MCNEIL-JACOBI MO, ATHOLE G AN
MED COLL OF PA ANES PHILADELPHIA PA 19129
MCNEILL JR MO, ROBT J FP
4024 S WARNER RO LAFAYETTE HILL PA 19444
MCPEAK MO, VINCENT J OBG
B014 BYRHOLME AVE PHILADELPHIA PA 19111
MCSHERRY MO, ROBT T AN
200 LAWRENCE LA WAYNE PA 19087
MCSTRAVOG MO, LAWRENCE J OTO
5057 SYLVIA RO OREXEL HILL PA 19026
MEBANE 3RO MO, WM N PO
8811 GERMANTOWN AVE PHILADELPHIA PA 1911B
MECHANICK MO, PHILIP G P
215 CLWYO RD BALA-CYNWYO PA 19004
MEDIANO MO, WILFREDO M R
237 HEMLOCK RO WYNNEWOOD PA 19096
MEOOFF MO, JOS IM
2 OECKER SQ BALA CYNWYO PA 19004
MEOVENE MO, MORTON M PRM
21B N EASTON RO APT F7 GLENSIDE PA 19038
MEEHAN MO, JOHN J IM
THE BENSON JENKINTOWN PA 19046
MEHTA MD, TUSHAR B FP
17 S 60TH ST PHILADELPHIA PA 19139
MELNICK MO, JOS L OBG
1152 N 630 ST PHILADELPHIA PA 19151
MELTZER MO, LAWRENCE E IM
51 N39TH ST PHILADELPHIA PA 19104
MEMON MO, NAZIR A IM
JEFF HOSP 11TH&WALNUT PHILADELPHIA PA 19107
MENOELL MO, THEDOORE H IM
226 W RITTENHOUSE SQ220 PHILADELPHIA PA 19103
MENDELSON MO, MYER P
111 N 49TH ST PHILADELPHIA PA 19139
MENOELSSOHN MO, EDWIN GS
1303 W TABOR RO PHILADELPHIA PA 19141
MENIN MO, RICHARO A IM
404 OLO FARM RO WYNCOTE PA 19095
MENIN MO, WM IM
1351 TABOR RO PHILADELPHIA PA 19141
MENNELL MO, JOHN M PM
VA HOSP 150 MUIR RO MARTINEZ CA 94553
MERANZE MO, OAVIO R PTH
PELHAM PARK APTS 412 PHILADELPHIA PA 19119

MERKIN MD, ALVIN AN
42 ST JAMES CT PHILADELPHIA PA 19106
MERLIN MO, ALBERT A FP
7141 ELMWOOO AVE PHILADELPHIA PA 19142
MERSCHER MO, WALTER F FP
1120 EASTON ST ROSLYN PA 19001
MERSKY MO, STEVEN A U
1832 OELANCEY PLACE PHILADELPHIA PA 19103
MESETE MD, A FRANCIS IM
753 BURNLEY CIR SPRINGFIELO PA 19064
MESSORI MD, DIVO A IM
1000 E ABINGTON AVE PHILADELPHIA PA 19118
METTLER JR MD, FRED A R
U OF N M CANCER CTR ALBUQUERQUE N M 87131
METZGER MD, PAUL A FP
1104 COTTMAN ST PHILADELPHIA PA 19111
MEYER MO, HAROLD PO
AEMC-DIV OF PEO PHILADELPHIA PA 19141
MEYERS MO, ROBERT W P
4524 FOREST PARK BLVD ST LOUIS MO 63108
MEZGER MO, HANS J IM
1505 MAYFAIR HOUSE PHILADELPHIA PA 19144
MEZZANOTTE MO, JOHN J IM
STENTN&MERMAIO LA ST 1G PHILADELPHIA PA 1911B
MICEK MO, EDWARO W GS
245 N BRDAD ST PHILADELPHIA PA 19107
MICELI MO, SILVIO U
620 SPRUCE LN VILLANOVA PA 19085
MICHAELSON MO, CAROLYN Z FP
6605 LINCOLN DR PHILADELPHIA PA 19119
MICHAILE MO, KENNETH I OPH
57B GEN PATTERSON DR GLENSIDE PA 19038
MICHALS MO, TIMOTHY J P
700B GREENHILL RO PHILADELPHIA PA 19151
MICHELSON MO, JOSEPH B OPH
2991 SCHOOLHOUSE LA PHILADELPHIA PA 19144
MIKAELIAN MO, OIRAN O OTO
1025 WALNUT ST PHILADELPHIA PA 19107
MIKELBERG MO, ROSE R PO
1709 SPRUCE ST PHILADELPHIA PA 19103
MIKHAIL MO, GIRGIS OBG
3400 SPRUCE ST PHILADELPHIA PA 19104
MIKUTA MO, JOHN J OBG
3400 SPRUCE ST PHILADELPHIA PA 19104
MILLER OO, JEROME FP
5103 WHITAKER AVE PHILADELPHIA PA 19124
MILLER MO, ALLEN C P
209 RITTNHSE CLAROG APT PHILADELPHIA PA 19103
MILLER MO, ARMAND J FP
FOXCROTT APTS 104 JENKINTOWN PA 19046
MILLER MO, BENJ H IM
1601 WALNUT ST PHILADELPHIA PA 19102
MILLER MO, BERNARO J GS
666 E PENN ST PHILADELPHIA PA 19144
MILLER MO, C JOSEPH IM
2385 CHELTENHAM AVE PHILADELPHIA PA 19150
MILLER MO, OAVIO FP
8550 N W 17TH PL PLANTATION FL 33322
MILLER MO, GLAOYS M IM
3423 W COULTER ST PHILADELPHIA PA 19129
MILLER MO, HUGH M IM
BOX 352 HIGHLAND PRK CL LAKE WALES FL 33853
MILLER MO, JEROME IM
191 PRESIOENTIAL APTS BALA CYNWYO PA 19001
MILLER MO, MALCOLM W IM
230 LANKENAU MEO BLOG PHILADELPHIA PA 19151
MILLER MO, RUSSEL F R
WASHINGTON LANE ELKINS PARK PA 19117
MILLER MO, T GRIER IM
1801 JFK BLVO #2906 PHILADELPHIA PA 19103
MILLER MO, WALLACE T R
3105 COULTER ST PHILADELPHIA PA 19129
MILLS JR MO, LEWIS C IM
230 N BROAO ST PHILADELPHIA PA 19102
MILNER MO, RALPH S OPH
3401 N BROAO ST PHILADELPHIA PA 19141
MILON MO, CHAS F IM
829 SPRUCE ST PHILADELPHIA PA 19107
MILSTEIN MO, OAVIO FP
7342 GREEN HILL RO PHILADELPHIA PA 19151
MIMS III MO, JAMES L OPH
1227 WINSTON WAY CHERRY HILL NJ 08034
MINEHART MO, JOHN R GB
615 E ALLEGHENY AVE PHILADELPHIA PA 19134
MINERVA MO, FELICISIMA B AN
60 E TOWNSHIPLINE RO ELKINS PARK PA 19117
MINTON MO, RUSSELL F R
MORGAN HS STENTN&MERMAI PHILADELPHIA PA 1911B
MISHKIN MO, MARK M R
3400 SPRUCE ST PHILADELPHIA PA 19104
MISSETT JR MD, JOS V OBG
SAUNDERS HS LANC-CITY L PHILADELPHIA PA 19151
MITCHELL MD, ROBT M OBG
807 SPRUCE ST PHILADELPHIA PA 19107
MITROO MO, NEETA AN
230 NORTH BROAO ST PHILADELPHIA PA 19102
MITTELDORF MO, STEPHEN E U
2233 WALLACE ST PHILADELPHIA PA 19130
MIURA MO, KAREN K IM
1B10 S RITTENHOUSE SQ PHILADELPHIA PA 19103
MOGHADAM MO, ABDOL-NABI IM
191 PRESIOENTIAL BLVO BALA CYNWYO PA 19004
MOGIL MO, ROBT A GS
1001 CITY AVE PHILADELPHIA PA 19151
MOHIUDDIN MO, MOHAMMED R
14 PAPER MILL RO CHERRY HILL NJ 08003
MOLINA MO, LETICIA K PO
1318 PINE ST PHILADELPHIA 19107
MOLL MD, GEO A FP
510 WEST AVE JENKINTOWN PA 19046
MONHEIT MO, RICHARO S IM
1000 SHARPLESS RO PHILADELPHIA PA 19126
MONTGOMERY MO, BRUCE B OBG
1405 SPRING MILL GLADWYNE PA 19035
MONTGOMERY MO, HUGH IM
932 MERION SQ RO GLADWYNE PA 19035

MDNTGDMERY MD, JDHN 8 OBG
130 S 9TH ST PHILADELPHIA PA 19107
MDNTGDMERY MD, THADDEUS L DBG
255 S 17TH ST 2 FL PHILADELPHIA PA 19103
MDDRE JR MD, SAML R IM
1600 ARCH ST PHILADELPHIA PA 19103
MDDRE MD, FRANK R
9 DUTCH DR HDLLAND PA 18966
MDDRE MD, JAY R IM
5 WASHINGTDN SQ APT 310 PHILADELPHIA PA 19106
MDDRE MD, JDHN R DRS
3701 N BRDAD ST PHILADELPHIA PA 19140
MDDRE MD, MATTHEW T N
1813 DELANCEY PLACE PHILADELPHIA PA 19103
MDRALES MD, DIEGD PM
12 ST & TABOR RD PHILADELPHIA PA 19140
MDRALES MD, JOSE O IM
RD 1 EVESBDRO RD MT LAUREL N J 08057
MDRANI MD, ALMA O PS
3665 MIDVALE AVE PHILADELPHIA PA 19129
MDRENO MD, CARLDS PTH
130 W ESSEX AVE LANSDOWNE PA 19050
MDREND MD, MISAEL A FP
7532 TWELVE OAKS BLVD TAMPA FL 33614
MDRGAN MD, A JAMES P
8TH & LOCUST STS PHILADELPHIA PA 19107
MORGAN MD, HARRY E R
STDNEY RUN APTS 39E MAPLE SHADE NJ 08052
MORGANRDTH MD, JOEL IM
1344 VALLEY RDAD VILLANOVA PA 19085
MDRRIS MD, I PAUL PD
1939 CHELTENHAM AVE PHILADELPHIA PA 19117
MORRISON MD, CAROL A IM
51 NDRTH 39TH ST PHILADELPHIA PA 19104
MOSES MD, MELVIN L IM
113 HARRDGATE RD PHILADELPHIA PA 19151
MDSKAL MD, JDS P AN
773 ARDEN RD JENKINTDWN PA 19046
MOSS DD, HERBERT FP
7724 LYCDMING AVE MELRDSE PARK PA 19126
MOSS MD, EDWARD R FP
6268 ALGARD ST PHILADELPHIA PA 19135
MDSS MD, NORMAN H GS
1335 W TABDR RD PHILADELPHIA PA 19141
MOYER MD, DWIGHT L PM
723 DAK TERR CT AMBLER PA 19002
MUCKLE MD, CRAIG W DBG
1200 SPRING MILL RD VILLANOVA PA 19085
MUELLER MD, EMMA C DPH
9985 SIERRA AVE FONTANA CA 92335
MULBERGER MD, RDBT D DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
MULDAWER MD, MILTON E IM
THE BENSDN-EAST JENKINTDWN PA 19046
MULHERN MD, CHARLES B R
3400 SPRUCE ST DPT RAD PHILADELPHIA PA 19104
MULHDLLAND MD, S GRANT U
3400 SPRUCE ST PHILADELPHIA PA 19146
MULLEN MD, JAMES L GS
1000 RAVDIN INST PHILADELPHIA PA 19104
MULLER MD, ALFDNS J PM
304 W GDDFREY AVE PHILADELPHIA PA 19120
MUNDTH MD, ELDREO D TS
230 N BRDAD ST RM 6311 PHILADELPHIA PA 19102
MUNIZ MD, HERMINID GS
301 S 8TH ST PHILADELPHIA PA 19107
MUNDZ MD, MARTIN AN
1175 DILWDRTH CIR HUNTINGDN VLY PA 19006
MURDDCK MD, MDRTON G R
344 SINKLER RD WYNCDTE PA 19095
MURPHEY MD, HENRY S DTD
3810 THE DAK RD PHILADELPHIA PA 19129
MURPHY MD, BARBARA J NS
44 LINWDDD AVE ARDMDRE PA 19003
MURPHY MD, EDWARD J DBG
1229 ASHBRIDGE RD ROSEMDNT PA 19010
MURPHY MD, JAMES P P
2901 WELSH RD APT 307 PHILADELPHIA PA 19152
MURPHY MD, JDHN J U
3400 SPRUCE ST PHILADELPHIA PA 19104
MURPHY MD, RICHARD J FP
1 BALA AVE BALA CYNWYD PA 19004
MURPHY MD, SCDTT IM
104 WYNNEDALE RD NARBERTH PA 19072
MURPHY MD, THDS W P
44 LINWDDD AVE ARDMDRE PA 19003
MURR III MD, GEDRGE A GS
1611 S BRDAD ST PHILADELPHIA PA 19148
MURRAY MD, AUSTIN P DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
MURTAGH MD, FREDERICK NS
210 WHITE 3400 SPRUCE S PHILADELPHIA PA 19104
MUTCHNICK MD, NORMAN GS
9964 PRESIDENT ST PHILADELPHIA PA 19115
MYERS MD, ABRAHAM DRS
2401 PENNA AVE PHILADELPHIA PA 19130
MYERS MD, DAVID DTD
2401 PENNA AVE PHILADELPHIA PA 19130
MYERS MD, RICHARD N GS
233 LANKENAU MED BLDG PHILADELPHIA PA 19151
NABUT MD, SDPHIA H US
3939 CONSHDHDCKEN AVE PHILADELPHIA PA 19131
NACHDD MD, GRACE R DPH
3024 W QUEEN LA APT A2A PHILADELPHIA PA 19129
NADEL MD, MARCELL-BERNH FP
1930 CHESTNUT ST 106 PHILADELPHIA PA 19103
NAGAKAWA MD, BUNICHI GS
230 NDRTH BRDAD ST PHILADELPHIA PA 19102
NAGLE JR MD, FRANK D DPH
2 PENN CENTER PLZ RM 60 PHILADELPHIA PA 19102
NAHAS MD, FREDERICK J GS
3007 MIDVALE AVE PHILADELPHIA PA 19129
NAIDE MD, DAVID IM
2034 SPRUCE ST PHILADELPHIA PA 19103
NAIDE MD, MEYER IM
2034 SPRUCE ST PHILADELPHIA PA 19103
NAIDDFF MD, MICHAEL A DPH
235 CHAMDUNIX RD ST DAVIDS PA 19087
NAKHGEVANY MD, KARIM B GS
7402 HILL RDAD PHILADELPHIA PA 19128
NAKHJAVAN MD, FREO K FP
YDRK & TABDR RDS PHILADELPHIA PA 19141
NALBANTIAN MD, MICHEL S R
1223 HAGYSFDRD RD NARBERTH PA 19072
NAPPI MD, DDMINIC F DRS
1421 S BRDAD ST PHILADELPHIA PA 19147
NARDINI MD, RENATD J DRS
248 S 21ST ST PHILADELPHIA PA 19103
NASH MD, MARGARET J FP
998 S RUSSELL ST YORK PA 17402
NASD MD, FRANCIS PM
1025 WALNUT ST PHILADELPHIA PA 19107
NASSIRI-RAHIMI MD, CYRUS AN
BB15 GERMANTDWN AVE PHILADELPHIA PA 1911B
NAST MD, PHILIP R IM
933 HAVERFDRD RD BRYN MAWR PA 19010
NASUTI MD, FLDYD T PD
2501 S 21ST ST PHILADELPHIA PA 19145
NATARAJAN MD, GANGAIAH IM
MTN&VLY RDS APT 21B MELRDSE PRK PA 19126
NATHAN MD, RDBT J P
314 N BRDAD ST PHILADELPHIA PA 19102
NATHANSDN MD, DDNALD L P
255 S 17TH ST 2403 PHILADELPHIA PA 19103
NATHANSDN MD, JULIET E FP
2048 PINE ST PHILADELPHIA PA 19103
NAZARI MD, AHMAD DBG
3910 PDWELTDN AVE #303 PHILADELPHIA PA 19104
NEDURIAN MD, VRAM S FP
5467 PINE ST PHILADELPHIA PA 19143
NEFF MD, GEO R FP
140 E GDRGAS LANE PHILADELPHIA PA 19119
NEIGH MD, JDHN L AN
520 FAIRFAX RD DREXEL HILL PA 19026
NEILSDN MD, NEILDN IM
PRESIDENTIAL APTS D314 PHILADELPHIA PA 19131
NELSDN MD, ELEANDR C AN
315 MC CLENAGHAN MILL R WYNNEWDDD PA 19096
NELSDN MD, GUY M IM
106 CHESHIRE DR PENLLYN PA 19422
NELSDN MD, WALDD E PD
615 MDRENO RD NARBERTH PA 19072
NEMEZ MD, ALBERT FP
7001 KINDREO ST PHILADELPHIA PA 19149
NEMIR JR MD, PAUL GS
GRAD HDSP UNIV DF PA PHILADELPHIA PA 19146
NEMIRDFF MD, RICHARD L DBG
1521 LDCUST ST PHILADELPHIA PA 19102
NEMSER MD, SDNDRA S DBG
1919 CHESTNUT ST PHILADELPHIA PA 19103
NEUBAUER MD, RICHARD A IM
4001 N OCEAN DR FT LAUDERDALE FL 3330B
NEVYAS MD, HERBERT J DPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
NEWBERG MD, AARDN N PD
NORTHEAST MED CTR 14 PHILADELPHIA PA 19114
NEWMAN MD, ANDREW DRS
1331 E WYDMING AVE PHILADELPHIA PA 19124
NEWMAN MD, BENJ E IM
720 MANATAWNA RD PHILADELPHIA PA 1912B
NEWMAN MD, LERDY PD
7525 CASTOR AVE PHILADELPHIA PA 19152
NEWMAN MD, LEWIS L AN
2401 PENNA AVE 4E-51 PHILADELPHIA PA 19130
NGAU MD, CURTIS A GS
BRDDK AMC F&S HOUSTDN SAN ANTDNID TX 78234
NIBBELINK MD, DDNALD W N
MERCK SHARP & DDME WEST PDINT PA 19486
NICASTRD MD, GENNARD C DTD
3018 N 25TH ST PHILADELPHIA PA 19132
NICHOLAS MD, LESLIE O
1521 LOCUST ST PHILADELPHIA PA 19102
NICHOLSDN MD, JESSE T DRS
419 S 19TH ST PHILADELPHIA PA 19146
NICU MD, NADIJA L PTH
JEANES HDSP PHILADELPHIA PA 19111
NIED MD, WALTER S DPH
P D BDX 9873 PHILADELPHIA PA 19140
NIEDELMAN MD, MEYER L D
1507 MED ARTS BLDG PHILADELPHIA PA 19102
NIESENBAUM MD, LEDNARD IM
314 CDTTMAN ST JENKINTDWN PA 19046
NIMBKAR MD, NARYAN V GS
EPISCDPAL HDSP PHILADELPHIA PA 19125
NIMBKAR MD, NEELA N AN
51 N 39TH STREET PHILADELPHIA PA 19104
NIMDITYN MD, BENJ S IM
4603 N 11TH ST PHILADELPHIA PA 19140
NISENBAUM MD, HARVEY L R
1001 CITY AVE WA 907 PHILADELPHIA PA 19151
NISSENBAUM MD, GERALD A R
750 S 3RD ST PHILADELPHIA PA 19147
NDBEL MD, GDLDA R FP
2006 DELANCEY ST PHILADELPHIA PA 19103
NDBEL MD, JDEL J GS
5200 BUTLER PIKE PLYMDUTH MTG PA 19462
NDBLE MD, NATHAN M FP
7 MACARTHUR BLVD APT704 WESTMDNT NJ 08108
NDBLE MD, PAUL H TS
130 S 9TH ST PHILADELPHIA PA 19107
NDONE MD, R BARRETT PS
498 MILLBRDDK RD DEVON PA 19333
NDRRIS MD, CHAS M DTD
3401 N BRDAD ST PHILADELPHIA PA 19140
NORRIS MD, RDBT F PTH
430 CDLEBRDDK LN BRYN MAWR PA 19010
NDSHENY MD, STANLEY Z IM
1335 W TABDR RD PHILADELPHIA PA 19141
NDVICKI MD, ZENDN F FP
813 S 3RD ST PHILADELPHIA PA 19147
NDWDSLAWSKI MD, JOSEPH F FP
20 LDDGES LN BALA CYNWYD PA 19004
NDZNESKY MD, NATHAN M GS
USS MIDWAY CU A-41 FPD SAN FRAN CA 96601
NUNEZ MD, LUIS E TS
960 SUSQUEHANNA RD RYDAL PA 19046
NUSBAUM MD, MDREYE GS
GRAD HDSP-UNIV DF PA PHILADELPHIA PA 19146
NUSSBAUM MD, JDS R
501 WYNCDTE HDUSE WYNCDTE PA 19095
NWE MD, KHIN M AN
E PENN & E WISTER STS PHILADELPHIA PA 19144
DAKS JR MD, WILBUR W IM
230 N BRDAD ST PHILADELPHIA PA 19102
DBRIEN MD, WM R P
111 N 49TH ST PHILADELPHIA PA 19139
DCDNNELL MD, FREO H IM
PROV MUT 4601 W MKT ST PHILADELPHIA PA 19139
DCDNNELL MD, RDSE R PD
4352 PECHIN ST PHILADELPHIA PA 1912B
DCDNNELL MD, WILLIAM A DBG
B70B GERMANTDWN AVE PHILADELPHIA PA 1911B
DCDNNDR MD, MAUREEN E AN
1225 CENTENNIAL RD NARBERTH PA 19072
DFFNER MD, THEDDDRE W FP
725 BYBERRY RD PHILADELPHIA PA 19116
DH MD, KDNG T DPH
5001 FRANKFDRD AVE PHILADELPHIA PA 19124
DH MD, SUNG K DBG
245 N 8RDAD ST PHILADELPHIA PA 19107
DHARA MD, ALBERT E R
1640 MDNK RD GLADWYNE PA 19035
DJEDA MD, VIRGINIA L AN
4111 FDUNTAIN GREEN LAFAYETTE HL PA 19444
DKEEFE MD, JDHN J DTD
130 S 9TH ST PHILADELPHIA PA 19107
DKIN MD, E MICHAEL DRS
10101 ACADEMY RD PHILADELPHIA PA 19114
DLEARCHYK MD, ANDREW S GS
5020 N 11TH ST PHILADELPHIA PA 19141
DLEN MD, ELSE PTH
247 ST JDSEPHS WAY PHILADELPHIA PA 19106
DLKEN MD, MARK D R
ABINGTDN MEM HDSP ABINGTDN PA 19001
DLSEN MD, AXEL K NS
230 N BRDAD ST PHILADELPHIA PA 19102
DMALLEY MD, KEVIN B IM
3150 TDWNSHIP LINE DREXEL HILL PA 19026
DNEILL MD, HUGH P
441 LANKENAU MED BLDG PHILADELPHIA PA 19151
DNEILL MD, THDMAS J TS
110 CENTENIAL BLDG PHILADELPHIA PA 19125
DRA MD, CARMEN S IM
MEDICAL CDLLEGE DF PA PHILADELPHIA PA 19129
DRDER MD, ALBERT A FP
1201 SDMERVILLE AVE PHILADELPHIA PA 19141
DRIENTE MD, MICHAEL A FP
918 CATHARINE ST PHILADELPHIA PA 19147
DRIDRDAN MD, JDS P DTD
B020 CASTDR AVE PHILADELPHIA PA 19152
DRMAN MD, J MDRTDN FP
CEDARBRDDK HILL APTS WYNCDTE PA 19095
DRNE MD, MARTIN T P
111 N 49TH ST PHILADELPHIA PA 19139
DRNSTEEN MD, ABRAHAM M P
2007 DELANCEY PL PHILADELPHIA PA 19103
DRR MD, LINDA S N
130 S 9TH ST PHILADELPHIA PA 19107
DRR MD, PAUL R P
DNE BALA AVE BALA CYNWYD PA 19004
DRR MD, SIDNEY H GS
5735 RIDGE AVE PHILADELPHIA PA 19128
DSCAR MD, ALVIN D DTD
538 SUSSEX RD WYNNEWDDD PA 19096
DSCHELL MD, WM J IM
FRIENDS HDSP RSVLT ADAM PHILADELPHIA PA 19124
DSLICK MD, THEDDDRE IM
HAHNEMANN HDSP PHILADELPHIA PA 19102
DSDRIO MD, EMMANUEL P DBG
5245 DXFDRD RD PHILADELPHIA PA 19124
DSTERHOLM MD, JEWELL L NS
167 DLD EAGLE SCHOOL RD WAYNE PA 19087
DSTRUM MD, BERNARD J R
2412 N 52ND ST PHILADELPHIA PA 19131
DTDDLE MD, THDS F FP
415 LYCEUM AVE PHILADELPHIA PA 1912B
DTTENBERG MD, DDNALD J IM
EAGLEVILLE HDSP EAGLEVILLE PA 1940B
DVERLEESE MD, JOANNE GS
5555 WISSAHICKDN AVE PHILADELPHIA PA 19144
PABLD MD, GIL E US
420 VERNDN RD JENKINTDWN PA 19046
PACKMAN MD, MARTIN FP
3302 N 8RDAD ST PHILADELPHIA PA 19140
PADGET MD, EDWARD S AN
1207 ADDISDN ST PHILADELPHIA PA 19147
PADIS MD, NICHDLAS IM
303-304 LANKENAU MED BL PHILADELPHIA PA 19151
PADDLINA MD, RUBY M AN
230 NDRTH BRDAD ST PHILADELPHIA PA 19102
PADULA MD, ANTHDNY M GS
8815 GERMANTDWN AVE PHILADELPHIA PA 1911B
PALAZZDLD MD, ANTHDNY J PRM
147 FISHER RD JENKINTDWN PA 19046
PALM MD, CHARLES H P
6616 EMLEN PHILADELPHIA PA 19118
PALMACCID MD, ANTHDNY J DRS
8821 CARLISLE RD WYNDMDDR PA 1911B
PALMER MD, CLARKSDN T PRM
809 WESTDALE AVE SWARTHMDRE PA 19081
PANDDLFI MD, FRANK J FP
1822 8RDAD ST PHILADELPHIA PA 19145
PANETTIERI MD, REYNOLD A FP
830 SDLLY AVE PHILADELPHIA PA 19111
PANICCD DD, RICHARD J IM
TH 115 GREEN VALLEY PITTSBURGH PA 15220
PAD MD, DAVID S DPH
156B WDDDBDURNE RD LEVITTDWN PA 19057

PARAODWSKI MD, FRANK W FP
2566 E ALLEGHENY AVE PHILADELPHIA PA 19134
PARAMESWARAN MO, R IM
EINSTEIN MEO CTR PHILADELPHIA PA 19141
PARISH MD, LAWRENCE C O
1601 WALNUT ST STE 724 PHILADELPHIA PA 19102
PARK MO, CHAN H R
JEFFERSON MEO CDL & HOS PHILADELPHIA PA 19107
PARK MO, CHONG H IM
309 CURTIS DR WYNCOTE PA 19095
PARK MD, GUY K GS
763 GLEN RO JENKINTOWN PA 19046
PARK MO, HEE-DK DBG
1025 WALNUT ST RM 300 PHILADELPHIA PA 19107
PARK MO, HYUNG K AN
BB15 GERMANTOWN AVE PHILADELPHIA PA 1911B
PARKER 3RO MO, EOWARO A FP
151 WOOO ST CALIFORNIA PA 15419
PARKER MO, JANET A R
3134 W COULTER ST PHILADELPHIA PA 19129
PARR MO, JUSTIN L PTH
339 S 4TH ST PHILAOELPHIA PA 19106
PARRY MO, CAROLYN E R
PENNA HOSP RAO OEPT PHILAOELPHIA PA 19107
PARRY MO, H FRAZER PM
1513 RACE ST PHILAOELPHIA PA 19102
PASOAR MO, HOMAYOON TS
3910 POWELTON AVE 202 PHILAOELPHIA PA 19104
PASHMAN MO, OAVIO R ORS
B6 MCFAOOEN OR HUNTINGOON VLY PA 19006
PASKIN MD, OAVIO L GS
239 S 3RO ST PHILAOELPHIA PA 19106
PASQUARIELLO MO, PATRICK S IM
5555 WISSAHICKON AVE PHILAOELPHIA PA 19144
PATEL MO, MANUBHAI R GS
271B HOLME AVE PHILAOELPHIA PA 19152
PATEL MO, PRAVIN C AN
APT B-111 2932 HANNAH A NORRISTOWN PA 19403
PATTERSON MO, JOHN C P
RO 2 FREEHOLO NJ 0772B
PATTERSON MO, JOHN R IM
16 N CONCORO AVE HAVERTOWN PA 19083
PATTERSON MO, ROBT J IM
666 E PENN ST PHILAOELPHIA PA 19144
PAUCA MO, ALFREOO L AN
726 OARBY PAOLI RO NEWTOWN SQ PA 19073
PAUL MO, ALBERT J FP
7505 CASTOR AVE PHILAOELPHIA PA 19152
PAUL MO, ANTHONY R IM
614 E OURHAM ST PHILAOELPHIA PA 19119
PAUL MO, CHAMPA PTH
1194 OICKINSON OR YAROLEY PA 19067
PAUL MO, GERSON S OBG
1323 W TABOR RO PHILADELPHIA PA 19141
PAUL MO, PHYLLIS O IM
1710 WOOOLANO RO ABINGTON PA 19001
PAVLIOES MO, CONSTANTINOS A GS
111 WALNUT AVE KIRKWOOO NJ 0B043
PAXSON MO, NEWLIN F OBG
245 N BROAO ST PHILAOELPHIA PA 19107
PAYNE MO, FRANKLIN L OBG
240 BEECH HILL RO WYNNEWOOO PA 19096
PEARCE MO, ALEXANOER E GS
1420 RACE ST PHILAOELPHIA PA 19102
PEARLSTINE MO, BEATRICE IM
1109 ANSLEY AVE MELROSE PARK PA 19126
PEARSON MO, OIANE E P
6 OLO OAKS RO ROSEMONT PA 19010
PEARSON MO, MANUEL M P
111 N 49TH ST PHILAOELPHIA PA 19139
PEOROTTY JR MO, FRANCIS W GS
3040 ROOSEVELT BLVO PHILAOELPHIA PA 19152
PELOSI MO, LOUIS M OTO
1530 S BROAO ST PHILAOELPHIA PA 19146
PELSZYNSKI MO, EUGENE E FP
5959 HORROCKS ST PHILAOELPHIA PA 19149
PELTIER MO, HU8ERT C OS
MERCK SHARP&OOHME WEST POINT PA 19486
PENOERGRASS MO, EUGENE P R
42B OWEN RO WYNNEWOOO PA 19096
PENNELL JR MO, EOGAR L GS
405 E GOWEN AVE PHILAOELPHIA PA 19129
PENNES MO, EOWARO L FP
699 MAYFAIR ST PHILAOELPHIA PA 19120
PENNEYS MO, EOITH T P
232 WINOING WAY MERION STA PA 19066
PENNEYS MO, RAYMONO IM
230 N BROAO ST PHILAOELPHIA PA 19102
PENNOCK MO, RONALO S IM
216 N BROAO ST PHILAOELPHIA PA 19102
PENROD MO, OALE S PS
201 S 8TH STREET PHILAOELPHIA PA 19106
PEREZ-TAMAYO MO, ROBERT R
LOYOLA U HOSP RAO THER MAYWOOO IL 60153
PERIS MO, LEON A OBG
1601 WALNUT ST PHILAOELPHIA PA 19103
PERLMAN MO, ABRAHAM P
1900 ROOSEVELT BLVO PHILAOELPHIA PA 19115
PERLMAN MO, HENRY H O
1930 CHESTNUT ST PHILAOELPHIA PA 19103
PERLOFF MO, LEONARO J GS
3B9 OVERBROOK AVE PHILAOELPHIA PA 19151
PERLOFF MO, MILTON M FP
PERIEDEN BLOG YORK-TABOR PHILAOELPHIA PA 19141
PERRIN MO, GEO M P
PHILAOELPHIA GEN HOSP PHILAOELPHIA PA 19104
PERRINE MO, JANE E P
25 EMERSON RO HUNTINGON VLY PA 19006
PERROTTO MO, SANTLE L FP
839 CHALFONT OR PHILAOELPHIA PA 19154
PERSING MO, OAN H PRM
741 PEACH TREE LN NORRISTOWN PA 19401
PERSING MO, KATHRYN C P
741 PEACH TREE LN NORRISTOWN PA 19401
PERSKY MO, ABRAM H OTO
201 PARKWAY PHILADELPHIA PA 19130

PETTIT MD, HORACE , IM
123 KENNEDY LN BRYN MAWR PA 19010
PETTIT MO, MARY D DBG
606 PEMBROKE RD BRYN MAWR PA 19010
PFEIFFER MO, MILOREO C PRM
358 VALLEY RO MERION STA PA 19066
PHEASANT MO, THOMAS R OPH
1026 LARCHMONT AVE HAVERTOWN PA 19083
PHILLIPS MO, OAVIO J FP
30 W PENN ST PHILAOELPHIA PA 19144
PHILLIPS MO, WILLIAM A P
60 MEADOWBROOK OR PRINCETON NJ 0B540
PICK MO, ERNEST J R
NORTH EAST MEO CTR PHILAOELPHIA PA 19114
PICKERING MO, HAROLO C AN
ROXBRO MEO BLO 5735 ROG PHILAOELPHIA PA 1912B
PICKERING MO, JOHN FP
1929 E ALLEGHENY AVE PHILAOELPHIA PA 19134
PIERRO MO, ALFONSO L FP
1814 S BROAO ST PHILAOELPHIA PA 19145
PIKE MO, ANNE H OBG
5555 WISSAHICKON AVE PHILAOELPHIA PA 19144
PILLSBURY MO, OONALO M O
1019 GREAT SPRINGS RO ROSEMONT PA 19010
PINTIMALLI MO, JOS T FP
3101 COTTMAN AVE PHILAOELPHIA PA 19149
PIRO MO, FRANK A R
1480 JOEL OR AMBLER PA 19002
PISANO MO, OANL J R
129 AZALEA WAY FLOURTOWN PA 19031
PIWOZ MO, SEYMOUR FP
656 FOXCROFT RO PHILAOELPHIA PA 19117
PLATT MO, RUTH M FP
441 LYCEUM AVE PHILAOELPHIA PA 1912B
PLOTKIN MO, STANLEY A PO
36TH & SPRUCE ST PHILAOELPHIA PA 19104
POOELL MO, MORRIS J FP
1633 W GIRARO AVE PHILAOELPHIA PA 19130
POINSARO MO, PAUL J P
2123 OELANCEY ST PHILAOELPHIA PA 19103
POLAKOFF 2NO MO, PEORO NS
931 HUNTINGOON PIKE HUNTINGON VLY PA 19006
POLAN MO, SIMON P
275 S 19TH ST PHILAOELPHIA PA 19103
POLCINO MO, SAML C FP
619 E ALLEGHENY AVE PHILAOELPHIA PA 19134
POLEVOY MO, POMEROY E FP
7641 WOOOCREST AVE PHILAOELPHIA PA 19151
POLIN MO, EOWARO B IM
7810 OLO YORK RO ELKINS PARK PA 19117
POLIN MO, JOEL I OBG
8361 GLEN RO ELKINS PARK PA 19117
POLISHOOK MO, ROBT O P
111 N 49TH ST PHILAOELPHIA PA 19139
POLK MO, LEWIS O PO
540 MUNICIPAL SVS BLOG PHILAOELPHIA PA 19107
POLLACK MO, HOWARO M R
531 ASHMEAO RO CHELTENHAM PA 19012
POMPIZZI MO, ERMIN O FP
5735 RIOGE AVE PHILAOELPHIA PA 19128
PONTARELLI MO, OOMENIC J OBG
1801 KENNEOY BVO APT 51 PHILAOELPHIA PA 19103
POPKY MO, GEORGE L R
3134 W COULTER ST PHILAOELPHIA PA 19129
PORRECA MO, GEO A OBG
1843 S BROAO ST PHILAOELPHIA PA 1914B
PORTER MO, MARY M PTH
350 WALNUT AVE WAYNE PA 190B7
PORTNER MO, JAY H GS
60 E TOWNSHIP LINE PHILAOELPHIA PA 19117
POSATKO MO, ROBT J OBG
5735 RIDGE AVE STE 105 PHILAOELPHIA PA 1912B
POTSIC MO, WILLIAM P OTO
1 CHILORENS CTR PHILAOELPHIA PA 19104
POTTASH MO, RUBEN R P
211 BARCLAY BLOG BALA-CYNWYO PA 19004
POULSHOCK OO, MILTON J FP
6239 RISING SUN AVE PHILAOELPHIA PA 19111
POWELL MO, EOWIN J ORS
245 N BROAO ST PHILAOELPHIA PA 19107
POWERS JR MO, NORTHERN L GS
4117 PASAOENA BLVO PASAOENA TX 77503
POWERS MO, WILLIAM E R
925 CHESTNUT ST PHILAOELPHIA PA 19107
PRAOHAN MO, RAMESH S R
FRANKFORO HOSPITAL PHILAOELPHIA PA 19124
PRALL MO, ROBT C P
231 HAMILTON RO MERION STA PA 19066
PRASASVINICHAI MO, SRIPRAYOON R
HAHNEMANN MEO COL PHILAOELPHIA PA 19102
PRATT MO, LINOSAY L OTO
COOPER MEO CTR OTO CAMOEN NJ 0B103
PREHATNY MO, JOHN R GS
402 PENN RO WYNNEWOOO PA 19096
PRESCOO MO, HORACE J P
30A BAILY RO YEAOON PA 19050
PRESSMAN MO, MAURIE O P
1000 LEOPARO ST RYOAL PA 19046
PRESSMAN MO, ROBT S IM
170 W OLNEY AVE PHILAOELPHIA PA 19120
PREUCEL MO, ROBT W OBG
3400 SPRUCE ST PHILAOELPHIA PA 19104
PRICE JR MO, HENRY L AN
230 N BROAD ST PHILAOELPHIA PA 19102
PRICE MO, JOSEPH W FP
514 E SEOGWICK ST PHILAOELPHIA PA 19119
PRICE MO, RAPHAEL I GS
705 W CARPENTER LN PHILAOELPHIA PA 19119
PRIMIANO MO, JOHN OBG
1016 COTTMAN AVE PHILAOELPHIA PA 19111
PROMISH MO, OAVIO S AN
1901 KENNEOY BLVO PHILAOELPHIA PA 19103
PRYOR MO, CHAS A OTO
BOX 164A TELFORO PA 1B969
PUGH MO, JAMES E IM
614 CHURCH LANE YEAOON PA 19050

PUGLISI MD, ANTHONY S ORS
1335 TABOR RO PHILADELPHIA PA 19141
PUGLISI MO, VINCENT FP
1B13 S 13TH ST PHILAOELPHIA PA 1914B
PUTNAM MO, RICHARO C IM
LANCASTER-CITY LINE PHILADELPHIA PA 19151
QUALLS MO, OONALO M ORS
216 LANKENAU MEO BLOG PHILADELPHIA PA 19151
QUATTRONE MO, PAUL C R
5000 OVERBROOK AVE PHILADELPHIA PA 19131
RABINOWITZ MO, HOWARO K PO
113 ELKINS RO CHERRY HILL N J 0B034
RABINOWITZ MO, ISAAC FP
4136 GIRARO AVE PHILADELPHIA PA 19104
RABSON MO, MOSES ORS
1133 ASHBOURNE RO CHELTENHAM PA 19012
RACCIATO MO, PETER J OPH
2024 BN J RUSSELL CIR ELKINS PARK PA 19117
RACKOW MO, LAWRENCE L IM
LIMEKILN PK & GREENWO WYNCOTE PA 19095
RAOBILL MO, SAML X PO
7043 ELMWOOO AVE PHILAOELPHIA PA 19142
RAOBILL MO, SIONEY G OPH
1919 CHESTNUT ST PHILAOELPHIA PA 19103
RAFFENSPERGER MO, BRUCE W OBG
717 BETHLEHEM PK PHILAOELPHIA PA 1911B
RAGGI MO, FIORA P
102 W MANHEIM ST PHILAOELPHIA PA 19144
RAINES MO, HERBERT S FP
6B97 N 19TH ST PHILAOELPHIA PA 19126
RAJA MO, MOHO IM
YORK & TABOR ROS PHILAOELPHIA PA 19141
RAJARATNAM MO, EMMA P PO
9250 VEREE RO PHILAOELPHIA PA 19115
RAKOFF MO, ABRAHAM E OS
1B01 JFK BLVO APT 2712 PHILAOELPHIA PA 19103
RALPH MO, NATHAN IM
B26 OEERFIELO LANE BRYN MAWR PA 19010
RALSTON MO, EOGAR L ORS
3400 SPRUCE ST PHILAOELPHIA PA 19104
RAMBO MO, VICTOR C OPH
6101 N MORRIS ST APT 71 PHILAOELPHIA PA 19144
RANOALL MO, PETER PS
3400 SPRUCE ST PHILAOELPHIA PA 19104
RANGARATHNAM MO, CANOAOAI S PO
1025 WALNUT ST PHILAOELPHIA PA 19107
RAPHAELY MO, RUSSELL C AN
CHILORENS HOSP PHILAOELPHIA PA 19104
RASANSKY MO, HARRY N IM
333 E CITY A IL 40 BALA CYNWYO PA 19004
RASCOE JR MO, ROBT R OBG
3400 SPRUCE ST PHILAOELPHIA PA 19104
RASHKIS MO, HAROLO A P
ELKINS PK HOUSE STE105A ELKINS PARK PA 19117
RAUER MO, FLORA H FP
5030 OXFORO AVE PHILAOELPHIA PA 19124
RAUER MO, LESTER PTH
5030 OXFORO AVE PHILAOELPHIA PA 19124
RAVOIN MO, ELIZABETH G US
3400 SPRUCE ST STE 1000 PHILAOELPHIA PA 19104
REAROON MO, MARY R AN
3401 N BROAO ST PHILAOELPHIA PA 19140
REBER MO, JACOB OPH
14 E NEWFIELO WAY BALA CYNWYO PA 19004
RECIK MO, HALIT AN
267 PERRY ST PHILAOELPHIA PA 19117
REOOY MO, JOHN B OTO
330 S 9TH ST STE 1250 PHILAOELPHIA PA 19107
REEO MO, CHARLES R PO
8001 ROOSEVELT BLVO 301 PHILAOELPHIA PA 19152
REEO MO, PETER W R
1521 FAIRWAY OR LIMA OH 45B05
REES MO, OAVIO B FP
667 OOOOS LANE GLAOWYNE PA 19035
REESE MO, WALTER O OBG
2200 WASHINGTON LN HUNTINGON VLY PA 19006
REESE MO, WARREN S OPH
211B LOCUST ST PHILAOELPHIA PA 19103
REIBER MO, OAVIO E IM
6000 GREENE ST PHILAOELPHIA PA 19144
REICHLE MO, FREOERICK A GS
3401 N BROAO ST PHILAOELPHIA PA 19140
REITER MO, OAVIO OTO
HAGYSFORO RO #417-N PENN VALLEY PA 19072
RELMAN MO, ARNOLO S IM
10 SHATTUCK ST BOSTON MA 02115
RENZI MO, ANTHONY M R
116 FAIRVIEW RO NARBERTH PA 19072
RESNICK MO, ALBERT B P
7764 MELLON RO WYNCOTE PA 19095
RESNICK MO, EOWARO J ORS
3401 N BROAO ST PHILAOELPHIA PA 19140
RESNICK MO, GEO J FP
2236 S 20TH ST PHILAOELPHIA PA 19145
RESURRECCION MO, ROSARIO AN
1347 HOLCOMB HUNTINGON VLY PA 19006
REX MO, RICHARD O FP
10 E CHESTNUT HILL AVE PHILAOELPHIA PA 1911B
REYNOLOS MO, CHESTER PRM
44B 104TH ST STONE HARBOR NJ 0B247
REZNAK MO, STEPHEN E N
1243 WYNGATE RO WYNNEWOOO PA 19096
RHOADS JR MO, JONATHAN E TS
3300 HENRY AVE PHILAOELPHIA PA 19129
RHOAOS MO, OONALO V IM
B619 GERMANTOWN AVE PHILAOELPHIA PA 19119
RHOAOS MO, JONATHAN E GS
131 W WALNUT LN PHILAOELPHIA PA 19144
RHOAOS MO, REBECCA M US
3374 ORANGE ST HOLLYWOOO FL 33021
RICHAROS MO, CARLETON C FP
1929 CHRISTIAN ST PHILAOELPHIA PA 19146
RICHAROSON MO, FRANCIS L PO
9637 BUSTLETON AVE PHILAOELPHIA PA 19115
RICHAROSON MO, GEO A OTO
1532 OVERINGTON ST PHILAOELPHIA PA 19124

RICHMAN MD, MDRTDN W DPH
10101 ACADEMY RD PHILADELPHIA PA 19114
RIEHS MD, JULES A GS
422 ASHBDURNE PHILADELPHIA PA 19117
RIES MD, ANTHONY N FP
4838 N 5TH ST PHILADELPHIA PA 19120
RIG8ERG MD, ISAAC H DBG
4336 PICCADILLY RO PHOENIX AZ B501B
RIGG MD, L ISOBEL P
1015 CHESTNUST #1013 PHILADELPHIA PA 19107
RILEY MD, CYRIL A FP
302 N 41ST ST PHILAOELPHIA PA 19104
RISTIN MD, NDRMAN R
GRADUATE HDSP DEPT RAD PHILADELPHIA PA 19146
RITCHIE 3RD MD, JDHN C P
1930 CHESTNUT ST PHILADELPHIA PA 19103
RITCHIE MD, DAVID J R
PENNSYLVANIA HOSP PHILADELPHIA PA 19107
RITTER MD, CHAS W AN
1212 WAKELING ST PHILADELPHIA PA 19124
RITTER MD, JDS A PD
1034 BRYN MAWR AVE NARBERTH PA 19072
RIZZUTO MD, PAUL A FP
9789 VEREE RD PHILADELPHIA PA 19115
RDACH MO, MICHAEL B DRS
7950 HENRY AVE APT 24C PHILADELPHIA PA 19128
RDB8INS MD, RDBT R
3401 N 8RDAD ST PHILADELPHIA PA 19140
RDBBINS MD, WM S P
10 PRES BLVD S STE 200B BALA CYNWYD PA 19004
RDBERTS MD, BRDDKE GS
3400 SPRUCE ST PHILADELPHIA PA 19104
RD8ERTS MD, DEAN W PD
235 N 15TH ST PHILADELPHIA PA 19102
RDBERTS MD, JDAN M DBG
717 BETHLEHEM PIKE PHILADELPHIA PA 1911B
RD8ERTS MD, JDHN M GS
8815 GERMANTDWN AVE PHILADELPHIA PA 1911B
RDBERTSDN MD, HUGH GS
10101 KINGSWDDD SUN CITY AZ B5351
RDBERTSDN MD, JDHN W GS
1335-49 TABDR RD PHILADELPHIA PA 19141
RDBINSDN JR MD, JAMES J FP
403 SENTNER ST PHILADELPHIA PA 19120
RDBINSDN MD, FREDERICK A IM
1900 GARRETT RD LANSDDWNE PA 19050
RD8INSDN MD, JAMES H GS
5900 SPRUCE ST PHILADELPHIA PA 19139
RDBINSDN MD, LDUIS C US
1919 CHESTNUT ST PHILADELPHIA PA 19103
RDBINSON MD, MARTIN H P
1335 E CARDEZA ST PHILADELPHIA PA 19119
RDBINSDN MD, NATHANIEL M IM
5229 SPRUCE ST PHILADELPHIA PA 19139
RDBINSDN MD, WM P DPH
4101 TYSDN AVE PHILADELPHIA PA 19135
RD8Y MD, RDSS P
228 W WASHINGTDN LANE PHILADELPHIA PA 19144
ROCCD MD, NICHDLAS J IM
2202 S 8RDAD ST PHILAOELPHIA PA 19145
RDOELICD MD, JDSEPH M P
2216 S 8RDAD ST PHILADELPHIA PA 19145
RDDGERS MD, ALLAN F US
BLACK HAWK SHP CTR DDWNINGTDWN PA 19335
RDDGERS MD, JDS F IM
275 S 19TH ST PHILADELPHIA PA 19103
RDGERS MD, CLAUDE R PM
161 HIGHLAND CIR BALA CYNWYD PA 19004
ROGERS MD, JAMES F U
5300 CEDAR AVE PHILADELPHIA PA 19143
RDGERS MD, WM C FP
1822 W DIAMDND ST PHILADELPHIA PA 19121
RDITMAN MD, HARRY B OBG
463 N HIGHLAND AVE MERION PA 19066
RDMAN MD, LAURIAN IM
22B DLD LANCASTER RD MERIDN PA 19066
RDMANDW MD, PETER W DRS
BDX 69 FAIRLESS HILLS PA 19030
RDNIS MD, MAX L DTD
4145 TIMBER LA PHILADELPHIA PA 19144
RDQUE MD, RICHARD M DBG
365B FRANKFDRD AVE PHILADELPHIA PA 19134
RDSATD MD, ERNEST F GS
VA HDSP UNIV & WDLND PHILADELPHIA PA 19104
RDSCOE MD, CDNSTANTINE PO
7226 CASTOR AVE PHILADELPHIA PA 19149
RDSE MD, EDWARD IM
426 DWEN RD WYNNEWDDD PA 19096
RDSE MO, ELIZABETH K PRM
426 DWENS RD WYNNEWDDD PA 19096
RDSE MO, ISADDRE IM
6000 W DXFDRD ST PHILADELPHIA PA 19151
RDSE MD, LESLIE I IM
230 NDRTH BRDAD ST PHILADELPHIA PA 19102
RDSE MD, S ZIRA FP
2200 W COLUM8IA AVE PHILAOELPHIA PA 19121
RDSEMAN MD, JAMES M GS
HDSP DF U DF PA 287 PHILADELPHIA PA 19104
RDSEMDNO MD, GED P GS
3401 N BRDAD ST PHILAOELPHIA PA 19140
RDSEN MD, OAVID IM
2950 DISSTDN ST PHILAOELPHIA PA 19149
RDSEN MO, JACD8 C R
916 WARWICK APTS ATLANTIC CITY NJ 0B401
RDSEN MD, JOS H R
470 BALLYTDRE RD WYNNEWDDO PA 19096
RDSEN MD, MARVIN I DBG
CEDARBRODK HILL APTS WYNCDTE PA 19095
RDSEN MD, RHODA D8G
1101 VALLEY RD MELRDSE PRK PA 19126
RDSENBAUM JR MD, LEDN FP
CEDAR8RODK HILL APTS WYNCDTE PA 19095
RDSENBAUM MD, ARMAND L GS
1335 W TABDR RD PHILADELPHIA PA 19141
RDSENBAUM MD, JERRY L IM
1630 FAWN LANE HUNTNGDDN VLY PA 19006

ROSEN8ERG MD, IRVING CRS
6800 C CASTDR AVE PHILADELPHIA PA 19149
RDSEN8ERG MD, MDRTON PO
8823 PATTDN RD PHILADELPHIA PA 19118
RDSEN8ERG MD, PAUL E D
1015 CDRN CRI8 DR HUNTINGDDN VLY PA 19006
ROSEN8ERG MD, PHILIP IM
1919 CHESTNUT ST PHILADELPHIA PA 19103
RDSEN8ERG MD, RANOY M N
1500 LDCU8T ST APT 271B PHILADELPHIA PA 19102
ROSENKRANTZ MD, HARVEY R
3991 CROWN PT DR APT 31 SAN DIEGD CA 92109
ROSENOW JR MD, EOWARO C IM
1901 WALNUT ST PHILADELPHIA PA 19103
RDSENSTEIN MD, GLADYS IM
1600 S JDYCE ST B-1510 ARLINGTDN VA 22202
RDSENSTEIN MD, HERMAN IM
1600 S JOYCE ST 8-1510 ARLINGTDN VA 22202
ROSENTHAL MD, DAVID E IM
YDRK&MEETINGDUSE RDS ELKINS PARK PA 19117
RDSENZWEIG MD, MAX FP
800 S 57TH ST PHILAOELPHIA PA 19143
ROSNER MD, ISAODR K FP
257 WILTSHIRE RD WYNNEWDDD PA 19096
RDSS DD, HARRIS A FP
8109 PENNHILL RD ELKINS PARK PA 19117
RDSS MO, DDNALO C P
4951 MCKEAN AVE PHILADELPHIA PA 19144
RDSS MD, JDHN J DBG
1626 SHERWDDD RD RYDAL PA 19046
RDSS MD, THDMAS H D
3801 CDNSHDHDCKEN AV 40 PHILADELPHIA PA 19131
RDSSI MD, RALPH A FP
6245 ELMWDDD AVE PHILADELPHIA PA 19142
RDSSMAN MD, 8ERNARD S IM
5 DLD LANCASTER RD BALA-CYNWYD PA 19004
RDSSMAN MD, RDNALD E IM
250 S 18TH ST APT 601 PHILADELPHIA PA 19103
RDTH MD, JAMES L IM
639 MDNTGDMERY SCHDDL L WYNNEWDDD PA 19096
RDTHCHILD DD, DSCAR F FP
2858 N 5TH ST PHILADELPHIA PA 19133
RDTHKDPF MD, BRAD M IM
312 BDK RD WYNCDTE PA 19095
RDTHKDPF MD, HENRY FP
6231 DLD YDRK RD PHILADELPHIA PA 19141
RDTHMAN MD, MAURICE M IM
1901 JFK BLVD #2504 PHILADELPHIA PA 19103
RDTHMAN MD, RICHARD H DRS
8TH & SPRUCE STS PHILADELPHIA PA 19107
ROTKD MD, 8ERNARO B IM
60 E TDWNSHIP LINE RD PHILADELPHIA PA 19117
RDTTENBERG DD, LDUIS FP
1631 FAWN LANE HUNTINGDN VLY PA 19006
RDUSE MD, PAUL V U
7032 TORRESDALE AVE PHILADELPHIA PA 19135
RDVERUD MD, ELEANDR PTH
ST ANTHDNY HOSP CARRDLL IA 51401
RDVNER MD, HARDLD GS
1930 CHESTNUT ST PHILAOELPHIA PA 19103
RDVNO MD, HERBERT FP
1510 DAK CREEK DR 303 PALD ALTD CA 94304
RDWLEY MD, RICHARD S DPH
505 SHEL8DURNE HAVERTDWN PA 19083
RDWMAN MD, LED FP
211 E WYOMING AVE PHILADELPHIA PA 19120
RDX8Y JR MD, JDHN B D
215 VASSAR AVE SWARTHMDRE PA 19081
RDXBY MD, 8RUCE S IM
TEMPLE U HLTH SVS PHILADELPHIA PA 19122
RDY MD, RDBT H R
51 N 39TH ST PHILADELPHIA PA 19104
RUBIN MD, ALAN D8G
1905 SPRUCE ST PHILADELPHIA PA 19103
RUBIN MD, HARRY FP
1114 S PARK TDWNE PL PHILADELPHIA PA 19130
RUBIN MD, I EDWARD DPH
255 S 17TH ST SUITE 150 PHILADELPHIA PA 19103
RUBIN MD, JERDME J FP
1332 DEVEREAUX AVE PHILADELPHIA PA 19111
RUBIN MD, MARC R IM
602 WASHINGTDN SQ SD PHILADELPHIA PA 19106
RU8IN MD, S BRUCE DBG
2311 COTTMAN AVE PHILADELPHIA PA 19149
RUBINSTEIN MD, PERCY M FP
4045 BALTIMDRE AVE PHILADELPHIA PA 19104
RUDMAN MD, I ELLIS IM
7300 GERMANTDWN AVE PHILADELPHIA PA 19119
RUDNICK MD, HERMAN D P
6806 CASTOR AVE PHILADELPHIA PA 19149
RUDDLPH MD, JDS P
270 WILTSHIRE PHILADELPHIA PA 19151
RUETSCHLIN MD, JAMES H FP
5150 LEIPER ST PHILADELPHIA PA 19124
RUGART MD, KARL F OBG
811 SPRUCE ST PHILADELPHIA PA 19107
RUGEL MD, STANLEY J FP
700 W RODSEVELT 8LVD PHILADELPHIA PA 19140
RUNK MD, LDRENZD G N
2301 S BRDAD ST PHILAOELPHIA PA 1914B
RUPP MD, JOS J IM
1025 WALNUT ST PHILADELPHIA PA 19107
RUSH MD, ALEXANDER IM
210 W WASHINGTDN SQ PHILADELPHIA PA 19106
RUSH MD, IRVING A DTD
C 410 PRESIDENTIAL APTS PHILADELPHIA PA 19131
RUTBERG MD, FRANKLIN L OTD
20 CDNSHDHDCKEN RD BALA CYNWYD PA 19004
RUTHBERG MD, JACK IM
61 HIGHLAND AVE MIDDLETOWN NY 10940
RUTTENBERG DD, NDRMAN F R
2231 N STONERIDGE LN VILLANDVA PA 190B5
RUTTENBERG MD, BERTRAM A P
315 8ERKELEY RD MERIDN PA 19066
RUTTER MO, WM A P
425 WISTER RD WYNNEWDDO PA 19096

RYAN MO, CHARLES S IM
1608 WALNUT ST PHILADELPHIA PA 19103
RYAN MD, DELLA M FP
237 WASHINGTON ST HAVERTDWN PA 19083
RYAN MD, HELEN M US
8-308 CEDARBRDOK HILL WYNCDTE PA 19095
RYAN MD, JAMES J P
PRESIOENTIAL APT D120 PHILADELPHIA PA 19131
RYNES MD, SAML E IM
334 S 21ST ST PHILAOELPHIA PA 19103
SABANAYAGAM MD, PDNNAMPALAM TS
230 N BRDAO ST PHILADELPHIA PA 19102
SACHS MD, MARVIN L IM
3400 SPRUCE ST PHILADELPHIA PA 19104
SACKETT MD, CHAS F IM
EPISCDPAL HDSPITAL PHILADELPHIA PA 19125
SACKEY MO, MAURICE S IM
B350 RDDSEVELT BLVD PHILADELPHIA PA 19152
SACKS MD, CHAS L GS
11B RDYAL AVE WYNCDTE PA 19095
SADWIN MO, ARNDLD P
275 S 19TH ST PHILADELPHIA PA 19103
SAGER MD, ETHEL P
CARRIER CLINIC BDX 147 8ELLE MEAD NJ 08502
SALA MD, LUIS E GS
PA HDSP BTH & SPRUCE PHILADELPHIA PA 19107
SALAK MD, WASYL W GS
5205 N BROAD ST PHILADELPHIA PA 19141
SALAMA MD, RAMSIS H PM
515 W CHELTEN AVE APT20 PHILADELPHIA PA 19144
SALANDN MD, PAUL FP
25 CENTRAL AVE CHELTENHAM PA 19012
SALEH MD, AHMED N PTH
6301 HARDIN RD CDRNWELLS HTS PA 19020
SALEM MD, ANTHDNY W DRS
1 FAIRWAY PLAZA STE 201 HUNTINGDDN VLY PA 190
SALES MD, IRVING J FP
237 DLD LANCASTER RD BALA-CYNWYD PA 19004
SALES MD, PHDENIX M DBG
7B3 LILAC DR RDYAL PALM BCH FL 33411
SALNER MD, NATHAN P R
6812 CASTDR AVE PHILADELPHIA PA 19149
SALVD MD, PAUL J FP
1830 S BRDAD ST PHILADELPHIA PA 19145
SAMITZ MD, M HARRISS D
1715 PINE ST PHILADELPHIA PA 19103
SAMPATHACHAR MD, KAKKADASAM R AN
400 GYPSY LANE #617 PHILADELPHIA PA 19144
SAMPSDN MD, DAVID A R
100 CHURCH RD ARDMORE PA 19003
SAMPSDN MD, WM C FP
6824 QUINCY ST PHILADELPHIA PA 19119
SAMSDN MD, BIENVENIDO T GS
FDX CHASE MED CTR PHILADELPHIA PA 19111
SAMUELS MD, SIDNEY S DTD
704 FDXCRDFT SQ APTS JENKINTDWN PA 19046
SANDERS MD, FRANCIS A FP
5912 RIDGE AVE PHILADELPHIA PA 1912B
SANDD MD, RALPH S DPH
BDX 610 HAVERTDWN PA 19083
SANTILLI MD, THDS F IM
3200 CDTTMAN AVE PHILADELPHIA PA 19149
SANTDYD-STEIN MD, MARIA C AN
410 W 10TH AVE CDLUMBUS OH 43210
SARAGDVI MD, ARMAND A R
3882 CDNSHDHOCKEN AVE PHILADELPHIA PA 19131
SARIN MD, LDV K DPH
LANCASTER & CITY LINE A PHILADELPHIA PA 1915
SARMIENTD HERRERA MD, LDRDELITA S AN
1904 CDUNTRY CLUB CT CHERRY HILL NJ 08003
SARSHIK MD, MILTDN PD
527 FDXCRDFT SQ APTS JENKINTDWN PA 19046
SASTRY MD, DASIKA M TS
B116 8USLTELDN AVE PHILADELPHIA PA 19152
SATALDFF MD, JDSEPH OTD
26 DVERHILL RD CYNWYD PA 19004
SATINSKY MD, JDNATHAN D IM
LANKENAU MED BLDG PHILADELPHIA PA 19151
SATINSKY MD, VICTDR P IM
230 N BROAD ST PHILADELPHIA PA 19102
SATTILARO MD, ANTHDNY J AN
1919 CHESTNUT ST APT270 PHILADELPHIA PA 1910
SAUCD MD, M CDNCEPCIDN DBG
ANDDRRA SHOPPING CTR PHILADELPHIA PA 19128
SAUL MD, LEON J P
275 HIGHLAND AVE MEDIA PA 19063
SAUL MD, RICHARD 8 P
427 DLD GULPH RD NARBERTH PA 19072
SAVACODL MD, JACDB W IM
146 W TULPEHDCKEN ST PHILADELPHIA PA 19144
SAVIND MD, PETER J DPH
1803 HDPKINSDN HDUSE PHILADELPHIA PA 19106
SAYEN MD, JDHN J IM
3600 SPRUCE ST PHILADELPHIA PA 19104
SCARF MD, MAXWELL IM
1919 CHESTNUT ST PHILADELPHIA PA 19103
SCARPA MD, HARRY C FP
1166 E PHIL ELLENA PHILADELPHIA PA 19150
SCHAEFFER MD, FRANCES C O8G
210B PENNA AVE FT WASHINGTDN PA 19034
SCHAFFER MD, BURTDN R
PARTOWNE APT W-1405 PHILADELPHIA PA 19130
SCHAFFER MO, DAVID B PD
1 CHILDRENS CT PHILADELPHIA PA 19104
SCHAFFER MD, DAVID W AN
NAZARETH HDSP PHILADELPHIA PA 19152
SCHAFFZIN MD, LAWRENCE US
5001 FRANKFDRD AVE PHILADELPHIA PA 19124
SCHALLER MD, ABRAHAM L FP
5331 LEBANDN AVE PHILADELPHIA PA 19131
SCHALLER MD, JAMES A O8G
8001 RDDSEVELT BLVD 204 PHILADELPHIA PA 1915
SCHAMBERG MO, IRA L D
ELKINS PARK HOUSE ELKINS PARK PA 19117
SCHATZ MD, NORMAN J N
130 S 9TH ST PHILAOELPHIA PA 19107

SCHEER MD, R SCDTT R
HERITAGE LN VALLEY FDRGE PA 19481
SCHEIE MD, HARDLD G DPH
51 N 39TH ST PHILADELPHIA PA 19104
SCHENCK MD, HARRY P DTD
1235 WYNGATE RDAD WYNNEWDDD PA 19096
SCHERER MD, HENRY IM
2B LEVERING CIRCLE BALA CYNWYD PA 19004
SCHIELE MD, HERBERT P
1640 PINE ST PHILADELPHIA PA 19103
SCHIFALACQUA MD, PHILIP A DTD
474 KENWDDD RD DREXEL HILL PA 19026
SCHILLER MD, HERBERT M FP
311 HAWS LANE PHILADELPHIA PA 1911B
SCHIMERT MD, ARND P R
2 BALA CYNWYD PLZA IL 4 BALA CYNWYD PA 19004
SCHIMMEL MD, NELSDN H IM
196 RENSSELAER RD ESSEX FALLS NJ 07021
SCHLAFF MD, SHELDDN IM
211 EDGEHILL RD MERIDN STA PA 19066
SCHLAFF MD, ZACKERY IM
6737 HARBINSDN AVE PHILADELPHIA PA 19149
SCHLEIFER MD, CHARLES R IM
LANKENAU HDSP PHILADELPHIA PA 19151
SCHLESS MD, GUY L IM
829 SPRUCE ST PHILADELPHIA PA 19107
SCHLESSEL MD, RICHARD B P
7701 DDRCAS ST PHILADELPHIA PA 19111
SCHLEZINGER MD, NATHAN S N
130 S 9TH ST PHILADELPHIA PA 19107
SCHLDSSER MD, WDDDRDW D DTD
2401 PENNA AVE PHILADELPHIA PA 19130
SCHMAIER MD, ALVIN H IM
320 S 2ND ST PHILADELPHIA PA 19106
SCHMIDT JR MD, ERWIN R DRS
3400 SPRUCE ST PHILADELPHIA PA 19104
SCHMITT MD, ALBRECHT DBG
STAFFDRD HDUSE STE 11B PHILADELPHIA PA 19144
SCHMUKLER DD, ANITA G P
203 SYCAMDRE AVE MERIDN STA PA 19066
SCHNALL MD, CHAS IM
7516 CITY LINE AVE PHILADELPHIA PA 19151
SCHNALL MD, DAVID J PD
3896 PINE ST HUNTINGDN VLY PA 19006
SCHNALL MD, NATHAN DBG
7310 CASTDR AVE PHILADELPHIA PA 19152
SCHNAUFER MD, LDUISE PD
CHILDRENS HDSP PHILADELPHIA PA 19104
SCHNEEBERG MD, ARTHUR L U
SUITE 202 1335 TABDR RD PHILADELPHIA PA 19141
SCHNEEBERG MD, J MYRDN U
SUITE 202 1335 TABDR RD PHILADELPHIA PA 19141
SCHNEEBERG MD, NDRMAN G IM
191 PRES BLVD STE 102 BALA CYNWYD PA 19004
SCHNEIDER MD, BERNARD DPH
2301 S BRDAD ST PHILADELPHIA PA 1914B
SCHNEIDER MD, HENRY C CRS
1245 HIGHLAND AVE ABINGTDN PA 19001
SCHNEIDER MD, LAWRENCE H ORS
243 S 10TH ST PHILADELPHIA PA 19107
SCHNEIMAN MD, MAURICE H P
8379 GLEN RD ELKINS PARK PA 19117
SCHDLL JR MD, HARVEY W R
9601 DITMAN ST PHILADELPHIA PA 19114
SCHDTT JR MD, CLIFFDRD E IM
MISERICDRDIA HDSP PHILADELPHIA PA 19143
SCHDTZ MD, SEYMDUR AN
1901 JFK BLVD 1904 PHILADELPHIA PA 19103
SCHREIBMAN MD, BEATRICE K R
1227-6BTH AVE PHILADELPHIA PA 19126
SCHRDDE MD, PAUL F FP
3400 SPRUCE ST PHILADELPHIA PA 19104
SCHULTZ MD, JULIUS IM
7B04 GAYL ST CHELTENHAM PA 19012
SCHUMANN MD, FRANCIS GS
B233 SEMINDLE AVE PHILADELPHIA PA 1911B
SCHUMANN MD, MAX IM
40B S 47TH ST PHILADELPHIA PA 19143
SCHUSTER MD, ALBERT H U
255 S 17TH ST PHILADELPHIA PA 19103
SCHUT MD, JACDB P
275 BRYN MAWR AVE APT 5 BRYN MAWR PA 19010
SCHWAB MD, MDRTON E P
1237 GRENOX RD WYNNEWDDD PA 19096
SCHWAB MD, RDBT H IM
2401 PENNA AVE BLDG 1A2 PHILADELPHIA PA 19130
SCHWARTZ JR MD, GED J GS
2330 S BRDAD ST PHILADELPHIA PA 19145
SCHWARTZ MD, ALBERT M FP
1150 S 60TH ST PHILADELPHIA PA 19143
SCHWARTZ MD, ALLAN B IM
250 N 13TH ST PHILADELPHIA PA 19107
SCHWARTZ MD, ANDREW R IM
HAHNEMANN MED CDLLEGE PHILADELPHIA PA 19102
SCHWARTZ MD, BARRY J P
BARCLAY BLDG RDDM 214 BALA-CYNWYD PA 19004
SCHWARTZ MD, EMANUEL E R
230 N BROAD ST PHILADELPHIA PA 19102
SCHWARTZ MD, GDRDDN F GS
1025 WALNUT ST PHILADELPHIA PA 19107
SCHWARTZ MD, HEINZ G PTH
JEFFERSDN MED CDLL HDSP PHILADELPHIA PA 19107
SCHWARTZ MD, IRVING R IM
YDRK & TABDR RDS PHILADELPHIA PA 19141
SCHWARTZ MD, LAURENCE M P
1B45 EDMUND RD ABINGTDN PA 19001
SCHWARTZ MD, LDUIS FP
921 S 3D ST PHILADELPHIA PA 19147
SCHWARTZ MD, MARINDA PO
1427 CATHERINE ST PHILADELPHIA PA 19146
SCHWARTZ MD, RAYMUND IM
615 DAK SHADE AVE ELKINS PARK PA 19117
SCHWARTZ MD, REUBEN B D
317 W GDDFREY AVE PHILADELPHIA PA 19120
SCHWARTZ MD, STEPHEN L P
307 LAMPLIGHTER LN HUNTINGDN VLY PA 19006

SCHWARZ MD, GABRIEL A N
3001 8 GARRETT RD DREXEL HILL PA 19026
SCHWARZ MD, HENRY P PTH
226 W RITTENHDUSE SQ PHILADELPHIA PA 19103
SCHWARZSCHILO MD, WALTER DS
PENN MUTUAL 6TH & WALNU PHILADELPHIA PA 19172
SCHWEGMAN MD, CLETUS W GS
3400 SPRUCE ST PHILADELPHIA PA 19104
SCOTT MD, EARL S PRM
301B MARKET ST PHILADELPHIA PA 19104
SCDTT MD, HENRY FP
1727 W ERIE AVE PHILADELPHIA PA 19140
SCDTT MD, JDHN P PD
737 S LATCH,S LANE MERIDN STA PA 19066
SCDTT MD, MICHAEL NS
3401 N BRDAD ST PHILADELPHIA PA 19140
SEBDK MD, MARIANNE IM
7902 KNDX RD PHILADELPHIA PA 1911B
SEGAL MD, ASHER FP
6161 CHESTNUT ST PHILADELPHIA PA 19139
SEGAL MD, BERNARD L IM
1320 RACE ST PHILADELPHIA PA 19107
SEGAL MD, HYMAN I IM
4 E DVERHILL RD BALA CYNWYD PA 19004
SEGAL MD, LDUIS FP
3031 SEDGWICK ST NW 104 WASHINGTDN DC 2000B
SEGIN MD, RDBT S IM
9795 VERREE RD PHILADELPHIA PA 19115
SEIDEL MD, RAYMDND E FP
1B01 PORTER ST PHILADELPHIA PA 19145
SEIDEN MD, JDS A FP
PARK TDWN W-1611 BF PKW PHILADELPHIA PA 19130
SEIFERT MD, GED L DBG
325 TENNIS AVE ANDALUSIA PA 19020
SEITCHIK MD, MURRAY W PS
1335 TABDR RD 106 PHILADELPHIA PA 19141
SELHAT MD, JDRJ F DS
210 HUNTINGDDN PARK PHILADELPHIA PA 19111
SELICKMAN MD, MITCHELL A FP
1320 SDMERVILLE AVE PHILADELPHIA PA 19141
SELLERS MD, ALFRED M IM
71B ARLINGTDN RD NARBERTH PA 19072
SELTZER MD, ALBERT P DTD
2104 SPRUCE ST PHILADELPHIA PA 19103
SELTZER MD, BENJ DPH
193 W CHEW ST PHILADELPHIA PA 19120
SELTZER MD, MAURICE FP
2020 E RHAWN ST PHILADELPHIA PA 19152
SEMBRDT MD, WM B IM
6725 RIDGE AVE PHILADELPHIA PA 1912B
SEMISCH 3RD MD, CHAS W US
1010 ELDORADD AVE CLEARWATER BCH FL 33515
SENA MD, FRANK W AN
EPISCDPAL HDSP PHILADELPHIA PA 19125
SENCINDIVER MD, PAIGE V GS
50B HDWE RD MERIDN STA PA 19066
SED MD, JUNG J PTH
870 MEADDWBRDDK APTS HUNTINGDDN VLY PA 19006
SED MD, SANG W PTH
225 NEWTDWN RD WARMINSTER PA 1B974
SERAPHIN MD, ALFRED R IM
2506 OBERDN AVE LDNGPDRT N J 0B403
SERBER MD, WM R
230 N BRDAD ST PHILADELPHIA PA 19102
SETHBHAKDI MD, SDMKIAT IM
51 N 39TH ST PHILADELPHIA PA 19104
SEVIN MD, ELIZABETH G FP
420 W PRICE ST PHILADELPHIA PA 19144
SEYDEL MD, H GUNTER R
YORK & TABOR RDS PHILADELPHIA PA 19141
SEYMDUR MD, PARKER M FP
905 MANNING ST PHILADELPHIA PA 19107
SGRD MD, ANTDNID FP
216 MELVIN DR BRDDKHAVEN PA 19015
SHACKLETT MD, DDRDTHY E FP
830 HAIN DR LAFAYETTE HILL PA 19444
SHAFIA MD, HASS IM
3401 W SCHOOLHDUSE LN PHILADELPHIA PA 19144
SHAGASS MD, CHAS P
EASTERN PA PSYCH INST PHILADELPHIA PA 19129
SHAH MD, KANTILAL J FP
1750 STERIGERE ST NDRRISTDWN PA 19401
SHANAHAN MD, J RUSH IM
419-21 LANKENAU MED BLD PHILADELPHIA PA 19151
SHANKAR MD, V S NS
CRDZ-CHES MED CTR CHESTER PA 19013
SHANNDN MD, GERARD M DPH
B11B BUSTLETDN AVE PHILADELPHIA PA 19152
SHAPIRD DD, BERTRAM P FP
1B10 NE 11B RD N MIAMI FL 33161
SHAPIRD DD, HDWARD M R
PLAZA AP 2 M 1BTH ST PK PHILADELPHIA PA 19103
SHAPIRD MD, BERNARD DS
NUCL MED AEMC YDRK-TABD PHILADELPHIA PA 19141
SHAPIRD MD, JACDB FP
1512 SHEFFIELD LANE PHILADELPHIA PA 19151
SHAPIRD MD, LEDNARD H DBG
245 N BRDAD ST PHILADELPHIA PA 19107
SHAPIRD MD, RICHARD P FP
6910 MARKET ST UPPER DARBY PA 19082
SHAPIRD MD, SAML S FP
340 NARRAGANSETT LA JAMESBURG NJ 08B31
SHARE MD, ISAIAH A P
PRESIDENTIAL APTS PHILADELPHIA PA 19131
SHARIFI-AZAD MD, SAID AN
B201 HENRY AVE K24 PHILADELPHIA PA 1912B
SHARKEY MD, JDHN A DBG
630 S BDWMAN AVE MERIDN PA 19066
SHARPLES MD, WYNNE FP
454 S ITHAN AVE VILLANDVA PA 19085
SHARPS MD, FRANK FP
905 N 5TH ST PHILADELPHIA PA 19123
SHARRAR MD, KAREN E FP
2142 MT VERNON ST PHILADELPHIA PA 19104
SHASHIKUMAR MD, V L PD
2600 N LAWRENCE ST PHILADELPHIA PA 19133

SHAW JR MD, DANL L US
702 KNDX RD VILLANDVA PA 19085
SHAW MD, RALPH A IM
HAHNEMANN HDSP PHILADELPHIA PA 19102
SHAWALUK MD, PAUL D DPH
6751 AKRDN ST PHILADELPHIA PA 19149
SHEA MD, FRANCIS J R
3401 N BRDAD ST PHILADELPHIA PA 19140
SHEARBURN MD, EDWIN W GS
306 LANKENAU MED BLDG PHILADELPHIA PA 19151
SHECHTER MD, FREDERICK R IM
ND 2 DECKER SQ 1-L-40 BALA CYNWYD PA 19004
SHEER MD, GEDRGE W R
327 N WASH AVE 201-6 SCRANTDN PA 18503
SHEETS MD, EVERETT D FP
315B CDTTMAN AVE PHILADELPHIA PA 19149
SHELLEY MD, WALTER B D
3400 SPRUCE ST PHILADELPHIA PA 19104
SHENKIN MD, HENRY A NS
265 ST JDSEPHS WAY PHILADELPHIA PA 19106
SHERMAN MD, BRUCE P R
1413 REDWDDD LN WYNCDTE PA 19095
SHERMAN MD, M JACKSDN FP
904 MARKET ST MARCUS HDDK PA 19061
SHERRY MD, SDL IM
3400 N 8RDAD ST PHILADELPHIA PA 19140
SHIELDS JR MD, RICHARD A FP
371 GREEN LANE PHILADELPHIA PA 1912B
SHIELDS MD, JERRY A DPH
1601 SPRING GARDEN ST PHILADELPHIA PA 19130
SHIGEDKA MD, EDWARD H GS
164B DILLDN RD MAPLE GLEN PA 19002
SHIN MD, GRACE E AN
2042 HDRACE AVE ABINGTDN PA 19001
SHINNICK DD, JAMES P IM
HAHNEMANN MED CDLLEGE PHILADELPHIA PA 19102
SHIREY MD, ELAINE D AN
510 WILLIAMS RD WYNNEWDDD PA 19096
SHLANSKY MD, ELLIDTT IM
302 S 19TH ST PHILADELPHIA PA 19103
SHLDMCHIK MD, SEYMDUR DRS
B509 BUSTLETDN AVE PHILADELPHIA PA 19152
SHMDKLER MD, LEDN FP
7201 LARGE ST PHILADELPHIA PA 19149
SHDBER MD, JDHN J FP
132 BETHLEHEM PIKE PHILADELPHIA PA 1911B
SHDRE DD, ERIC E FP
7516 CITY AVE STE 5 PHILADELPHIA PA 19151
SHDRE MD, SEYMDUR M IM
B34 E UPSAL ST PHILADELPHIA PA 19119
SHDUP MD, GED D U
121 W WALNUT LANE PHILADELPHIA PA 19144
SHRAGER MD, JDS D D
1601 WALNUT ST PHILADELPHIA PA 19102
SHUBIN MD, HARRY IM
1B29 PINE ST PHILADELPHIA PA 19103
SHUKLA MD, LAKSHMI S IM
702 ELKIN 5501 N 11TH PHILADELPHIA PA 19141
SHULMAN MD, JERRY J DBG
1025 WALNUT ST RM 300 PHILADELPHIA PA 19107
SHUMAN MD, CHAS R IM
3401 N BRDAD ST PHILADELPHIA PA 19140
SHUSTER MD, EUGENE DBG
324 WARING ST ELKINS PARK PA 19117
SHYAMALAN MD, NELLIATE C IM
216 WYNNE LANE PENN VALLEY PA 19072
SIEGAL MD, EDWARD I R
2002 SPRUCE ST PHILADELPHIA PA 19103
SIEGEL MD, BERNARD DBG
1335 TABDR RD PHILADELPHIA PA 19141
SIEGEL MD, PAUL D IM
PRESIDNTL APTS APT D 12 PHILADELPHIA PA 19131
SIEGEL MD, SEYMDUR IM
B302 YDRK RD ELKINS PARK PA 19117
SIEGLER MD, PETER E IM
230 N BRDAD ST PHILADELPHIA PA 19102
SIGLER MD, MILES H IM
353 BALA AVE BALA CYNWYD PA 19004
SIGMANN MD, PETER IM
230 N BRDAD ST PHILADELPHIA PA 19102
SIGMDND MD, HENRY I ORS
911 STRATFORD AVE MELRDSE PARK PA 19126
SILBERMAN MD, HARVEY D DTD
156 SERRILL RD ELKINS PARK PA 19117
SILBERMAN MD, IRA R
2249 UNIVERSITY HLS #10 TDLEDD DH 43606
SILBERSTEIN MD, MARSHA M AN
619 ADDISDN ST PHILADELPHIA PA 19147
SILBERSTEIN MD, STEPHEN D N
619 ADDISDN ST PHILADELPHIA PA 19147
SILCDX MD, LDUIS E DTD
102-03 LANKENAU MED BLD PHILADELPHIA PA 19151
SILER MD, JANET N AN
2909 HUNTERDAN DR CINNAMINSDN NJ 0B077
SILIQUINI MD, JDHN J DPH
281B CDTTMAN AVE PHILADELPHIA PA 19149
SILK MD, RAYMDND E GS
1930 CHESTNUT ST PHILADELPHIA PA 19103
SILLA MD, ENRIQUE B P
262 SPRINGTDN RD UPPER DARBY PA 19082
SILVER MD, BERNICE S FP
127 IRDNWDDD RD LEVITTDWN PA 19057
SILVERMAN MD, LEWIS D IM
B65 N 26TH ST PHILADELPHIA PA 19130
SILVERMAN MD, WILLIAM S FP
5B23 CHESTNUT ST PHILADELPHIA PA 19139
SILVERSTEIN MD, ALEXANDER N
1B29 PINE ST PHILADELPHIA PA 19103
SILVESTRI MD, ARCHIMEDE J GS
1201 W DLNEY ST PHILADELPHIA PA 19141
SIMAN MD, BERNARD AN
507 HDMESTEAD AVE HADDDNFIELD N J 0B033
SIMENHOFF MD, MICHAEL L U
15 DGDEN AVE SWARTHMDRE PA 190B1
SIMENSDN MD, RDBT A P
EASTERN PA PSYCH INST PHILADELPHIA PA 19129

SIMMONS MD, VAUGHAN P PRM
904 CLINTON ST PHILADELPHIA PA 19107
SIMON MD, JOS H FP
211 ROYAL POINCIANA WAY PALM BEACH FL 33480
SIMON MD, WM H DRS
1936 SPRUCE ST PHILADELPHIA PA 19103
SIMONS MD, HOWARD M D
314 MARVIN RD ELKINS PARK PA 19117
SIMPSON MD, JOS W FP
2391 HICKORY RD PLYMOUTH MTNG PA 19462
SINGER MD, IRVIN FP
6190 RISING SUN AVE PHILADELPHIA PA 19111
SINGH MD, GURCHARAN P
11TH ST & TABOR RD PHILADELPHIA PA 19141
SINHA MD, RAMANANDA PM
AEMC N YORK & TABOR RD PHILADELPHIA PA 19141
SIRKEN MD, JOS G DTO
1930 CHESTNUT ST STE 40 PHILADELPHIA PA 19103
SIVITZ MD, FRANK H OBG
1335 TABOR RD PHILADELPHIA PA 19141
SIVITZ MD, JAY M OBG
1335 TABOR ROAD PHILADELPHIA PA 19141
SIVITZ MD, MARTA E DPH
2301 N BROAD ST PHILADELPHIA PA 19148
SKLAROFF MD, DAVID M R
5500 OLD YORK RD PHILADELPHIA PA 19141
SKROMAK MD, STANLEY J IM
5108 TORRESDALE AVE PHILADELPHIA PA 19124
SKVERSKY MD, NORMAN J IM
6810 CASTOR AVE PHILADELPHIA PA 19149
SLAP MD, JOS W P
533 HEATH RD MERION PA 19066
SLAVIN MD, JAMES W PS
8001 ROOSEVELT BLVD 203 PHILADELPHIA PA 19152
SLIPYAN MD, PHILIP OBG
SE COR 13TH WALNUT 100 PHILADELPHIA PA 19107
SLOANE MD, HENRY D OPH
2401 PENNA AVE 2824 PHILADELPHIA PA 19130
SLOANE MD, NORMAN G IM
255 S 17TH ST PHILADELPHIA PA 19103
SLOANE MD, PAUL P
3 GRAPEVINE RD GLOUCESTER MA 01930
SLOTNICK MD, VICTOR B OS
312 MELROSE RD MERION PA 19066
SMALLWOOD MD, JOHN T IM
885 N EASTON RD #181 GLENSIDE PA 19038
SMITH JR MD, EDGAR C FP
537 S 46TH ST PHILADELPHIA PA 19143
SMITH MD, A MITCHELL IM
1521 LOCUST ST PHILADELPHIA PA 19102
SMITH MD, ARTHUR E IM
419 S 19TH ST PHILADELPHIA PA 19146
SMITH MD, AUSTIN T OTO
382 LAKESIDE RD WYNNEWOOD PA 19096
SMITH MD, DAVID S PD
4012 PRIMROSE RD PHILADELPHIA PA 19114
SMITH MD, GLEN T IM
2651 LENAPE RD PHILADELPHIA PA 19131
SMITH MD, J SHEPARD OPH
7600 STENTON AVE #60 PHILADELPHIA PA 19118
SMITH MD, JAMES M IM
12 S FRANKLIN ST LAMBERTVILLE NJ 08530
SMITH MD, KAIGHN OBG
LANKENAU MED BLDG ST 41 PHILADELPHIA PA 19151
SMITH MD, LAUREN H P
349 MILLBANK RD BRYN MAWR PA 19010
SMITH MD, ORA R P
638 PANAMA ST PHILADELPHIA PA 19106
SMUKLER MD, NATHAN M IM
7810 LINDEN RD PHILADELPHIA PA 19118
SMULLENS MD, STANTON N TS
130 S 9TH ST STE 1930 PHILADELPHIA PA 19107
SNOW JR MD, JAMES B OTO
3400 SPRUCE ST PHILADELPHIA PA 19104
SNYDER MD, DAVID A FP
3743 LANKENAU RD PHILADELPHIA PA 19131
SNYDER MD, DEWEY A FP
530 FOLCROFT AVE FOLCROFT PA 19032
SNYDER MD, KERMAN FP
5949 PINE ST PHILADELPHIA PA 19143
SNYDMAN MD, LEONARD FP
2134 N HANCOCK ST PHILADELPHIA PA 19122
SODEMAN MD, WILLIAM A IM
4049 W BRANDCROFT ST TOLEDO OH 43606
SOFFE MD, ALVIN M IM
1930 CHESTNUT ST PHILADELPHIA PA 19103
SOFFER MD, MARVIN FP
P O BOX 14326 PHILADELPHIA PA 19115
SOKALCHUK MD, ANDREW IM
11410 BUSTLETON AVE PHILADELPHIA PA 19116
SOKOLOFF MD, MARTIN J IM
310 S 16TH ST PHILADELPHIA PA 19102
SOLI MD, SOLEIMAN M OBG
12200 ACADEMY RD PHILADELPHIA PA 19154
SOLIMAN MD, MANAL D GS
FINISTERRE APTS V-182 LINDENWOLD N J 08021
SOLISH MD, LAWRENCE U
1335 TABOR RD PHILADELPHIA PA 19141
SOLIT MD, ROBT W GS
130 S 9TH ST PHILADELPHIA PA 19107
SOLL MD, DAVID B OPH
5001 FRANKFORD AVE PHILADELPHIA PA 19124
SOLNICK MD, PAUL B IM
1900 SPRUCE ST PHILADELPHIA PA 19103
SOLOMON MD, JACK L P
1500 FLATROCK RD NARBERTH PA 19072
SOLOW MD, EDWARD A IM
5250 VALLEY FORGE DR 21 ALEXANDRIA VA 22304
SOLTROFF MD, JACK G FP
3133 KENSINGTON AVE PHILADELPHIA PA 19134
SOMERS MD, HERBERT J OBG
1307 W TABOR RD PHILADELPHIA PA 19141
SOMERS MD, LAURENCE A GS
10 ANDORRA HILL LAFAYETTE HL PA 19444
SOMERS MD, ROBT G GS
1335 49 W TABOR ROAD PHILADELPHIA PA 19141

SOMMARIPA MD, AMORY M IM
717 BETHLEHEM PIKE PHILADELPHIA PA 19118
SONDER MD, MAX J FP
1015 PORTER ST PHILADELPHIA PA 19148
SONES MD, MAURICE IM
7056 GERMANTOWN AVE PHILADELPHIA PA 19119
SONG MD, MICHAELA C AN
8100 FENTON RD LAVEROCK PA 19118
SONG MD, YUNG-DOO IM
8100 FENTON ST LAVEROCK PA 19118
SONI MD, VINEY IM
314 COTTMAN ST JENKINTOWN PA 19046
SONNE MD, JOHN C P
214 W MAIN ST MOORESTOWN NJ 08057
SONNEBORN MD, DUANE G IM
1425 BEECH AVE PHILADELPHIA PA 19126
SOOHO MD, ALAN M P
C314 774 PROVIDENCE RD ALDAN PA 19018
SOSETT MD, JEFFREY S FP
921 BRIARWOOD APTS CORNWELLS HGTS PA 19020
SOSS DO, MURRAY C FP
7600 WOODBINE AVE PHILADELPHIA PA 19151
SOULEN MD, RENATE L R
514 WOODBINE AVE NARBERTH PA 19072
SOUMERAI MD, SIMON PTH
WEST JERSEY HOSP CAMDEN NJ 08101
SOUTHARD MD, MARTHA E R
JEFFERSON MED COLL HOSP PHILADELPHIA PA 19107
SOVETSKY DO, CHARLES L R
904 SENSOR RD YARDLY PA 19067
SPAETH MD, GEO L OPH
1601 SPRING GARDEN ST PHILADELPHIA PA 19130
SPAETH MD, PHILIP G OPH
1930 CHESTNUT ST PHILADELPHIA PA 19103
SPAGNA MD, PASCHAL M TS
EPISCOPAL HOSP PHILADELPHIA PA 19125
SPARK MD, ISADORE P
7810 OLD YORK RD PHILADELPHIA PA 19117
SPARKMAN JR MD, THORNE IM
251 MALONEY BLDG HDSP U PHILADELPHIA PA 19104
SPECTER MD, JACOB GS
5601 N BROAD ST PHILADELPHIA PA 19141
SPECTOR MD, MARTIN DTO
2136 LOCUST ST PHILADELPHIA PA 19103
SPELLER MD, J FINTON U
245 N BROAD ST SUITE 30 PHILADELPHIA PA 19107
SPIEGEL MD, ERNEST A N
6807 LAWNTON AVE PHILADELPHIA PA 19126
SPITZ MD, EUGENE B NS
32 S MORTON AVE MORTON PA 19070
SPITZ MD, LAWRENCE K IM
HEALTH EVAL CTR U OF PA PHILADELPHIA PA 19104
SPITZER MD, STANLEY IM
1333 RACE ST PHILADELPHIA PA 19107
SPLENDIDO MD, JOS A IM
608 W CLIVEDEN ST PHILADELPHIA PA 19119
SPRAGUE MD, GED S P
2200 BEN FRANKLIN PKWY PHILADELPHIA PA 19130
SPRATT DO, DAVID M FP
10101 ACADEMY RD PHILADELPHIA PA 19114
SROUJI MD, MAURICE N GS
CHILDRENS HOSP PHILADELPHIA PA 19104
STAAS JR MD, WILLIAM E PM
323 MIMOSA DR CHERRY HILL N J 08034
STACK MD, WM T FP
900 E WESTMORELAND PHILADELPHIA PA 19134
STAHLGREN MD, LEROY H GS
EPISCOPAL HOSP PHILADELPHIA PA 19125
STANTON JR MD, JOHN J FP
1522 W LINDLEY AVE PHILADELPHIA PA 19141
STANTON MD, ROBT W P
1601 WALNUT ST PHILADELPHIA PA 19103
STAROSCIK MD, RUDOLF N GS
135 FISHER RD JENKINTOWN PA 19046
STARR MD, ISAAC IM
505 CRESHEIM VLY RD PHILADELPHIA PA 19118
STARRELS MD, MICHAEL E OPH
ONE ABINGTON PLAZA #204 JENKINTOWN PA 19046
STARRELS MD, SIDNEY H P
6309 VENTNOR AVE VENTNOR N J 08406
STARUNKO MD, BASILIO AN
1727 SHERWOOD CIRCLE VILLANOVA PA 19085
STAUB MD, ALICE W IM
7301 SHELBOURNE ST PHILADELPHIA PA 19111
STAYMAN JR MD, JOS W GS
8815 GERMANTOWN AVE PHILADELPHIA PA 19118
STEIKER MD, DANL D PD
1939 CHELTENHAM AVE PHILADELPHIA PA 19117
STEIN MD, BERNARD B FP
2065 N 63RD ST PHILADELPHIA PA 19151
STEIN MD, FRANKLIN M FP
9300 FRANKFORD AVE PHILADELPHIA PA 19114
STEIN MD, GEO N R
544 HOWE RD MERION STA PA 19066
STEIN MD, HERBERT ORS
10101 ACADEMY RD PHILADELPHIA PA 19114
STEIN MD, HYMEN D GS
1680 HUNTINGDON PK 206 HUNTINGDN VLY PA 19006
STEIN MD, IRVIN ORS
1936 SPRUCE ST PHILADELPHIA PA 19103
STEIN MD, MARTIN FP
629 PINE ST PHILADELPHIA PA 19106
STEIN MD, NATALIE AN
METHODIST HOSP - ANES PHILADELPHIA PA 19148
STEIN MD, RAYMOND D ORS
269 S 19TH ST PHILADELPHIA PA 19103
STEIN MD, SAML C IM
1919 CHESTNUT ST #1207 PHILADELPHIA PA 19103
STEIN MD, SEYMOUR OBG
220 S 16TH ST 11TH FL PHILADELPHIA PA 19102
STEINBERG DO, FRANK PD
8236 GERMANTOWN AVE PHILADELPHIA PA 19118
STEINBERG MD, ARTHUR IM
2132 DELANCEY PL PHILADELPHIA PA 19103
STEINBERG MD, MARVIN E ORS
HOSP UNIV OF PA PHILADELPHIA PA 19104

STEINBERG MD, NATHAN FP
745 S 3RD ST PHILADELPHIA PA 19147
STEINBERG MD, SAML FP
713 FOXCROFT SQ APTS JENKINTOWN PA 19046
STEINBERG MD, STANFORD M IM
2206 DELANCEY ST PHILADELPHIA PA 19103
STEINBERG MD, STANLEY B R
406 ACADEMY CIRCLE MERION STA PA 19066
STEINGARD MD, JDS J FP
2601 S 12TH ST PHILADELPHIA PA 19148
STEINMETZ 3R MD, CHAS G OPH
4606 SPRUCE ST PHILADELPHIA PA 19139
STEMMLER MD, EDWARD J IM
UNIV OF PA SCH OF MED PHILADELPHIA PA 19174
STEPHENSON MD, RUTH US
CEDAR PT BLDG106 APT 9 STUART FL 33494
STEPPACHER MD, LESTER G GS
155 WILLOW DR LEVITTOWN PA 19054
STEPPACHER MD, ROBT C P
EASTERN PA PSY INST PHILADELPHIA PA 19129
STERLING MD, MARY P FP
4237 BALTIMORE AVE PHILADELPHIA PA 19104
STERN MD, ALAN L FP
636 PINE ST PHILADELPHIA PA 19107
STERN MD, BERTHOLD M FP
6400 N PARK AVE PHILADELPHIA PA 19126
STERN MD, JOAN G P
6100 HENRY AVE PHILADELPHIA PA 19128
STERN MD, LILLIAN H R
1134 WOODBINE AVE NARBERTH PA 19072
STERNS MD, GWEN K OPH
LATCHES LANE APT 615 MERION PA 19066
STEVENS JR MD, JOHN M P
111 N 49TH ST PHILADELPHIA PA 19139
STEVENS MD, LLOYD W GS
3910 POWELTON AVE PHILADELPHIA PA 19104
STEWART DOS, JAMES D OS
SJ MED CTR RT 70 E GATE CHERRY HILL N J 08034
STEWART MD, W WAYNE PRM
530 E SWEDESFORD RD 344 WAYNE PA 19087
STEWART MD, WM P FP
1038 BRIDGE ST PHILADELPHIA PA 19124
STIFFEL MD, ARTHUR GS
1107 E ERIE AVE PHILADELPHIA PA 19124
STIFFEL MD, JERRY GS
GERMNTWN HSP MED OFF BD PHILADELPHIA PA 19144
STOLOFF MD, IRWIN L IM
130 S 9TH ST STE 1520 PHILADELPHIA PA 19107
STONER MD, EMERY K PM
BOX 940 A JARVIS RD SICKLERVILLE NJ 08081
STOREY MD, PATRICK B IM
SCHOOL OF MED RM 235 G- PHILADELPHIA PA 19174
STOTE MD, ROBT M IM
51 N 39TH ST PHILADELPHIA PA 19104
STRANG MD, JOHN E IM
864 COUNTY LINE RD BRYN MAWR PA 19010
STRATTON MD, HENRY A FP
1706 W DIAMOND ST PHILADELPHIA PA 19121
STRAUS MD, JOS F FP
7848 MONTGOMERY AVE ELKINS PARK PA 19117
STRAWITZ MD, JOS G GS
CENTRAL & SHELMIRE PHILADELPHIA PA 19111
STRAX MD, THOS E PM
7703 CHAPEL RD PHILADELPHIA PA 19141
STRENGE MD, HENRY J AN
3401 N BROAD ST PHILADELPHIA PA 19140
STRICKLAND MD, S CLYDE IM
7 PRINCETON RD WAYNE PA 19087
STRIMEL JR MD, WILLIAM H PTH
GERMANTOWN HOSPITAL PHILADELPHIA PA 19144
STRITTMATTER MD, ISIDOR T FP
999 N 6TH ST PHILADELPHIA PA 19123
STRONG OD, FRANKLIN D IM
7400 HAVERFORD AVE AP10 PHILADELPHIA PA 19151
STRONG III MD, MICHAEL D TS
TEMPLE HEALTH SCI CTR PHILADELPHIA PA 19140
STRONG MD, GED H U
255 S 17TH ST PHILADELPHIA PA 19103
STROUP MD, GOODELL W FP
825 OOVER RD PHILADELPHIA PA 19151
STUBBS MD, G WINSTON OPH
530 E MT AIRY AVE PHILADELPHIA PA 19119
STUDIFORD MD, JAMES S IM
717 BETHLEHEM PK PHILADELPHIA PA 19118
STUPNIKER MD, SONIA FP
STE 103 TABOR RD PRK AV PHILADELPHIA PA 19141
STURGIS MD, KATHARINE R IM
349 WISTER RD WYNNEWOOD PA 19096
STURTEVANT MD, CHARLES N FP
35 TALBOT ROAD BRAINTREE MA 02184
STUTMAN MD, FRED A FP
3501 NEWBERRY RD PHILADELPHIA PA 19154
SU MD, CHAO C AN
8835 GERMANTOWN AVE PHILADELPHIA PA 19118
SUANLARM MD, CHINTANA IM
938 MEADOWBROOK DR HUNTINGON VLY PA 19006
SUCHEERAKRAILAS MD, WITOON OBG
MED COLL OF PA DEPT OBG PHILADELPHIA PA 19129
SUFIAN MD, SHEKEEB GS
230 N BROAD ST PHILADELPHIA PA 19102
SUGARMAN MD, SAML IM
2114 SPRUCE ST PHILADELPHIA PA 19103
SUGIURA MD, HENRY T PTH
PRESBYTERIAN HOSP PHILADELPHIA PA 19104
SUGIURA MD, SUMIKO M FP
R D 2 PHOENIXVILLE PA 19460
SULLIVAN MD, WM H FP
17 N 57TH ST PHILADELPHIA PA 19139
SULTZ DO, MARVIN E US
3131 FRANKFORD AVE PHILADELPHIA PA 19134
SUNDERMAN MD, F WILLIAM PTH
1833 DELANCEY PL PHILADELPHIA PA 19103
SURYANARAYANA MD, B V IM
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118
SUSSMAN MD, MARCEL S OBG
1919 CHESTNUT ST PHILADELPHIA PA 19103

SUTNICK MD, ALTDN I IM
2135 ST JAMES PL PHILADELPHIA PA 19103
SWAMI MD, R KUMAR N
750 GERMANTOWN PIKE LAFAYETTE HL PA 19444
SWARTZ MD, CHAS D IM
HAHNEMANN HDSP PHILADELPHIA PA 19102
SYLVESTER MD, HANS M FP
6600 RISING SUN AVE PHILADELPHIA PA 19111
SYMS MD, CHAS A IM
1246 E CHELTENHAM AVE PHILADELPHIA PA 19124
SZAL MD, JOS J O8G
3457 ENGLEWDDD ST PHILADELPHIA PA 19149
SZAYNA MO, STANLEY FP
2101 SHELMIRE AVE PHILAOELPHIA PA 19152
TACHOJIAN MD, VAHAKEN IM
1147 MORRIS RD WYNNEWOOO PA 19096
TAEFFNER MD, JOHN H N
APT E 4 259 W JOHNSON S PHILAOELPHIA PA 19144
TAGGART MO, HAROLO A US
ROSEMONT PLAZA APT 522 ROSEMONT PA 19010
TAKEOA MD, MISAO PTH
344 VALLEY RO MERION PA 19066
TAL8OT JR MO, TIMOTHY R IM
7701 8URHOLME AVE PHILAOELPHIA PA 19111
TALSANIA MD, SURYAKANT J GS
5555 WISSAHICKON AVE PHILAOELPHIA PA 19144
TAN MO, MYRNA M AN
541-C1 8ELLS CT ANOALUSIA PA 19020
TANCOR MD, 8ENITO O8G
7996 OXFORD AVE PHILAOELPHIA PA 19111
TANNEN8AUM MD, PHILIP J IM
1500 SPRING GAROEN ST PHILADELPHIA PA 19130
TARROW MO, ARTHUR B AN
1025 WALNUT ST PHILAOELPHIA PA 19107
TASMAN MD, WM S OPH
187 E EVERGREEN AVE PHILAOELPHIA PA 19118
TAU8ER MD, ROBERT O8G
412 VALLEY RD HAVERTOWN PA 19083
TAU8ER MO, STANLEY A FP
6737 HAR8ISON AVE PHILAOELPHIA PA 19149
TAYAO TESORO MO, ALICIA C O8G
3300 HENRY AVE PHILAOELPHIA PA 19129
TAYLOR MO, ANN G O8G
515 W CHELTEN AV AP 150 PHILADELPHIA PA 19144
TAYLOR MD, OANL B U
2241 FEOERAL ST PHILAOELPHIA PA 19146
TAYLOR MO, JAMES E P
111 N 49TH ST PHILAOELPHIA PA 19139
TEAHAN MO, ROSCOE W GS
1606 RAVENSWOOO WAY CHERRY HILL NJ 08003
TEMELES MO, LAWRENCE P
111 PRESIOENTIAL 8LVO 8ALA CYNWYO PA 19004
TEMPLETON MO, JOHN Y GS
130 S 9TH ST PHILAOELPHIA PA 19107
TEPLICK MO, JOS G R
419 N STERLING RO ELKINS PARK PA 19117
TEPLITZKY MO, ARTHUR L FP
9225 FRANKFORO AVE PHILAOELPHIA PA 19114
TEPPER MO, MAURICE C FP
125 MONTGOMERY AVE BALA-CYNWYO PA 19004
TEUFEL MO, SEVERIN PTH
1606 MT PLEASANT RO VILLANOVA PA 19085
THEOOOS MO, PETER A IM
1930 CHESTNUT ST PHILAOELPHIA PA 19103
THOMAS JR MO, JOHN W GS
5900 SPRUCE ST PHILAOELPHIA PA 19139
THOMAS MO, CARMEN C O
1930 CHESTNUT ST PHILAOELPHIA PA 19103
THOMAS MO, EUGENE L GS
144 MOREOON RO PHILAOELPHIA PA 19115
THOMAS MO, HARRY L GS
5555 WISSAHICKON AVE PHILAOELPHIA PA 19144
THOMPSON MO, CHAS M IM
UNIV & WOOOLANO AVES PHILAOELPHIA PA 19104
THONET MO, MARCEL A GS
2308 E ALLEGHENY AVE PHILAOELPHIA PA 19134
THORINGTON MO, J MONROE US
204 CAM8RIOGE APTS PHILAOELPHIA PA 19144
THOROUGHGOOO MO, WM C PS
245 N 8ROAO ST PHILAOELPHIA PA 19107
THORP MO, T RAMSEY OPH
7014 CLEARVIEW ST PHILAOELPHIA PA 19119
THORWARTH MO, WM T R
8835 GERMANTOWN AVE PHILAOELPHIA PA 19118
THRESHER MO, OLIVER S O8G
5211 OXFORO AVE PHILAOELPHIA PA 19124
TICKNER MO, LOUIS FP
4 CLINTON AVE MERCHANTVILLE NJ 08109
TIGER MO, MELVYN E IM
8118 OLO YORK RO ELKINS PARK PA 19117
TILLGER MO, JOHN J FP
416 W OUNCANNON AVE PHILAOELPHIA PA 19120
TILLMAN JR MO, JOS M OPH
434 W LINOLEY AVE PHILAOELPHIA PA 19120
TIN MO, AURORA O PO
5501 GREENE ST PHILAOELPHIA PA 19144
TINSMAN MO, J HER8ERT FP
1134 WAKELING ST PHILAOELPHIA PA 19124
TIRACCHIA MO, JOS FP
9610 FRANKFORO AVE PHILAOELPHIA PA 19114
TITTON MO, 8ARRY S O8G
3300 HENRY AVE PHILAOELPHIA PA 19129
TITUS MO, LA8ORDE IM
6312 CHEW AVE PHILAOELPHIA PA 19138
TOBIN MO, JAMES V O8G
5015 SCHUYLER ST PHILAOELPHIA PA 19144
TOGLIA MO, JOS U N
3400 N 8ROAO ST PHILAOELPHIA PA 19140
TOLANO 3RO MO, JOS J ORS
3946 GRANT AVE PHILAOELPHIA PA 19114
TOLANO MO, JOSEPH C OPH
5927 N 5TH ST PHILAOELPHIA PA 19120
TOLAT MO, PRATIMA R OPH
216 N 8ROAO ST PHILAOELPHIA PA 19102
TOLLETT MO, CHARLES A GS
700 NE 37 OKLA CITY OK 73105

TONDREAU MD, RODERICK L R
523 OLD GULPH RD 8RYN MAWR PA 19010
TONG MD, SHIU Y P
2814 CHELFIELO ST PHILAOELPHIA PA 19136
TONKONOW MD, WM IM
7002 N 12TH ST PHILAOELPHIA PA 19126
TONSEY MO, HA8IB GS
641 WHITMER RO HORSHAM PA 19044
TOOVEY MO, EONA W US
3500 MOUNTAIN ST MONTREAL QUE CANAOA
TORG MO, JOS S ORS
401 CONESTOGA RO ST OAVIOS PA 19087
TORI MO, LEANOER P U
1825 S BROAO ST PHILAOELPHIA PA 19148
TORNAY MO, ANTHONY S N
179 RENNARO ST PHILAOELPHIA PA 19116
TORRES MO, VICTOR L U
121 W WALNUT LA PHILAOELPHIA PA 19144
TOURISH MO, WM J GS
1124 WOOOMONT RO GLAOWYNE PA 19035
TOURTELLOTTE MO, CHARLES O IM
TEMPLE UNIV HOSP PHILAOELPHIA PA 19140
TOWNES MO, HOWARO E FP
220 W COULTER ST PHILAOELPHIA PA 19144
TRATNIK MO, LEK P
972 LAVERA LANE WARMINSTER PA 18974
TRAUM MO, RONALO E O8G
829 SPRUCE ST PHILAOELPHIA PA 19107
TRI8IT JR MO, CHAS 8 FP
5327 LARGE ST PHILAOELPHIA PA 19124
TRIESTER MO, ARTHUR N IM
275 S 19TH ST PHILAOELPHIA PA 19103
TROM8ETTA MO, FIORE F FP
2431 S 13TH ST PHILAOELPHIA PA 19148
TROMMER MO, PHILIP R IM
258 S 18TH ST PHILAOELPHIA PA 19103
TRONCELLITI MO, MARIO V AN
2142 COUNTY LINE RO AROMORE PA 19003
TROPEA JR MO, FRANK GS
501 MULBERRY LA HAVERFORO PA 19041
TROUT MO, RO8T G TS
3910 POWELTON AVE 202 PHILAOELPHIA PA 19104
TROYAN MO, 8EATRICE P O8G
2401 PA AV APT 7C44 PHILAOELPHIA PA 19130
TRUEMAN MO, RO8T H OPH
2101 CHESTNUT ST PHILAOELPHIA PA 19103
TRUEX MO, RAYMONO C NS
2600 N LAWRENCE ST PHILAOELPHIA PA 19133
TRUITT JR MO, R MARSHALL IM
6400 WISSAHICKON AVE PHILAOELPHIA PA 19119
TSE MO, RDSE L IM
130 E LEVERING MILL RO 8ALA-CYNWYO PA 19004
TUCKER MO, JOHN A OS
230 N 8ROAO ST PHILAOELPHIA PA 19102
TUCKMAN MO, OAVIO J O
10890 BUSTLETN STE209 PHILAOELPHIA PA 19116
TUOOENHAM MO, WM J R
PENNSYLVANIA HOSP PHILAOELPHIA PA 19107
TUFT MO, LOUIS IM
1530 LOCUST ST PHILAOELPHIA PA 19102
TULSKY MO, EMANUEL G R
8331 HIGH SCHOOL RO PHILAOELPHIA PA 19117
TUMEN MO, HENRY J IM
1830 RITTENHOUSE SQ PHILAOELPHIA PA 19103
TUNG MO, RU-LIN K PTH
8835 GERMANTOWN AVE PHILAOELPHIA PA 19118
TURMAN MO, CHRISTOPHER O8G
1245 HIGHLANO AV STE 20 A8INGTON PA 19001
TURNER OO, OONALO E FP
400 REGINA ST PHILAOELPHIA PA 19116
TURNER OO, MELVIN L FP
3400 SPRUCE ST RAO OEPT PHILAOELPHIA PA 19104
TURNER MO, LINTON W FP
16 BAY RO OCEAN CITY NJ 08226
TURSI MO, JOS J FP
100 WEST8ROOK RO FEASTERVILLE PA 19048
TWAROY MO, 8ERNAOETTE E PM
6492 OREXEL RO PHILAOELPHIA PA 19151
TWER MO, HARRIS OPH
7900 BUSTLETON AVE PHILAOELPHIA PA 19152
TYSON MO, R RO8ERT GS
3401 N 8ROAO ST PHILAOELPHIA PA 19140
UOELL MO, LOUIS OS
4540 COTTMAN AVE PHILAOELPHIA PA 19135
UHLE MO, CHAS A U
1005 WESTOVER RO WILMINGTON OE 19807
ULANSKI MO, 8ENJAMIN PM
7912 SERPENTINE LN PHILAOELPHIA PA 19117
ULIN MO, ALEXANOER W GS
1208 CHERMAR LN NAR8ERTH PA 19072
ULUS MO, AHMET P
13011 STEVENS RO PHILAOELPHIA PA 19116
UR8ACH MO, JOHN R IM
422 MED ARTS 8LOG PHILAOELPHIA PA 19102
URICCHIO MO, JOS F IM
2 8ALA CYNWYO PZ 25 BALA CYNWYO PA 19004
VACCARO MO, V MICHAEL P
THE WYNCOTE HOUSE WYNCOTE PA 19095
VACHARAT MO, NI8ONOH OPH
EPISCOPAL HOSP PHILAOELPHIA PA 19125
VACHRANUKUNKIET MO, THEERASAKOI PM
1901 FOSTER RO HATFIELO PA 19040
VAIOYA MO, KALPANA A IM
51 N 39TH ST PHILAOELPHIA PA 19104
VALENTINE MO, JEROME O FP
8302 OLO YORK RO STE 4 ELKINS PARK PA 19117
VANLODN MO, EMILY L OTO
4705 OISSTON ST PHILAOELPHIA PA 19135
VARAOARAJAN MO, SUSHILA PTH
107 WEATHERVANE OR CHERRY HILL NJ 08002
VARANO MO, NICHOLAS R U
511 BALLYTORE RO WYNNEWOOO PA 19096
VAROARO MO, LINA G O8G
6500 N THIRO ST PHILAOELPHIA PA 19126
VARKER MO, MARY O FP
604 SUSSEX RO WYNNEWOOO PA 19096

VASSALLUZZO MO, PASQUALE O US
1112 MACOADE 8LVO WOODLYN PA 19094
VASSALOTTI MO, STEPHEN B O8G
8001 ROOSEVELT 8LVO 204 PHILAOELPHIA PA 19152
VAUGHAN 3RO MO, VICTOR C PO
2600 N LAWRENCE ST PHILAOELPHIA PA 19133
VAUGHN JR MO, ARTHUR R OPH
5329 RISING SUN AVE PHILAOELPHIA PA 19120
VAZUKA MO, JEAN T P
1227 GOROON RO 80X 528 JENKINTOWN PA 19046
VERA MO, LUIS F GS
12601 CHILTON RO PHILAOELPHIA PA 19154
VERNICK MO, JEROME J GS
1025 WALNUT ST RM 607 PHILAOELPHIA PA 19148
VERNOSE MO, GERARO V OTO
1907 S 8ROAO ST PHILAOELPHIA PA 19148
VICTORIA MO, NENITA V PO
1609 S 5TH ST PHILAOELPHIA PA 19148
VINER MO, EOWARO O IM
333 S 8TH ST PHILAOELPHIA PA 19106
VIOLA MO, PAUL R P
15 W HAMPTON RO PHILAOELPHIA PA 19118
VISCHER MO, THOS J IM
5903 GREENE ST PHILAOELPHIA PA 19144
VOCI MO, GERAROD IM
1405 WASHINGTON LN RYOAL PA 19046
VOEGELIN MO, AORIAN W O8G
3002 FOXX LA PHILAOELPHIA PA 19144
VOGEL MO, HAROLO 8 NS
1025 WALNUT ST PHILAOELPHIA PA 19107
VOGIN MO, EUGENE E FP
9768 SUSAN RO PHILAOELPHIA PA 19115
VUCICEVIC MO, ZARKO M OPH
1 8ERKSHIRE OR WALLINGFORO PA 19086
WAOOINGTON MO, ARTHUR W O8G
654 MOREND ROAO PENN VALLEY PA 19072
WAGENHEIM MO, HARRY H OS
2401 PENNA AVE 1 A 9 PHILAOELPHIA PA 19130
WAGENHEIM MO, HELEN S P
2401 PENNA AVE STE1A9 PHILAOELPHIA PA 19130
WAGMAN MO, AL8ERT O N
1245 HIGHLANO AVE A8INGTON PA 19001
WAGNER JR MO, FREOERICK 8 GS
800 CHAUNCEY RO NARBERTH PA 19072
WAGNER MO, OAVIO K GS
3300 HENRY AVE PHILAOELPHIA PA 19129
WAGNER MO, JOS A IM
733 HAVERFORO RO 8RYN MAWR PA 19010
WAGNER MO, SEYMOUR OTO
1411 HAGYSFORO RO NAR8ERTH PA 19072
WAINER MO, AMOS S O8G
255 S 17TH ST PHILAOELPHIA PA 19103
WALOMAN MO, JOS OPH
1930 CHESTNUT ST PHILAOELPHIA PA 19103
WALORON MO, JEROME M IM
EVERGREEN TOWERS PHILAOELPHIA PA 19115
WALINSKY MO, PAUL IM
1025 WALNUT ST PHILAOELPHIA PA 19107
WALKER JR MO, LEROY L IM
2308 E ALLEGHENY AVE PHILAOELPHIA PA 19134
WALKER MO, 8ARRY R IM
WYETH LAB INC 8X 8299 PHILAOELPHIA PA 19101
WALKER MO, HER8ERT I P
THE BENSON EAST RM 2028 JENKINTOWN PA 19046
WALKER MO, JAMES M FP
1500 LOCUST ST APT 4220 PHILAOELPHIA PA 19102
WALKER MO, M LORENZO FP
5703 W GIRARO AVE PHILAOELPHIA PA 19131
WALKER MO, WM J FP
OEVON MANOR LANC PK DEVON PA 19333
WALLACE MO, HER8ERT W TS
GRAO HOSP U OF PA SURG PHILAOELPHIA PA 19146
WALLACH MO, EOWARO E O8G
807 SPRUCE ST PHILAOELPHIA PA 19107
WALLACK MO, ARMANO A IM
402 QUEEN ANNE RO CHERRY HILL NJ 08003
WALLEN MO, AL8ERT O FP
4960 N 9TH ST PHILAOELPHIA PA 19141
WALLNER OO, PAUL E R
230 N 8ROAO ST PHILAOELPHIA PA 19102
WALLNER OO, RO8ERT J R
2635 ASPEN ST PHILAOELPHIA PA 19130
WALSH MO, JOHN J IM
117 56TH ST SEA ISLE CITY NJ 08243
WAPNER MO, PAUL M O8G
1325 W TABOR RO PHILAOELPHIA PA 19141
WARO MO, GEO W PO
1512 W GIRARO AVE PHILAOELPHIA PA 19130
WARD MO, MORTON IM
2950 OISSTON ST PHILAOELPHIA PA 19149
WARNER MO, HOWARO F IM
345 LARCHWOOO RO SPRINGFIELO PA 19064
WARNER MO, SILAS L P
111 N 49TH ST PHILAOELPHIA PA 19139
WARNICK MO, RICHARO O IM
4010 HARTEL ST PHILAOELPHIA PA 19136
WARRICK JR MO, WM H FP
124 W RITTENHOUSE ST PHILAOELPHIA PA 19144
WASHICK MO, FRANK A OTO
1815 CATHEORAL RO HUNTINGON VLY PA 19006
WASHINGTON MO, 8UFORO S OPH
2408 N 32NO ST PHILAOELPHIA PA 19132
WASSERMAN MO, THEOOORE W P
424 PINE ST PHILAOELPHIA PA 19106
WATANA8E MO, RICHARO K IM
2816 LIMEKILN PIKE GLENSIOE PA 19038
WATERHOUSE MO, RO8T P IM
SUITE 211 STAFFORO HOUS PHILAOELPHIA PA 19144
WATERS OO, PATRICK T FP
437 TWINING FORO RO RICH8ORO PA 18954
WATKINS MO, E LLOYO O8G
1000 GAROENS PKWAY OCEAN CITY NJ 08226
WATSON MO, ALAN O O
3322 N 8ROAO ST PHILAOELPHIA PA 19140
WAUGH MO, ELIZA8ETH S O8G
348 GREEN LANE PHILAOELPHIA PA 19128

WAXMAN MD, HERBERT S IM
TEMPLE UNIV HDSP PHILADELPHIA PA 19140
WEAR JR MD, RDLAND F IM
CAMBELL SDUP CD CAMDEN N J 08101
WEBB MD, HENRY P FP
700 GILHAM ST PHILADELPHIA PA 19111
WEBBER MD, JDHN B DRS
230 N BROAD ST PHILADELPHIA PA 19102
WEBER MD, JDHN I IM
7254 HDRRDCKS ST PHILADELPHIA PA 19149
WEBER MD, MARTIN R DPH
4240 ELMERTDN AVE HARRISBURG PA 17109
WEIN MD, ALAN J U
3400 SPRUCE ST STE W310 PHILADELPHIA PA 19104
WEINBERG MD, ETHEL M AN
432 WISTER RD WYNNEWDDD PA 19096
WEINBERG MD, SAUL A P
432 WISTER RD WYNNEWDDD PA 19096
WEINBERGER MD, EMANUEL M IM
4536 DLD YDRK RD PHILADELPHIA PA 19140
WEINBLATT MD, HDWARD A DBG
1014 CLAIRE AVE HUNTINGDN VLY PA 19006
WEINER MD, HERMAN L DPH
808 S W 8TH AVE BDYNTDN BCH FL 33435
WEINER MD, JACK O
1325 W TABDR RD PHILADELPHIA PA 19141
WEINER MD, LEDN J IM
10125 VERREE RD PHILADELPHIA PA 19116
WEINER MD, NDRMAN D P
FRIENDS HDSP RSVLT&ADAM PHILADELPHIA PA 19124
WEINGRAD MD, ALAN D FP
333 S 18TH ST PHILADELPHIA PA 19103
WEINSTEIN MD, GEO L DBG
255 S 17TH ST PHILADELPHIA PA 19103
WEINSTEIN MD, JACK H P
320 MEADDW LA MERION PA 19066
WEINSTEIN MD, JACK L FP
2415 N 33RD ST PHILADELPHIA PA 19132
WEINSTEIN MD, SAUL F GS
1420 RACE ST PHILADELPHIA PA 19102
WEINSTEIN MD, STANLEY IM
SUITE 101 8220 CASTDR A PHILADELPHIA PA 19141
WEINSTOCK MD, RDBT M FP
515 WEST CHELTEN PHILADELPHIA PA 19144
WEISBERG MD, MARTIN DBG
35 CARTER LANE ELKINS PARK PA 19117
WEISBERG MD, PAUL B IM
731 SPRUCE ST PHILADELPHIA PA 19106
WEISS JR MD, WM IM
3912 NETHERFIELD RD PHILADELPHIA PA 19129
WEISS MD, CHAS PTH
412 W MT AIRY AVE PHILADELPHIA PA 19119
WEISS MD, EDWARD D CRS
5579 N PARK AVE PHILADELPHIA PA 19141
WEISS MD, GEDFFREY R IM
226 GLEN PLACE ELKINS PARK PA 19117
WEISS MD, JEFFREY C PD
11 E LEVERING MILL RD BALA CYNWYD PA 19004
WEISS MD, LAURENCE B P
7450 DLD YDRK RD PHILADELPHIA PA 19126
WEISS MD, SIDNEY DPH
2037 LDCUST ST PHILADELPHIA PA 19103
WEISSMAN MD, MARCUS I R
4605 N BRDAD ST PHILADELPHIA PA 19140
WELCH MD, RDBERT A P
420 S DIXIE HWY CORAL GABLES FL 33146
WELLENBACH MD, BURTON L DBG
1601 WALNUT ST STE 215 PHILADELPHIA PA 19102
WELLER MD, WILLIAM F R
PD BX 8085 RDANDKE VA 24014
WELLS MD, HARRIET V P
111 N 49TH ST PHILADELPHIA PA 19139
WELSH JR MD, ALBERT E FP
4265 PAUL ST PHILADELPHIA PA 19124
WELSH MD, JDHN J DTD
179 WASHINGTDN LN JENKINTDWN PA 19046
WELSH MD, LDUIS W DTD
179 WASHINGTON LA JENKINTDWN PA 19046
WELTY MD, JACK W IM
MONTGDMERY AVE-DWEN RD WYNNEWDDD PA 19096
WENGER MD, SIDNEY U P
D-129 PRESIDENTIAL APTS PHILADELPHIA PA 19131
WENTZ MD, CLARKSDN R
39TH & PDWELTDN AVE PHILADELPHIA PA 19104
WERTHAN MD, MERYLEE E NS
5049 DXFORD AVE PHILADELPHIA PA 19124
WESSEL MD, ISADDRE J R
1307 SPRUCE ST PHILADELPHIA PA 19107
WEXLAR MD, IRVING B R
2023 DELANCEY PL PHILADELPHIA PA 19103
WEXLER MD, HARRY R
41 CDNSHDHDCKEN STATE R BALA CYNWYD PA 19004
WHELAN MD, WM F US
259 W JOHNSDN ST PHILADELPHIA PA 19144
WHITAKER MD, LINTDN A PS
382 PENN RD WYNNEWDDD PA 19096
WHITCDMB MD, CLARENCE A US
100 W WALNUT LANE PHILADELPHIA PA 19144
WHITE MD, DAVID M GS
5601 N BRDAD ST PHILADELPHIA PA 19141
WHITE MD, MAXWELL F FP
350 GREEN LANE PHILADELPHIA PA 19128
WHITELEY MD, WM H NS
1015 CHESTNUT ST PHILADELPHIA PA 19107
WIDER MD, SAUL PD
359 SPRING VALLEY LN SPRINGFIELD PA 19064
WIDERMAN MD, ARNOLD H PD
6818 CASTOR AVE PHILADELPHIA PA 19149
WIECK MD, EDWIN E FP
1231 FDULKRDD ST PHILADELPHIA PA 19124
WIEDER JR MD, HENRY S DRS
829 SPRUCE ST PHILADELPHIA PA 19107
WIENER MD, JACOB IM
2408 S 5TH ST PHILADELPHIA PA 19148
WIGHT MD, SUSAN C PD
LTL PRINCESS HDME PDRT ST THDMAS VI 00801

WIKLER MD, LDUIS A PD
115B DLD YDRK RD ABINGTDN PA 19001
WILDEN MD, BENJ F OBG
1224 GILBERT RDAD MEADDWBRDDK PA 19046
WILF MD, HARDLD DTD
6905 CASTDR AVE PHILADELPHIA PA 19149
WILKERSDN MD, DDNALD K P
3701 CDNSHDHDCKEN AVE PHILADELPHIA PA 19131
WILLAUER MD, GEO J GS
6129 GREENE ST PHILADELPHIA PA 19144
WILLIAMS MD, F MARIAN DBG
129 W UPSAL ST PHILADELPHIA PA 19119
WILLIAMS MD, GLENN L DBG
4122 KDTTLER DR LAFAYETTE HILL PA 19444
WILLIAMS MD, JDHN C PD
512 AUBURN AVE PHILADELPHIA PA 19118
WILLIAMS MD, KIRKLEY R TS
309 EDGEHILL BLDG WAYNE PA 19087
WILLIAMSDN MD, ERNEST G GS
6353 WDDDBINE AVE PHILADELPHIA PA 19151
WILSDN MD, GED M FP
5735 RIDGE AVE PHILADELPHIA PA 19128
WILSDN MD, JDHN F D
2013 DELANCEY ST PHILADELPHIA PA 19103
WILSDN MD, WM W P
561 FAIRTHDRNE AVE PHILADELPHIA PA 19128
WINEBURGH MD, GEDRGE S IM
10043 FERNDALE ST PHILADELPHIA PA 19116
WINEGRAD DD, LEDNARD AN
27 EDGEMDDR RD CHELTENHAM PA 19012
WINHELD MD, EDWARD B DBG
1807 DELANCEY ST PHILADELPHIA PA 19103
WINKLE MD, RICHARD J GS
8350 RDDSEVELT BLVD PHILADELPHIA PA 19115
WINLOCK MD, RACHEL M P
MCCALLUM & MT AIRY STS PHILADELPHIA PA 19119
WINN MD, HARDLD P
601 CDNSHDHDCKN STATE R NARBERTH PA 19072
WINSDN MD, SAML G DBG
255 S 17TH ST PHILADELPHIA PA 19103
WINSTON MD, JDS M R
JEANES HDSP PHILADELPHIA PA 19111
WINSTDN MD, LINDLEY M P
619 S WARREN ST MALVERN PA 19355
WIRTS JR MD, C WILMER IM
2017 DELANCEY PL PHILADELPHIA PA 19103
WITKDWSKI MD, JDS A O
3501 RYAN AVE PHILADELPHIA PA 19136
WITTMAN MD, PAUL C D
1172 N 63RD ST PHILADELPHIA PA 19151
WDHL MD, GEO T R
1227 REMINGTDN RD WYNNEWDDD PA 19096
WDHL MD, MILTDN A ORS
1305 W TABDR RD PHILADELPHIA PA 19141
WDJTOWYCH MD, MYKDLA FP
5102 N BRDAD ST PHILADELPHIA PA 19141
WDLCDFF MD, FRANK E FP
RDXBDRDUGH AVE-PECHIN S PHILADELPHIA PA 19128
WDLDDW MD, ASHER IM
1319 TABDR RD PHILADELPHIA PA 19141
WDLDDW MD, IRVING DS
HILL HDUSE APT 326 HUNTINGDDN VLY PA 19006
WDLF JR MD, JDHN H DRS
1414 WASHINGTON LN RYDAL PA 19046
WDLF MD, LEWIS R DPH
3474 FRANKFDRD AVE PHILADELPHIA PA 19134
WDLFE MD, SIDNEY M IM
921 W CHELTENHAM AVE PHILADELPHIA PA 19126
WDLFERTH JR MD, CHAS C GS
2401 PENNA AVE STE2C45 PHILADELPHIA PA 19130
WDLFSDN MD, ALLAN B IM
51 N 39TH ST PHILADELPHIA PA 19104
WDLFSDN MD, RDBT J DTD
1920 CHESTNUT ST STE 70 PHILADELPHIA PA 19103
WDLGIN MD, WM U
1512 SPRUCE ST PHILADELPHIA PA 19102
WDLKDWICZ MD, MICHAL I DPH
2022 SPRUCE ST PHILADELPHIA PA 19103
WDLLMAN MD, HARRY AN
430 RIGHTERS MILL RD NARBERTH PA 19072
WDLMAN MD, IRVING J PD
7704 WDDDLAWN AVE MELRDSE PARK PA 19126
WDLDSHIN MD, HENRY J R
3401 N BRDAD ST PHILADELPHIA PA 19140
WONG MD, JAMES S FP
965 N 5TH ST PHILADELPHIA PA 19123
WDNG MD, MING Y GS
3885 PINE PL HUNTINGDDN VLY PA 19006
WDNG MD, YDRK Y PM
MOSS HOSPITAL PHILADELPHIA PA 19141
WDDD JR MD, HDRATID C US
BEAN RDAD CENTER HARBDR NH 03226
WDDD MD, FRANCIS C IM
3400 SPRUCE ST PHILADELPHIA PA 19104
WDDD MD, MARGARET G D
6386 CHURCH RD PHILADELPHIA PA 19151
WDDD MD, MELVIN N NS
1013 TWINING RD DRESHER PA 19025
WDDDRUFF MD, CHAS L R
9265 GERMANTDWN AVE PHILADELPHIA PA 19118
WDDDWARD MD, DAVID A P
111 N 49TH ST PHILADELPHIA PA 19139
WRIGHT MD, LANCE S P
617 ZDLLINGER WAY MERIDN STA PA 19066
WRIGHT MD, SAMUEL P
111 N 49TH ST PHILADELPHIA PA 19139
WRIGLEY MD, MICHAEL S IM
P D BDX 583 VALLEY FDRGE PA 19481
WURTELE MD, LESTER H R
826 PARDEE LN WYNCDTE PA 19095
YALLA MD, SUMITRA S PTH
WEST PARK HDSP PHILADELPHIA PA 19144
YANDFF MD, MYRDN DPH
701 W ALLENS LN PHILADELPHIA PA 19119
YANDVSKI MD, ALEXANDER G P
5501 GREEN ST PHILADELPHIA PA 19144

YARROW MD, MDRRIS W IM
FDXCRDFT SQ APTS #111 JENKINTDWN PA 19046
YAZDANFAR MD, SHAHRIAR IM
AEMC YORK & TABDR RDS PHILADELPHIA PA 19141
YEUTTER MD, CHAS H FP
1701 HARRISDN ST PHILADELPHIA PA 19124
YDNG MD, ARLENE IM
2201 BRYN MAWR AVE #315 PHILADELPHIA PA 19131
YDD MD, HYUN S P
MHC RDDSEVELT&ADAMS PHILADELPHIA PA 19124
YOUNG MD, GERALDINE P DS
7615 MDUNTAIN AVE PHILADELPHIA PA 19117
YDUNG MD, IRVING PTH
EINSTEIN MED CTR N DIV PHILADELPHIA PA 19141
YOUNIS MD, MDHAMMED T GS
1318 SEACREST DRIVE CORDNA DEL MAR CA 92625
YU MD, SHAD P
1807 BAYNARD RD WILMINGTDN DE 19802
YUN MD, DANL D IM
60 E TOWNSHIP LINE RD PHILADELPHIA PA 19117
ZAGER MD, RUTH P P
237 HAMILTDN RD MERIDN STA PA 19066
ZAKRESKI MD, MATTHEW J DBG
8815 GERMANTOWN AVE PHILADELPHIA PA 19118
ZAMORA MD, DANILD D U
800 CDTTMAN AVE #8263 PHILADELPHIA PA 19111
ZAMOSTIEN MD, BERNARD B FP
1335 TABDR RD STE 303 PHILADELPHIA PA 19141
ZAPPACDSTA MD, FRANK H FP
1315 S BROAD ST PHILADELPHIA PA 19147
ZASLDW MD, JERRY GS
60 E TOWNSHIP LINE ELKINS PARK PA 19117
ZATUCHNI MD, JACDB IM
EPISCDPAL HDSP PHILADELPHIA PA 19125
ZECCA MD, RALPH J IM
11013 KNIGHTS RD PHILADELPHIA PA 19154
ZECCARDI MD, JDSEPH A PD
1717 PINE ST PHILADELPHIA PA 19103
ZEGLEN MD, ARTHUR F FP
2015 WELSH RD PHILADELPHIA PA 19115
ZEIGERMAN MD, JDS H DBG
2105 SPRUCE ST PHILADELPHIA PA 19103
ZEIT MD, RDBERT M R
1128 SEAGULL LANE CHERRY HILL N J 08003
ZELLIS DD, JDSEPH FP
637 SPRUCE ST PHILADELPHIA PA 19106
ZELUCK MD, MARTIN DBG
1405 KINGS HWY E CHERRY HILL NJ 08034
ZEMBLE DD, HERBERT FP
10101 ACADEMY RD PHILADELPHIA PA 19114
ZERITSKY MD, SAML A N
4701 PINE ST C-2 PHILADELPHIA PA 19143
ZERVDS MD, DENIS G R
LANGDDN CHELTENHAM STS PHILADELPHIA PA 19124
ZIEGLER MD, MDRITZ M GS
1011 CARRDLL RD PHILADELPHIA PA 19151
ZIGERMAN DD, HERBERT L FP
3002 HDLME AVE PHILADELPHIA PA 19136
ZIMMERMAN MD, RDBT A R
4624 HAZEL AVE PHILADELPHIA PA 19143
ZIMRING MD, DAVID DBG
3817 VENTDR AVE ATLANTIC CITY NJ 08401
ZINSSER MD, HARRY F IM
GRAD HDSP-UNIV DF PA PHILADELPHIA PA 19146
ZISERMAN MD, ABRAHAM J DBG
3450 S DCEAN BLVD PALM BEACH FL 33480
ZISSERMAN MD, LDUIS IM
5254 DXFDRD AVE PHILADELPHIA PA 19124
ZDLFAGHARI MD, RDKNEDIN GS
281 MADISDN RD HUNTINGDDN VLY PA 19006
ZUBRDW MD, SIDNEY N IM
722 SPRUCE ST PHILADELPHIA PA 19106
ZWEIG MD, JACDB H FP
1425 SNYDER AVE PHILADELPHIA PA 19145
ZWEIZIG MD, HELEN Z PD
5501 GREENE ST PHILADELPHIA PA 19144
ZWERLING MD, ISRAEL P
230 N BRDAD ST PHILADELPHIA PA 19102

Potter County

BACKES MD, CELSO L DBG
CHARLES CDLE MEM HDSP CDUDERSPDRT PA 16915
BLEWETT MD, CHARLES H IM
CHARLES CDLE MEM HDSP CDUDERSPORT PA 16915
BRIGGS DD, JACKIE R FP
1 ACADEMY ST ULYSSES PA 16948
CALLAHAN DD, MICHAEL E FP
RD #1 GALETDN PA 16922
CRUZ JR MD, MUISES B GS
CDLE MEMURIAL HDSP CDUDERSPDRT PA 16915
CUTRY MD, JOSEPH J R
359 N MAIN ST WELLSVILLE NY 14895
DOMALESKI MD, ALFRED F CRS
505 DAK ST CDUDERSPURT PA 16915
GEORGETSDN MD, JAMES M FP
MAIN ST GALETDN PA 16922
HANG MD, NGDC N GS
75 ACADEMY ST SHINGLEHDUSE PA 16748
MOSCH MD, GED C FP
207 CARTEE ST BDX 72 CDUDERSPORT PA 16915
MDSCH MD, HERMAN C AN
8 ALLEGANY AVE CUUDERSPDRT PA 16915
POORE MD, GED C U
MAPLEVIEW HEALTH CTR CDUDERSPDRT PA 16915
RATANAWONGSA MD, BOONLUA OPH
CDLE MEMDRIAL HDSP CDUDERSPORT PA 16915
RATANAWDNGSA MD, RATANA N PTH
CHARLES CDLE MEM HDSP CDUDERSPORT PA 16915
VILLA MD, FRANCISCO B PD
202 MILL ST CDUDERSPDRT PA 16915

WAGNER MO, RD8ERT E IM
709 N WEST ST COUOERSPORT PA 16915
WDNGPAKDEE MD, SOBSAN GS
1007 S MAIN ST COUOERSPORT PA 16915

Schuylkill County

ANDERSON MD, VICTOR C FP
127 W MAIN ST GIRAROVILLE PA 17935
AYOIN MD, KEMALETTIN GS
42 E RIOGE ST CUALDALE PA 18218
BANE MD, DENIS M IM
300 S CENTRE ST POTTSVILLE PA 17901
BARCLAY MD, CLAYTUN C R
POTTSVILLE HOSP POTTSVILLE PA 17901
BASHORE MD, R GUY FP
101 FRONT ST MINERSVILLE PA 17954
BAUZON MO, NARCISO C FP
R D 2 TAMAQUA PA 18252
BIGLETE MO, LEON T IM
LOCUST MT STATE HOSP SHENANDOAH PA 17976
BINDIE MD, RICHARD P PTH
150 AVENUE O SCHUYLKILL HVN PA 17972
BIZUP MD, THOS J FP
NEW RINGGOLD PA 17960
BOHNENBLUST MD, WALTER R R
POTTSVILLE HOSP POTTSVILLE PA 17901
BOYSEN MD, HOMER W FP
238 W PINE ST MAHANDY CITY PA 17948
CANFIELD MD, JOHN J FP
259 PIKE ST PORT CARBON PA 17965
CHADAGA MO, PANDESWARAM R
86 SHERWOOD RO POTTSVILLE PA 17901
CHOUNG MD, SHUNG S FP
241 S MAIN ST PINE GROVE PA 17963
COLMENARES MO, RUPERTO F PTH
GOOO SAMARITAN HOSP POTTSVILLE PA 17901
CONNOLLY OO, WILLIAM S R
BOX 18 LANDINGVILLE PA 17942
CONRAO MD, JOE E R
R D 2 HEGINS PA 17938
COOPER MO, HAROLO B FP
199 OOCK ST SCHUYLKL HVN PA 17972
CROLEY MD, JAMES T PO
1055 OOUGLASS RO ORWIGSBURG PA 17961
CUBLER MD, EOWARD W FP
119 AVENUE B SCHUYLKL HVN PA 17972
CURRY MO, THOMAS A PO
40 E BACON ST POTTSVILLE PA 17901
OANKMYER MO, FREDERICK L OPH
419 W MARKET ST POTTSVILLE PA 17901
DARKES MD, WM F FP
ORWIGSBURG PA 17961
OAVIS MO, J LAMAR FP
604 CENTRE ST ASHLAND PA 17921
DELP MO, CHAS W FP
38 N 2NO ST ST CLAIR PA 17970
DINICOLA MD, ARTHUR N FP
28 SUNBURY ST MINERSVILLE PA 17954
DIRNBERGER DO, THUMAS J FP
617 E BROAO ST TAMAQUA PA 18252
OONNELLY MD, KENNETH L FP
323 E CENTER ST MAHANOY CITY PA 17948
DORASAVAGE MO, WM C GS
700 MAHANTONGO ST POTTSVILLE PA 17901
OOUGHERTY MO, FRANCIS M PO
606 W MARKET ST POTTSVILLE PA 17901
OZUREK MO, WM V R
810 RARING ORIVE ORWIGSBURG PA 17961
ESQUIVEL MO, HECTUR F GS
CRESSWELL GARDENS R O 1 ASHLANO PA 17921
FEGLEY MO, N ALBERT FP
612 W MARKET ST POTTSVILLE PA 17901
FENTON MO, IVOR O US
520 E CENTER ST MAHANDY CITY PA 17948
FEUOALE MD, RICHARD F FP
419 MC KNIGHT ST GORDON PA 17936
FISCHER MD, ROLF H GS
305 MAHANTONGO ST POTTSVILLE PA 17901
FLANIGAN JR MO, JOHN L GS
301 MAHANTONGO ST POTTSVILLE PA 17901
FOLLWEILER MO, ROBERT A OPH
226 N UNION ST HAVRE OE GRACE MO 21078
FRABLE MO, OEAN G IM
9 CRESTVIEW ST POTTSVILLE PA 17901
GABRIEL MO, LOUIS T GS
125 W FRACK ST FRACKVILLE PA 17931
GLENNEY MO, WILTUN R IM
302 MAHANTONGO BOX 479 POTTSVILLE PA 17901
GONZALEZ MO, HUMBERTO J P
1944 MAHANTONGO ST POTTSVILLE PA 17901
GREEN MO, ROY C AN
150 W MAIN STREET GIRAROVILLE PA 17935
HALE MD, THOS K FP
117 W FRACK ST FRACKVILLE PA 17931
HARRING MO, MAYNARD L FP
105 MAIN ST VALLEY VIEW PA 17983
HEISTANO MD, LANOIS C ORS
309 W MARKET ST POTTSVILLE PA 17901
HOBBS MD, JOS H FP
215 W MAHANTONGO ST POTTSVILLE PA 17901
HOBBS MO, ROBT E PTH
POTTSVILLE HOSP POTTSVILLE PA 17901
HOLLAND MO, MARK P PO
27 S CATAWISSA ST MAHANOY CITY PA 17948
HU MO, WEI-TZER FP
19 S MAIN ST SHENANOOAH PA 17976
HUSAIN MO, ABIO M FP
438 SUNBURY ST MINERSVILLE PA 17954
JACEY MO, SIGMUNO M OTO
211 E BROAO ST TAMAQUA PA 18252
KAZLAUSKAS MD, ALBERT J P
302-3 THOMPSON BLDG POTTSVILLE PA 17901
KO MD, CHAN S FP
1801 MAHANTUNGO ST POTTSVILLE PA 17901
LADD MD, MICHAEL OBG
300 S CENTRE ST POTTSVILLE PA 17901
LAND MO, ALFREO J FP
304 SUNBURY ST MINERSVILLE PA 17954
LEAL MD, GUMERSINOO R FP
P O BOX 1271 POTTSVILLE PA 17901
LEE MD, JANGWOO OBG
1651 HOWARO AVE POTTSVILLE PA 17901
LEE MO, WON Y FP
100 WALNUT ST PINE GROVE PA 17963
LIN MD, CHING H OBG
221 MAHANTONGO ST POTTSVILLE PA 17901
LING MO, CHAS C GS
7TH & W MARKET ST POTTSVILLE PA 17901
LIZAK MD, GABRIEL M FP
415 W MARKET ST POTTSVILLE PA 17901
LONGARINI MD, AMILCAR E IM
508 W MARKET ST POTTSVILLE PA 17901
LUSCHINSKY MD, WALTER GS
316 W MAIN ST RINGTOWN PA 17967
LYONS MD, RALPH FP
8 CHESTNUT ST CRESSONA PA 17929
MALICK MD, OONALO V FP
618 E MAIN ST HEGINS PA 17938
MALISHAUCKI MD, MARY G FP
239 W BROAO ST TAMAQUA PA 18252
MALISHAUCKI MO, THOS J FP
239 W BROAO ST TAMAQUA PA 18252
MARCONIS MD, JOS T U
413 W MARKET ST POTTSVILLE PA 17901
MARSHALL MD, DAVID S IM
214 W MARKET ST POTTSVILLE PA 17901
MARSHALL MD, HELEN L OS
1023 MAHANTONGO ST POTTSVILLE PA 17901
MATHUR MD, KAILASH N R
73 SHERWOOO RO POTTSVILLE PA 17901
MAURER MO, ROGER E R
R1 BOX 241 MILROY PA 17063
MCLAUGHLIN MD, THUS F FP
221 E BROAO ST TAMAQUA PA 18252
MELNICOVE MO, SIONEY FP
281 S MAIN ST PINE GROVE PA 17963
MIKA MO, JOHN J FP
216 S MAIN SHENANOUAH PA 17976
MILLER MD, ANTON M OPH
143 N SECONO ST ST CLAIR PA 17970
MILLER MO, CHAS W FP
37 S BALLIET ST FRACKVILLE PA 17931
MILLER MD, RICHARD E OBG
242 E BROAO ST TAMAQUA PA 18252
MOOARRESS MD, JOHN GS
7TH & W MARKET STS POTTSVILLE PA 17901
MULL MD, FRANCIS K IM
309 MAHANTONGO ST POTTSVILLE PA 17901
MOYER MO, WARREN F FP
AUBURN PA 17922
MUNIR MO, MUHAMMAO IM
410 W MARKET ST POTTSVILLE PA 17901
NEVERTTS MO, MATTHEW A FP
30 N BALLIET ST FRACKVILLE PA 17931
NICHOLLS MO, JOAN E P
1003 CENTER ST ASHLAND PA 17921
NICHOLLS MO, RICHARD H GS
1003 CENTER ST ASHLAND PA 17921
OLMES MD, FRANK S FP
116 CENTER SQ ORWIGSBURG PA 17961
PERLOSKI MD, LEO FP
WASHINGTON ST MIDDLEPORT PA 17953
PLATT MO, BENJ B IM
410 W MARKET ST POTTSVILLE PA 17901
PRESCOTT MO, WM O IM
181 S TULPEHOCKEN ST PINE GROVE PA 17963
PRESTILEO MD, FRANK G FP
801 W MARKET ST POTTSVILLE PA 17901
PRISTAS MD, MICHAEL S FP
602 W MARKET ST POTTSVILLE PA 17901
RASHID MO, ABOUL IM
410 W MARKET ST POTTSVILLE PA 17901
RAVITZ MO, GERALD A U
413 W MARKET ST POTTSVILLE PA 17901
REITZ MO, MELVIN L FP
VALLEY VIEW PA 17983
RICCHIUTI MO, AMERIGO G OTO
335 CENTER ST MAHANOY CITY PA 17948
RICCHIUTI MO, JOS F O
307 W MARKET ST POTTSVILLE PA 17901
RISMILLER MO, ROSS W IM
214 W MARKET ST POTTSVILLE PA 17901
RITTER MD, THOS J GS
407 W MARKET ST POTTSVILLE PA 17901
ROMEIKA MD, MARY M FP
14 N JAROIN ST SHENANOOAH PA 17976
RUBRIGHT MO, HERBERT C FP
MEO ARTS BLOG SCHUYLKL HVN PA 17972
RUSSO MD, JOHN F PTH
GOOO SAMARITAN HOSP POTTSVILLE PA 17901
RYSCAVAGE MO, EOWARO T FP
100 S 2NO ST ST CLAIR PA 17970
SAFDAR-ALI MO, MUHAMMAO FP
395 W MAIN ST RINGTOWN PA 17967
SCHLITZER MO, WM H FP
319 W MARKET ST POTTSVILLE PA 17901
SCHWALM MD, LESLIE J FP
1323 MAHANTONGO ST POTTSVILLE PA 17901
SCICCHITANO MO, LEON P GS
7TH & W MARKET ST POTTSVILLE PA 17901
SCICCHITAND MO, ROMUALOO R GS
R O 1 ASHLANO PA 17921
SHULTZ MD, LEWIS O FP
109 JACKSON ST PORT CARBON PA 17965
SIMS OO, LEWIS J FP
211 W MARKET ST ORWIGSBURG PA 17961
SLATON MD, STEPHEN S GS
715 CENTRE ST ASHLAND PA 17921
STANULONIS MD, STANLEY W IM
25 N JARDIN ST SHENANOOAH PA 17976
SWEENEY MD, J RUSSELL FP
15 N 18TH ST APT 1C ALLENTOWN PA 18104
TANANIS MD, LEONARD J OPH
610 W MARKET ST POTTSVILLE PA 17901
TIHANSKY MD, THEOORE B GS
MEO ARTS BLOG SCHUYLKILL HVN PA 17972
TOMLIN MD, JOS G IM
17 S MAIN ST SHENANOOAH PA 17976
WAHHAB MD, ABOUL GS
CRESSONA MALL RD 3 POTTSVILLE PA 17901
WALL MO, NORMAN M IM
300 S CENTRE ST POTTSVILLE PA 17901
WALTERS MD, WM H FP
614 MAHANTONGO ST POTTSVILLE PA 17901
WEBER MO, JOSEPH A IM
918 CENTER ST ASHLAND PA 17921
YANKOSKY MD, JEAN A FP
109 PIKE ST PORT CARBON PA 17965
ZAKHARY MD, GEO S OTO
300 S CENTER ST POTTSVILLE PA 17901
ZEITLIN MD, WARREN M IM
300 S CENTRE ST POTTSVILLE PA 17901
ZWERLING MD, HERMANN FP
100 E MAIN ST SCHUYLKILL HVN PA 17972

Somerset County

CHAVES MO, FERNANDO AN
225 S CENTER AVE SOMERSET PA 15501
CUBE MD, HENRY M NS
SOMERSET COMM HOSP SOMERSET PA 15501
DEVRIES MD, JAN R FP
305 STONYCREEK ST BOSWELL PA 15531
GRAY MD, JERRY L IM
WINOBER MED BLOG WINOBER PA 15963
HAUPT MD, EARL O FP
401 S CENTER AVE SOMERSET PA 15501
HAY MO, HAROLO S FP
867 W MAIN ST SOMERSET PA 15501
JACOBS MD, ROBT V GS
203 E PATRIOT ST SOMERSET PA 15501
JAYABOSE MD, SOMASUNOARAM PO
107 EAST CHURCH ST SOMERSET PA 15501
KILLIUS MD, JAMES L FP
314 DIAMOND ST BERLIN PA 15530
KLOSE MO, PAUL L FP
P O BOX 196 BERLIN PA 15530
KORNS MD, MILLER J FP
168 W UNION ST SOMERSET PA 15501
LIMCUANOO MD, EMILIANO D GS
133 E CHURCH ST SOMERSET PA 15501
MCKEE MD, WAYNE O GS
453 W PATRIOT ST SOMERSET PA 15501
MORRIS MO, ELEANOR G FP
R O 4 BOX 231 SOMERSET PA 15501
MUSSER JR MO, HAROLO E GS
105 W CHURCH ST SOMERSET PA 15501
ORLIOGE MD, ARTHUR E FP
BOX 98 SHANKSVILLE PA 15560
PELL III MO, EOWARO N GS
RO 1 BOX 136 SOMERSET PA 15501
POGGI OO, ALFRED J FP
HICKORY HOLLOW RD RU 3 SOMERSET PA 15501
PRICE MO, EOWIN M FP
612 LOGAN PL CONFLUENCE PA 15424
RICE MO, ALFRED C R
SOMERSET COMMUNITY HOSP SOMERSET PA 15501
ROCK MO, LEONARD L FP
209 NORTH ST MEYERSOALE PA 15552
RUMBAUGH MO, ROSS S GS
131 MEYERS AVE MEYERSOALE PA 15552
RYAN MO, WM C P
589 W UNION ST SOMERSET PA 15501
SANTOS MO, ROOOLFO R GS
320 NORTH ST MEYERSOALE PA 15552
SOLOSKO MO, ALEXANOER GS
MEYERSOALE COM HOSP MEYERSOALE PA 15552
SWANSIGER MO, ROBERT J FP
WINOBER HOSPITAL WINOBER PA 15963
TENSUAN JR MO, LEONAROO S IM
MARY ST SOMERSET PA 15501
WATTERSON MO, SAML G FP
CONEMAUGH VLY MEM HOSP JOHNSTOWN PA 15901
WONG MO, ALBERT OBG
162 E SANNER ST SOMERSET PA 15501
WOOLSLAYER MO, PAUL R FP
208 SHERMAN ST MEYERSOALE PA 15552

Susquehanna County

BENNETT MO, RAYMONO L FP
1 GROW AVE MONTROSE PA 18801
BERTSCH MO, ALBERT M GS
1 GROW AVE MONTROSE PA 18801
CAVENOER MO, JOHN C FP
HOP BOTTOM PA 18824
OAVIS MO, RAYMONO C FP
107 ERIE AVE SUSQUEHANNA PA 18847
GRACE MO, JAMES J FP
27 S MAIN ST MONTROSE PA 18801
KERR MO, PAUL B FP
1 GROW AVE MONTROSE PA 18801

LUTZ MD, EOGAR H FP
2305 IVY RO DCEANSIDE CA 92054
MARKARIAN MO, MICHAEL FP
220 MAIN ST HALLSTEAO PA 18822
MCCLURE MO, JAMES E DBG
216 SIOE WINDER SAWYER AFB MI 49843
MILLER MO, JAMES M IM
78 CHURCH ST MONTROSE PA 18801
RENTFRO MO, JOELLE E FP
210 JACKSON AVE SUSQUEHANNA PA 18849
SHELLY MD, ROBT M PO
THOMPSON PA 18465
WATROUS JR MD, JOSEPH B DBG
31 LINCOLN AVE MONTROSE PA 18801

Tioga County

BACHMAN MO, WM H FP
25 WALNUT ST WELLSBORO PA 16901
BAIR MO, ROBT C GS
48 PEARL ST WELLSBORO PA 16901
BOWERS MD, ROBERT M GS
R O 3 WELLSBORO PA 16901
BUTLER MO, ANNE K FP
5 EAST AVE WELLSBORD PA 16901
CALLENBERGER MO, RONALO W ORS
SOLOIERS & SAILORS HOSP WELLSBORO PA 16901
COOLIDGE MO, WM A FP
R O 1 WELLSBORD PA 16901
OALE II MO, LEONARD E R
SOLOIERS & SAILORS HOSP WELLSBORD PA 16901
DAVIES MO, THOS E GS
48 PEARL ST WELLSBORO PA 16901
DAVIS MD, MURRAY C R
13 BERWART ST WELLSBORD PA 16901
DRAKE JR MO, WILLARD M U
29 WALNUT WELLSBORD PA 16901
DUSINBERRE MD, ROBERT Y US
BOX 370 YANKEETOWN FL 32698
ERWAY MO, PRESTON M FP
25 WALNUT ST WELLSBORO PA 16901
GILLUM MD, OAVIO F FP
114 EAST AVE WELLSBORO PA 16901
LAIRD MD, ARCHIBALD OPH
12 MAIN ST WELLSBORO PA 16901
LARSON MO, ELEANOR PO
217 MAIN ST ELKLANO PA 16920
MEIKLE MO, GROVER A FP
9 WEST ST GALETON PA 16922
MONTAGUE MO, JAMES W FP
N WILLIAMSON RD BLOSSBURG PA 16912
MOORE MO, JOS J FP
35 N MAIN ST MANSFIELO PA 16933
REICH MO, WM P PTH
SOLOIERS & SAILORS HOSP WELLSBORD PA 16901
SANFORO MO, ROBT S FP
12 N MAIN ST MANSFIELO PA 16933
THOMAS MO, F AROELL IM
24 WALNUT ST WELLSBORO PA 16901
TRESCOTT MO, ALFREO P R
18 WEST AVE WELLSBORO PA 16901
WEBSTER MO, LANE H FP
WALNUT ST WELLSBURO PA 16901
WIGERT MO, WALTER S P
520 RUAH BLOSSBURG PA 16912
WILLIAMS MO, HARRY FP
222 W MAIN ST ELKLANO PA 16920
WILSON MO, JAMES L FP
25 WALNUT ST WELLSBORO PA 16901

Union County

ANTONIO MD, MELVIN Q GS
3 HOSPITAL OR LEWISBURG PA 17837
ARBOGAST JR MO, JOHN W OBG
3 HOSPITAL OR LEWISBURG PA 17837
ARBOGAST SR MD, JOHN W FP
COLLEGE PARK LEWISBURG PA 17837
BETZ MO, LOUIS H OPH
3 HOSPITAL OR LEWISBURG PA 17837
OAVIS MD, SIONEY O
48 WALNUT ST MILTON PA 17847
DERR MO, FREDERICK S IM
STATE SCHOOL-HOSP LAURELTON PA 17835
OIX JR MO, ROBT C FP
131 BROAOWAY MILTON PA 17847
OONOVAN JR MO, JOHN A DRS
3 HOSPITAL OR LEWISBURG PA 17837
EVANS MO, HAROLO H FP
422 MARKET ST MIFFLINBURG PA 17844
FAIRWEATHER MO, JACK L OBG
129 MARKET ST LEWISBURG PA 17837
FELEPPA MO, VIRGINIA B IM
R O 6 DANVILLE PA 17821
GINSBURG MO, JOHN L FP
134 S 16TH ST LEWISBURG PA 17837
GRAY MD, OAVID W GS
1717 MARKET ST LEWISBURG PA 17837
HOYLE MO, J PRESTON PO
226 S 3RD ST LEWISBURG PA 17837
KRONER MO, LAWRENCE R P
3 HOSPITAL OR LEWISBURG PA 17837
MALCOLM JR MO, JOHN A PTH
RO 1 SUNBURY PA 17801
MUSSER MO, WM T FP
100 CHESTNUT ST MIFFLINBURG PA 17844
PERSING JR MO, AMOS V FP
508 MAIN ST WATSONTOWN PA 17777
PERSING MO, JOHN H IM
STEIN LANE LEWISBURG PA 17837
REGALAOO MO, REGULUS D GS
612 LOGAN ST LEWISBURG PA 17837
REISH MO, WILLIAM G ORS
3 HOSPITAL OR LEWISBURG PA 17837
RINCK 2NO MO, GEO W FP
126 MAIN ST MIOOLEBURG PA 17842
SAVIOGE MO, THOS O IM
R O 1 LEWISBURG PA 17837
STACKOWSKI MD, MARYJANE R
EVANGELICAL COMM HOSP LEWISBURG PA 17837
STECKEL MO, OONALO C IM
R O 1 SPRUCE HILLS LEWISBURG PA 17837
VELAYO MD, DANTE P GS
3 HOSPITAL OR LEWISBURG PA 17837
WARO MO, H RICHARO FP
R O 1 MIFFLINBURG PA 17844
WEBER MO, WM H FP
SHUMAN ST MIDOLEBURG PA 17842
WEIBEL MO, OAVIO C U
700 MARKET ST LEWISBURG PA 17837
WEIGHTMAN MO, JOS FP
BUCKNELL UNIV OISPENSAR LEWISBURG PA 17837
WILLIAMS MO, IRVING FP
COLLEGE PARK LEWISBURG PA 17837
WOOOCOCK MO, CHAS H GS
342 N FRONT ST MILTON PA 17847
YANNACCONE MO, ROBT FP
611 MAIN ST WATSONTOWN PA 17777

Venango County

ALARCON MD, FALCON H GS
R O 1 BOX 40 OIL CITY PA 16301
ANOERSON MO, WM C FP
RO 1 PONE LN FRANKLIN PA 16323
AOUN MD, KAMAL H IM
515 GREEN BLOG FRANKLIN PA 16323
BARNES MO, BARBARA E IM
TITUSVILLE HOSPITAL TITUSVILLE PA 16354
BEALS MO, NORMAN K FP
125B ELK ST FRANKLIN PA 16323
BLANCHARO MD, OONUVAN C FP
1122 LIBERTY ST FRANKLIN PA 16323
BOYER MO, WALTER E FP
9 GLENVIEW AVE OIL CITY PA 16301
BROWN MO, MANSON GS
PARK MEO CTR FRANKLIN PA 16323
CARROLL MO, FRANK E R
1 SPRUCE ST FRANKLIN PA 16323
CENEOELLA MO, STEPHEN C IM
150 PROSPECT AVE FRANKLIN PA 16323
CHEN MO, HENG-YU OBG
614 E MAIN ST TITUSVILLE PA 16354
CORBET MO, ROLANO H AN
OIL CITY HOSP OIL CITY PA 16301
OANN MO, HERBERT A IM
150 PROSPECT AVE FRANKLIN PA 16323
OUNN MO, JOS P FP
407 THIRO ST TITUSVILLE PA 16354
ELOER JR MO, WM W PO
163 E BISSELL AVE OIL CITY PA 16302
ELIAS MO, SELIM A FP
1328 LIBERTY ST FRANKLIN PA 16323
EMERSON MO, JOHN A OPH
1261 ELK ST FRANKLIN PA 16323
EMMOLO MO, ALFONSE A IM
122 W 1ST ST OIL CITY PA 16301
ENGLE MO, JOS H US
150 PROSPECT AVE FRANKLIN PA 16323
ESPARRAGUERA MO, FRANCISCO U
9 GLENVIEW AVE OIL CITY PA 16301
FAN MO, YOUNG C GS
401 E WALNUT ST TITUSVILLE PA 16354
FEE JR MO, WM H IM
150 PROSPECT AVE FRANKLIN PA 16323
FRAWLEY MO, RICHARO K FP
R O 3 TITUSVILLE PA 16354
GABRESKI MO, THAOOEUS S FP
105 WOOOLANO OR OIL CITY PA 16301
GARONER MO, THOS A R
1 SPRUCE ST FRANKLIN PA 16323
GIROUX MO, ARTHUR S IM
150 PROSPECT AVE FRANKLIN PA 16323
GLOWACKI MO, FRANCIS L AN
FRANKLIN HOSP FRANKLIN PA 16323
GOLO MO, ARNOLO Z IM
122 W 1ST ST OIL CITY PA 16301
GOOOWIN MO, ANOREW W IM
34 SENECA ST OIL CITY PA 16301
GRIFFEN MO, HELEN S PTH
1 SPRUCE ST FRANKLIN PA 16323
GRIFFEN MO, R HOWARO PTH
1 SPRUCE ST FRANKLIN PA 16323
HADLEY MO, JAMES E FP
222 SENECA ST OIL CITY PA 16301
HAGUE MO, J BRUCE FP
413 W ELM ST TITUSVILLE PA 16354
HAJI-OJAFARI MO, AZIZEH PTH
174 E BISSELL AVE OIL CITY PA 16301
HAM MO, JAMES W OBG
150 PROSPECT AVE STE 20 FRANKLIN PA 16323
HARTMAN MO, MICHAEL J ORS
201 WEST MAIN ST TITUSVILLE PA 16354
HEASLEY MO, KENNETH H FP
BOX 128 TIONESTA PA 16353
HERMAN MO, STEPHEN P PO
155 E 76TH ST APT 7C NEW YORK NY 10021
HOFFMAN MO, KELSE M IM
315 N MAIN ST BUTLER PA 16001
HOLMES MO, ROBT B OBG
9 GLENVIEW AVE OIL CITY PA 16301
HOMILY MO, BLESSING GS
UNION STREET CLINIC TITUSVILLE PA 16354
HOUSER MO, JAMES J IM
150 PROSPECT AVE FRANKLIN PA 16323
INGHAM MO, ALBERT J FP
594 MAXWELL OR TITUSVILLE PA 16354
JOHNSTON MO, JAMES B P
9 GLENVIEW AVE OIL CITY PA 16301
KANHOFER MO, HARRY OTO
129 N FRANKLIN ST TITUSVILLE PA 16354
KLEIN MO, ROLF A ORS
150 PROSPECT AVE FRANKLIN PA 16323
KUMAR MO, HARINATH V U
32 SENECA ST OIL CITY PA 16301
LANOOLT MO, OOLORES M PO
9 GLENVIEW AVE OIL CITY PA 16301
LAVEROE MO, PHILIP S GS
174 E BISSELL AVE OIL CITY PA 16301
LEVINE MO, LEO A FP
221 VEACH BLOG OIL CITY PA 16301
LIBERMAN MO, ALBERTO J OBG
7 VO-TECH OR 1-B OIL CITY PA 16301
MAKNOON MO, ALI A ORS
169 E BISSELL AVE OIL CITY PA 16301
MARSHALL MO, JANE M FP
RO 2 SENECA PA 16346
MASON MO, CHAS E R
1 SPRUCE ST FRANKLIN PA 16323
MAURER MO, CAROL N P
15 STEWART RD OIL CITY PA 16301
MCCANOLESS MO, GARRETT C FP
122B ELK ST FRANKLIN PA 16323
MCCANDLESS MO, PAULINE W FP
122B ELK ST FRANKLIN PA 16323
MCCANOLESS MO, WARREN J FP
122B ELK ST FRANKLIN PA 16323
MCCARTER MO, SAML B R
7 STEWART RO OIL CITY PA 16301
MCCLELLAND MO, JAMES H US
112 E MAIN ST GROVE CITY PA 16127
MCJILTON MO, ROY A OTO
150 PROSPECT AVE FRANKLIN PA 16323
NAZZARO MO, RALPH GS
202 UNION ST TITUSVILLE PA 16354
NEWELL MO, MERL A FP
BUTLER ST CLINTONVILLE PA 16372
NOROSTROM MO, CHESTER A OPH
BOX 510 FRANKLIN PA 16323
PAOIN MO, FREDERICO A U
150 PROSPECT AVE FRANKLIN PA 16323
PARVA MO, GHASEM PTH
OIL CITY HOSP OIL CITY PA 16301
PETERS MO, LEONARD L GS
320 16TH ST FRANKLIN PA 16323
PHADKE MO, MADHAV V GS
28 SENECA STREET OIL CITY PA 16301
PHAOKE MO, USHA M AN
4 PAUL REVERE RO OIL CITY PA 16301
PILEWSKI MO, ROBT M IM
122 W 1ST OIL CITY PA 16301
POIRIER MO, WILLIAM T OTO
GON TERRACE APTS 12 FRANKLIN PA 16323
POZZA MO, NICHOLAS J GS
29 OAKWOOO OR OIL CITY PA 16301
REAMER MO, OONALO M R
304 E BISSELL AVE OIL CITY PA 16301
RESINGER MO, WM W R
E R OIL CITY HOSP OIL CITY PA 16301
RIGHTOR MO, JOHN T FP
204 CENTRAL AVE OIL CITY PA 16302
ROOOE MO, ALBERT G US
1 SPRUCE ST FRANKLIN PA 16342
SECHLER MO, EOITH W P
POLK STATE SCHOOL-HOSP POLK PA 16342
STEWART MO, WILLARD O FP
121 W STATE ST PLEASANTVILLE PA 16341
SUK MO, JIN H PTH
FRANKLIN HOSP FRANKLIN PA 16323
TAYLOR MO, ROBT L GS
UNION AND WASHINGTON ST TITUSVILLE PA 16354
THOMAS MO, THOS FP
30 SENECA ST OIL CITY PA 16301
THOMPSON MO, PETER J IM
150 PROSPECT AVE FRANKLIN PA 16323
TIMNEY MO, THOS E OTO
302 DRAKE BLOG OIL CITY PA 16301
VANTILBURG MO, CHAS P PO
1416 LIBERTY ST FRANKLIN PA 16323
VUKMER MO, GEORGE J R
226 E MAIN ST TITUSVILLE PA 16354
WAGNER MO, LOUIS J GS
RO 3 BOX 369 FRANKLIN PA 16323
WAGNER MO, ROBT A OBG
150 PROSPECT AVE STE 20 FRANKLIN PA 16323
WELLS JR MO, HAWEY A PTH
TITUSVILLE HOSPITAL TITUSVILLE PA 16354
WELLS MO, MARGARET S FP
OAKWOOD MANOR TITUSVILLE PA 16354
WELTY MO, JAMES A FP
301 W 1ST ST OIL CITY PA 16301
WOOLRIOGE JR MO, J HAYES GS
1 SPRUCE ST FRANKLIN PA 16323
WRIGHT MO, OAVID L PO
150 PROSPECT ST FRANKLIN PA 16323

Warren County

ANDERSDN MO, EDWIN R OTO
105 CENTRAL AVE WARREN PA 16365
BALL MO, WM L OPH
514 W 3RD AVE WARREN PA 16365
BERTA MD, JULIUS W R
1030 E 5TH AVE EXT WARREN PA 16365
BORGER MO, LEE J PD
308 MARKET ST WARREN PA 16365
BRENNAN MO, LEONARD H P
BOX 240 WARREN PA 16365
BRYAN JR MD, RDSS E FP
514 W 3RD AVE WARREN PA 16365
BUTT JR MD, FRANK H AN
WARREN GEN HOSP WARREN PA 16365
CASHMAN MD, WM M GS
514 W 3RD AVE WARREN PA 16365
CRANE MO, JACOB F FP
R O 1 BDX 77A CLERMONT FLA 32711
ELVIR MO, RAMON P
211 E MAIN YOUNGSVILLE PA 16371
ERICSSON MD, FRANCIS S DBG
514 W 3RD AVE WARREN PA 16365
FINKEN MO, WALTER S P
BOX 249 WARREN PA 16365
FINO MO, JULIUS A DBG
308 MARKET ST WARREN PA 16365
FRITZ JR MD, KARL J R
7 DITMAR ST NORTH WARREN PA 16365
FURMAN MD, DDNALD J PTH
WARREN GEN HOSP WARREN PA 16365
GETTINGS MO, THOS H FP
P D BOX 240 WARREN PA 16365
GRANT MO, ALFREO A FP
28 FOREST ST SUGARGROVE PA 16350
GUPTA MO, SARV K P
WARREN STATE HOSP WARREN PA 16365
GUPTA MO, VINOOINI P
WARREN STATE HDSP WARREN PA 16365
HARRINGTON MO, JOHN L P
305 FIFTH AVE W WARREN PA 16365
HOSHINO MO, ARTHUR Y P
BDX 249 WARREN PA 16365
HUSAIN MO, AKHTER F P
WARREN STATE HOSP WARREN PA 16365
IGNATIUS MO, PAUL F ORS
208 EAST ST WARREN PA 16365
ISRAEL MD, ROBT H P
20 FOURTH AVE WARREN PA 16365
KEVERLINE MO, PAUL O OPH
NORTHWEST SVGS BLOG WARREN PA 16365
KLEIN MD, ALEXANDRIA M P
BOX 1 WARREN PA 76365
LAREAU MD, DANL G R
WARREN GEN HOSP WARREN PA 16365
LARSON MD, JDHN W PO
47 JACKSDN AVE MEADVILLE PA 16335
LEE MD, YOUNG B P
STATE HDSP DARBY RU HAVERFORD PA 19041
LINN MD, JDHN L P
WARREN STATE HDSP WARREN PA 16365
LOWE MD, RAYMDND E IM
514 3RD AVE W WARREN PA 16365
MACKENZIE MD, CHAS E GS
514 THIRD AVE W WARREN PA 16365
MAGNANT MD, CLAUDE D AN
510 4TH AVE WARREN PA 16365
MANN JR MD, WM M P
WARREN STATE HDSP WARREN PA 16365
MCCUNE MD, QUAY A GS
BOX B66 WARREN PA 16365
MCDDNALD MO, KHLAR E GS
202 REDWDDD ST WARREN PA 16365
MDSELEY MD, RUSSELL L PTH
WARREN ST HDSP BDX 249 WARREN PA 16365
MULL MD, JDS C FP
SHEFFIELD PA 16347
NICDTERA MD, ANTHDNY L P
15 4TH AVE WARREN PA 16365
DCDNNDR MD, ARTHUR J FP
514 3RD AVE W WARREN PA 16365
DTTERBEIN MD, RALPH F FP
311 LIBERTY ST WARREN PA 16365
PETERS MO, RICHARD A FP
211 E MAIN ST YDUNGSVILLE PA 16371
REINHARD MD, HARDLD J P
BOX 240 WARREN PA 16365
RILEY MD, VERYL M OBG
DLD WARREN&JAMESTDWN RD RUSSELL PA 16345
RDBERTSDN MD, JOHN L IM
2 HERTZEL ST WARREN PA 16365
RDUCH MD, JDN H P
BDX 249 N WARREN PA 16365
SANGHI MD, JDDH K P
PD BDX 249 WARREN PA 16365
SIMDNSEN MD, RDNALD W FP
341 BIRD AVE WARREN PA 16365
SIVAK MD, STANLEY J FP
RD 1 BX 61 BRDWN HILL R YDUNGSVILLE PA 16371
SMITH MD, RDBT G GS
514 W 3RD AVE WARREN PA 16365
THDMPSDN MD, JDHN E FP
BDX 128 211 E MAIN ST YDUNGSVILLE PA 16371
TURBESSI MO, ALBERT J FP
316 CDNEWANGD AVE WARREN PA 16365
URAL MD, WILLIAM F U
208 EAST ST WARREN PA 16365
URBAITIS MD, JOHN C P
R D 2 KANE PA 16735
VALONE MD, J THEDDURE FP
504 MARKET ST WARREN PA 16365
VELOSD MD, VICTDR V AN
113 N IRVING WARREN PA 16365
WALTERS MO, WM S FP
514 3RD AVE W WARREN PA 16365
YERG MO, A FDLLMER FP
318 LIBERTY ST WARREN PA 16365
ZEKAN MO, JULIUS G FP
WARREN STATE HDSP WARREN PA 16365

Washington County

ABALOS MO, JOSE M AN
CHARLEROI HOSPITAL CHARLEROI PA 15022
ABERNATHY MO, ERNEST L PTH
1086 N MAIN ST WASHINGTDN PA 15301
AOLER MD, JON S FP
530 RDBINHDOD LA MCMURRAY PA 15317
ALAVI MD, ABODLLAH GS
1542 SCENERY RIDGE OR PITTSBURGH PA 15241
BADIALI MD, S CHARLES FP
829 JEFFERSON AVE WASHINGTON PA 15301
BAIR MO, VICTOR W FP
728 BROAD AVE BELLE VERNON PA 15012
BAKEWELL MO, FRANK S GS
27 HIGHLAND AVE WASHINGTON PA 15301
BAQUERD-BUEND MO, MARID R GS
160 W PIKE ST CANDNSBURG PA 15317
BARDZIL MD, JDS W FP
622 RDBINHOOO LN MCMURRAY PA 15317
BAYER MD, JDS F PO
87 E MAIOEN ST WASHINGTON PA 15301
BELL JR MO, DAVIO M P
343 THORNWOOO OR CANONSBURG PA 15317
BENTON MO, OWEN O P
6 S MAIN ST WASHINGTON PA 15301
BERMAN MO, BERNARO H IM
69 E BEAU ST WASHINGTON PA 15301
BLASIOLE MD, RALPH S GS
881 E BEAU ST WASHINGTON PA 15301
BLYTHE MO, PEGGY J FP
539 FALLDWFIELO AVE CHARLERDI PA 15022
BDNAOERO MO, PETER D PO
CENTERVILLE CLINIC FREOERICKTOWN PA 15333
BONESSI MO, JOHN J FP
CENTRAL MEO PAV PITTSBURGH PA 15219
BONI MO, OINO R IM
47 STELLA STREET BURGETTSTOWN PA 15021
BDWSER MO, MERLE L FP
MC DDNALD PA 15057
BRAUN MD, THDS M FP
BDX 575 ELLSWORTH PA 15331
BRUND MO, FRANCISCD F FP
596 W PIKE ST CANONSBURG PA 15317
BUCH MD, JOS J FP
5 PARK RD CHARLEROI PA 15022
CABRERA MD, RAFAEL DBG
WASHINGTDN MALL WASHINGTDN PA 15301
CAPDBRES JR MD, RUDOLFD M AN
503 HUNTING CREEK RD CANONSBURG PA 15317
CARAZDLA MD, JDS H FP
2630 PEARCE DR 11-401 CLEARWATER FL 33520
CAVASINA MO, MARY M GS
160 W PIKE ST CANDNSBURG PA 15317
CHANGCD MD, ALVARD N FP
RD 1 NORTH 18 WASHINGTON PA 15301
CHASLER MD, NICHOLAS L PD
CENTERVILLE CLINIC FREDERICKTDWN PA 15333
CHD MD, YONG D FP
CENTERVILLE MED GRDUP FREDERICKTDWN PA 15333
CIPOLETTI JR MD, JAMES F IM
37 CDLONIAL DR WASHINGTDN PA 15301
CLAPP MD, GEO E FP
74 SDUTH WATSDN AVE WASHINGTDN PA 15301
CDLANTDNI MD, WM AN
GENERAL DELIVERY BEALLSVILLE PA 15313
CDPPULA MD, RDBERT J IM
380 WILBERT AVE WASHINGTDN PA 15301
CORWIN MD, DUUGLAS T DRS
636 WASHINGTDN TRUST BL WASHINGTON PA 15301
CORWIN MD, JAMES D DRS
636 WASHINGTDN TR BLDG WASHINGTON PA 15301
CDSTA MO, EUGENE E FP
250 GRANDVIEW WAY CHARLERDI PA 15022
CULBERTSDN MO, CLAYTDN E DBG
1102 ALLEN CLAIR CIR PITTSBURGH PA 15241
CUNNINGHAM MD, WM L GS
625 LINCDLN AVE N CHARLERDI PA 15022
DEMAAS MD, DAVID R OBG
24 WILMDNT AVE WASHINGTDN PA 15301
OERIENZO MD, UMBERTO A FP
625 LINCDLN AVE N CHARLEROI PA 15022
DDWNEY MD, JOS E FP
311 3RO ST CALIFDRNIA PA 15419
DUNBAR MD, DAVIO M IM
6 S MAIN ST WASHINGTDN PA 15301
EVANGELISTA MD, JESUS S FP
400 JEFFERSDN AVE WASHINGTON PA 15301
FAGIDLETTI MD, ROBT J FP
27 HIGHLANO AVE WASHINGTDN PA 15301
FDLEY JR MD, EDWARD L PD
437 HUNTING CREEK RD CANDNSBURG PA 15317
FUERST MD, NICHDLAS E FP
155 WILSDN AVE WASHINGTON PA 15301
GALLETTA MO, ANTHONY S GS
114 HUTCHINSDN AVE CANDNSBURG PA 15317
GEHRINGER JR MD, EDWARO J PO
600 JEFFERSON AVE WASHINGTON PA 15301
GEMMILL MO, WALTER D US
1102 WALNUT ST HOLLIOAYSBURG PA 16648
GOLOSTONE MO, HARRY A IM
R O 1 FREOERICKTOWN PA 15333
GOLOMB MO, NORMAN G FP
811 W MAIN ST MONONGAHELA PA 15063
GRAF MO, DAVID F AN
WASHINGTON HOSPITAL WASHINGTON PA 15301
GRAHAM MD, MARSHALL W FP
659 E BEAU ST WASHINGTON PA 15301
HALL JR MO, JOHN H IM
55 HIGHLANO AVE WASHINGTON PA 15301
HANNIGAN MO, MARTIN J FP
1227 COUNTRY CLUB RO MONONGAHELA PA 15063
HANNON MO, JOHN W PRM
6 S MAIN ST WASHINGTDN PA 15301
HARKCOM MO, RICHARD K GS
37 HIGHLANO AVE WASHINGTDN PA 15301
HAZLETT MO, FRANK O PO
600 NE 2D ST 1 APT 205 OANIA FL 33004
HEAOLEY MO, CHAUNCEY R DBG
37 HIGHLANO AVE WASHINGTON PA 15301
HESS JR MO, GRANT E FP
6 S MAIN ST WASHINGTON PA 15301
HISRICH MO, GLENN O ORS
636 WASH TRUST BLOG WASHINGTON PA 15301
HO MO, YEE C FP
RO 2 BDX 1036B BURGETTSTOWN PA 15021
HOHMAN MD, KARL V TS
124 S MCOONALO ST MCDONALD PA 15057
HSU MO, SHIEN S FP
205 E LINCOLN AVE MC OONALD PA 15057
HUGHES MO, JDS P FP
509 W MAIN ST MONONGAHELA PA 15063
HUGHEY MO, JAMES R FP
303 W LINCOLN AVE MC OONALO PA 15057
INGRAM MO, OAVIO N US
B49 W PIKE ST HOUSTON PA 15342
KAPLAN MO, ABRAHAM TS
CENTERVILLE CLINIC RO 1 FREOERICKTOWN PA 15333
KIM MO, KUN H ORS
CTRVILLE MEO GROUP RO 1 FREOERICKTOWN PA 15333
KIM MO, SONG K FP
335 HUNTING CREEK RD CANONSBURG PA 15317
KITSKO OO, OENNIS FP
826 N MAIN ST WASHINGTDN PA 15301
KITTRELL MO, WM H FP
212 E MC MURRAY RO MCMURRAY PA 15317
KLEIN MO, FREO S PO
107 GREEN RIOGE OR MONOGAHELA PA 15063
KROH MO, OEAN F FP
CENTERVILLE CLINIC R O FREOERICKTOWN PA 15333
KROSNOFF II MO, MICHAEL GS
4 LEMDYNE AVE EXT WASHINGTON PA 15301
KUHNS MO, HOWARO O PO
324 THIRD ST CALIFDRNIA PA 15419
KUMAR MD, ASHOK IM
104 CEDARHILL DR MCMURRAY PA 15317
LARGE MO, FREO D FP
228 MAIN ST CLAYSVILLE PA 15323
LEE MD, HAK S AN
CANONSBURG GEN HOSP CANONSBURG PA 15317
LESLIE MO, DAVIO C OBG
37 HIGHLANO AVE WASHINGTDN PA 15301
LESNOCK MD, RDBT G FP
865 DUNCAN AVE WASHINGTDN PA 15301
LESTER MD, DANL E IM
R D 1 FREDERICKTDWN PA 15333
MANNING MD, MILTON F FP
HDRTDN BLDG BEALLSVILLE PA 15313
MARTIN JR MD, JDHN B IM
BOX 386 FREDERICKTDWN PA 15333
MARTIN MD, JDHN B FP
BDX 397 FREDERICKTDWN PA 15333
MAXWELL MD, ALAN J FP
155 WILSDN AVE WASHINGTDN PA 15301
MCCARRELL MD, JDHN K FP
HICKORY PA 15340
MCCARTHY MD, EDWARD L DPH
12 W PIKE ST CANONSBURG PA 15317
MCGINNIS MD, JDHN C PM
WASHINGTDN HDSP WASHINGTDN PA 15301
MCMAHAN MD, JDS N GS
622 N MAIN ST WASHINGTDN PA 15301
MCMAHDN MD, WM J R
74 STONEHENGE DR WASHINGTDN PA 15301
MCMASTER MD, GILBERT B AN
111 ROBINHDDD LANE MC MURRAY PA 15317
MEINDL MO, GEO T R
WASHINGTDN HDSPITAL WASHINGTDN PA 15301
MERZI MD, ALLEN J GS
150 W BEAU ST WASHINGTDN PA 15301
NEMANI MD, PANDHARINATH ORS
PARK SHDPPING CTR GRANO MDNESSEN PA 15062
NICHOLLS MD, S GLENNE FP
37 HIGHLAND AVE WASHINGTDN PA 15301
NIES MD, GERALD F DTD
27 HIGHLANO AVE WASHINGTDN PA 15301
NDBLE MD, ELLENETTA B FP
339 E BEAU ST WASHINGTDN PA 15301
OTVOS MD, EMERY G GS
700 SHAFNER AVE BROWNSVILLE PA 15417
PALUSD MO, ARTHUR K FP
520 MC KEAN AVE CHARLERDI PA 15022
PALUSD MD, EUGENE F FP
400 JEFFERSDN AVE WASHINGTDN PA 15301
PALUSO MO, JDHN R FP
517 E CHESTNUT ST WASHINGTDN PA 15301
PARENT JR MD, FERNAND N GS
426 W MAIN ST MONONGAHELA PA 15063
PARK MD, YDUNG C AN
CANONSBURG HDSP CANONSBURG PA 15317
PATAKI MD, RICHARD S PTH
155 WILSDN AVE WASHINGTDN PA 15301
PETRD MD, DIMITRI M FP
718 MCKEAN AVE DONORA PA 15033

PHANSE MD, KALYANI M DBG
510 N WASHINGTON RD MCMURRAY PA 15317
PIRRIS MD, JOHN U
416 WILSON AVE WASHINGTON PA 15301
PIZZI MD, WILSON B N
18 WILSON AVE WASHINGTON PA 15301
PRIDEAUX JR MD, WM A FP
257 MAIN ST CLAYSVILLE PA 15323
PROUDFIT MD, J PAUL IM
70 E BEAU ST WASHINGTON PA 15301
QUETSCH MD, LEONARD J TS
140 LEMOYNE AVE WASHINGTON PA 15301
RAINES MD, FREDERICK S DS
1304 SUNNY BROOK RD WASHINGTON PA 15301
RAWNSLEY MD, HERBERT H DBG
165 LEMOYNE AVE WASHINGTON PA 15301
REILLY JR MD, WM M DPH
55 HIGHLAND AVE WASHINGTON PA 15301
REISINGER JR MD, WM E R
BB CRAVEN DR CHARLEROI PA 15022
RICHARDSON MD, JAMES E FP
55 HIGHLAND AVE WASHINGTON PA 15301
RICHARDSON MD, ROSS E DRS
RD 2 BOX 79 EIGHTY-FOUR PA 15330
RIGGLE MD, PAUL P GS
407 N WADE AVE WASHINGTON PA 15301
ROBERTS MD, ALBERT E TS
1604 ASHLAWN DR UPPER ST CLAIR PA 15241
RONGAUS MD, WALTER F GS
601 THOMPSON AVE DONORA PA 15033
RONGAUS MD, WM J FP
601 THOMPSON AVE DONORA PA 15033
RUBEN MD, JEROLD R IM
55 HIGHLAND AVE WASHINGTON PA 15301
RUBEN MD, MALCOLM E U
416 WILSON AVE WASHINGTON PA 15301
RUDD MD, MARVIN P
CENTERVILLE CLINIC RD 1 FREDERICKTOWN PA 15333
SAFRAN MD, SIDNEY FP
508 N WASHINGTON RD MCMURRAY PA 15317
SALVITTI MD, E RONALD FP
600 JEFFERSON AVE WASHINGTON PA 15301
SCHMIELER MD, GEO P FP
615 1ST ST CANONSBURG PA 15317
SCHMIELER MD, GEORGE C IM
155 WILSON AVE WASHINGTON PA 15301
SHAH MD, DAKSHA A DBG
CENTERVILLE MED GROUP FREDERICKTOWN PA 15333
SHARMAN MD, MICHAEL H FP
34 N JEFFERSON AVE CANONSBURG PA 15317
SHELTON MD, JOS M D
933 WASH TRUST BLDG WASHINGTON PA 15301
SIDOW DO, WILLIAM H P
2337 MILLGROVE RD PITTSBURGH PA 15241
SIEGEL MD, JOS F PD
212 GLOBAL BLDG WASHINGTON PA 15301
SIGNORELLA MD, LOUIS FP
615 E MC MURRAY RD MC MURRAY PA 15317
SMITH JR MD, PERRY C IM
69 E BEAU ST WASHINGTON PA 15301
SOBOL MD, BERNARD H DPH
420 FALLOWFIELD AVE CHARLEROI PA 15022
SORENSEN MD, ALFRED L D
212 E MC MURRAY RD MC MURRAY PA 15317
SPANDGIANS MD, ANGELO J FP
BOX 368 BURGETTSTOWN PA 15021
SPROWLS MD, JAY R FP
4 WEST PIKE HOUSTON PA 15342
SQUIRES MD, CHAS L FP
2781 BINGHAM DR PITTSBURGH PA 15241
STAHL MD, CARL E IM
222 ELLSWORTH ST CALIFORNIA PA 15419
STEPHENS MD, JOSEPHINE M PD
701 W MAIN ST MONONGAHELA PA 15063
STEVENSON MD, MALCOLM S FP
6200 TREVA ST FINLEYVILLE PA 15332
STINELY MD, REGIS W PTH
WASHINGTON HOSPITAL WASHINGTON PA 15301
STUTZ MD, MARTIN FP
6 S MAIN ST WASHINGTON PA 15301
TIBBENS MD, GEO F DPH
6 S MAIN ST WASHINGTON PA 15301
TRIPOLI MD, CHAS J FP
50 APPLE VALLEY DR WASHINGTON PA 15301
UY MD, HENRY T R
304 OAKLAWN DR PITTSBURGH PA 15241
VACCARO MD, PHILIP F US
129 TOWER ST MONONGAHELA PA 15063
VALLEJO MD, MANUEL C GS
514 N WASHINGTON RD MCMURRAY PA 15317
VANCE MD, MAUDE V FP
700 SHAFNER AVE BROWNSVILLE PA 15417
VANSTRIEN MD, ADRIAN R IM
69 E BEAU ST WASHINGTON PA 15301
VESELY MD, JOHN A GS
MEMORIAL HOSP MONONGAHELA PA 15063
WADHWANI MD, BHAGWAN J IM
114 ALKIM DRIVE BROWNSVILLE PA 15417
WAGENSELLER MD, FRANK C FP
142 PENNSYLVANIA AVE BRIDGEVILLE PA 15017
WELDON MD, JOHN F FP
51 CRAVEN DR CHARLEROI PA 15022
WHALEN MD, THOMAS J FP
104 WASHINGTON RD MCMURRAY PA 15317
WHITE MD, DAVID A IM
CENTRAL CLIN RD 1 FREDERICKTOWN PA 15333
WOONICKI MD, MOISES P
401 SHADY AVE SUITE 301 PITTSBURGH PA 15206
WORSHTIL MD, MARK E FP
155 WILSON AVE WASHINGTON PA 15301
ZADECKY MD, LEONARD B IM
1257 COUNTRY CLUB RD MONONGAHELA PA 15063
ZAFAR MD, TASNEEM S PTH
192 COCHRAN RD MT LEBANON PA 15228
ZUBCHEVICH MD, EMIRA D P
P O BOX 61 BEALLSVILLE PA 15313

Wayne-Pike County

ATKINSON MD, JOHN M DBG
BOX 93 BEACH LAKE PA 18405
BULLOCK MD, JACK S IM
307 BROAD ST MILFORD PA 18337
DEWAR MD, WM R FP
SR BOX 73 PAUPACK PA 18451
HEISLEY MD, NELLIE CASSELL FP
CRESCENT CTY FL 32012
KLAER MD, HARVEY FP
209 E HIGH ST MILFORD PA 18337
KOCH MD, HAROLD W R
924 CHURCH ST HONESDALE PA 18431
KOHRT MD, ALAN E PD
W A M F TAFTON PA 18464
NIESEN MD, EMIL T FP
602 CHURCH ST HONESDALE PA 18431
OWENS MD, HOBART N IM
416 CHURCH ST HAWLEY PA 18428
PARDINE MD, MARILYN T GS
404 KEYSTONE ST HAWLEY PA 18428
PATTON MD, HOWARD R IM
1211 WEST ST HONESDALE PA 18431
PETKUS MD, JOHN A FP
SHOHOLA PA 18458
PROPST MD, HARRY D GS
507 HIGH ST HONESDALE PA 18431
TIETJEN MD, GEORGE W GS
1302 OVERLOOK AVE HONESDALE PA 18431
TULLY MD, VINCENT J FP
1325 MAIN ST HONESDALE PA 18431

Westmoreland County

ABER MD, JOHN M FP
435 RIDGE RD GREENSBURG PA 15601
ABOOSI MD, ALI J PD
599 N CHURCH ST MT PLEASANT PA 15666
ABUL-FADL MD, YAHYA IM
606B S CHURCH ST MT PLEASANT PA 15666
ALI MD, ABU N DTD
N GREENGATE PROF BLDG JEANNETTE PA 15644
ALMALLAH MD, AHMAD Y GS
599 N CHURCH ST MT PLEASANT PA 15666
ALMALLAH MD, SHADIYA DBG
599 N CHURCH ST MT PLEASANT PA 15666
ALPONAT MD, ORHAN S D8G
55 W MAIN ST MT PLEASANT PA 15666
AMBROSE MD, C HUBER DTD
1200 S MAGNOLIA DRIVE INDIALANTIC FL 32903
ANTOON JR MD, SALEEM J U
502 5TH ST NEW KENSINGTON PA 15068
ARMANIOUS MD, ADEL W GS
1100 LIGONIER ST LATROBE PA 15650
ASSANASEN MD, BENJA V PD
R D 1 BOX 205 AVONMORE PA 15618
ASSANASEN MD, CHARIN IM
R D 1 BOX 205 AVONMORE PA 15618
AYOUB MD, OMAR 8 FP
408 CLAY AVE JEANNETTE PA 15644
BALCITA MD, ARTHUR L DBG
614 4TH AVE NEW KENSINGTON PA 15068
BARBER MD, JOHN V U
PROFESSIONAL BLDG GREENSBURG PA 15601
BARNES II MD, ARTHUR E IM
1260 MARTIN AVE NEW KENSINGTN PA 15068
BARNHART MD, ARTHUR D FP
31 S 4TH ST YOUNGWOOD PA 15697
BARSOUM MD, ADIB H NS
226 S MAPLE AVE 201 GREENSBURG PA 15601
BARUA MD, SUBRATA P DRS
BOX L ROUTE 119 NEW STANTON PA 15672
BELLANCA JR MD, GUY L FP
7 N 4TH ST YOUNGWOOD PA 15697
BERARDI MD, RONALD S PTH
LATROBE AREA HOSP LATROBE PA 15650
BERBERICH MD, WALTER F IM
4002 E SAN JUAN PHOENIX AZ 85018
BERMAN MD, HOWARD J PTH
139 HARTWOOD DR PITTSBURGH PA 15208
BERONILLA MD, HILARION A GS
401 PITTSBURGH ST SCOTTDALE PA 15683
BEYER JR MD, FRANCIS D PTH
3021 WILLIAMSBURG DR LATROBE PA 15650
BIERER MD, WM E FP
121 N MAIN ST GREENSBURG PA 15601
BLACKBURN MD, LAWRENCE F IM
20 CYPRESS DR GREENSBURG PA 15601
BLAIR MD, JOHN F IM
42B W 4TH ST DERRY PA 15627
BLATCHLEY MD, DONALD M D
225 PROF BLDG GREENSBURG PA 15601
BONADD MD, POMPEYO B GS
26 RUTH PLACE BELLE VERNON PA 15012
BORTZ MD, DONALD W IM
559 SHEARER ST GREENSBURG PA 15601
BORTZ MD, WALTER M IM
559 SHEARER ST GREENSBURG PA 15601
BOYLE MD, BRUCE C DBG
559 SHEARER ST GREENSBURG PA 15601
BRADLEY JR MD, WM A FP
101 CLAY PIKE N HUNTINGDON PA 15642
BRADY MD, DOUGLAS F GS
44B RIDGE AVE NEW KENSINGTON PA 15068
BRALLIER MD, HUGH W FP
HIGH ACRES LIGONIER PA 15658
BRANT MD, CARL E DPH
121 N MAIN ST GREENSBURG PA 15601
BROWN MD, DONALD C GS
100 PENNSYLVANIA AVE IRWIN PA 15642
BUCCI MD, JOS F DTD
305 EVERSON AVE SCOTTDALE PA 15683
BUSHYAGER MD, RONALD R FP
410 OAK ST IRWIN PA 15642
CAMPANA MD, FREDERICK T FP
331 SCHOONMAKER AVE MONESSEN PA 15062
CARETTI MD, J WILLIAM DBG
559 SHEARER ST GREENSBURG PA 15601
CARTER MD, DONALD L D8G
614 FOURTH AVE NEW KENSINGTON PA 15068
CARTER MD, JAMES S US
9 SPRING RUN RD GREENSBURG PA 15601
CATALAND JR MD, LOUIS W N
314 DEBORAH DR LATROBE PA 15650
CATALAND MD, KATHLEEN F PD
314 DEBORRAH DR LATROBE PA 15650
CERASO MD, LOUIS C FP
60B CRAIGDELL GARDENS NEW KENSINGTN PA 15068
CERNE MD, ANDREW J FP
HERMINIE PA 15637
CHANG MD, CHARLES H DBG
599 N CHURCH ST MT PLEASANT PA 15666
CHERNEW MD, IRWIN M PTH
5620 MARLBORO RD PITTSBURGH PA 15217
CLEARFIELD MD, RONALD J R
CITIZENS GEN HOSP NEW KENSINGTON PA 15068
CLEMENTS MD, DAVID H D8G
44B RIDGE AVE NEW KENSINGTON PA 15068
COBETTO MD, BERNARD H R
411 S MAIN ST GREENSBURG PA 15601
COLE MD, RICHARD S GS
EASTWOOD PROF CTR GREENSBURG PA 15601
CONN MD, ROSS S R
202 NOBILE VISTA AVE GREENSBURG PA 15601
CONTE MD, ROBT R DBG
1010 LIGONIER ST LATROBE PA 15650
COPE MD, JOHN R FP
MAPLEWOOD TERRACE GREENSBURG PA 15601
COSME MD, EDGAR Z AN
WESTMORELAND HOSP GREENSBURG PA 15601
COUCH MD, F BOYD FP
365 MOHEND ST SPRINGDALE PA 15144
COURTNEY MD, WM B DBG
559 SHEARER ST GREENSBURG PA 15601
CROUSE MD, GEO W FP
19 N 4TH ST YOUNGWOOD PA 15697
CROYLE MD, RAY W PD
BOX B PARNASSUS STATION NEW KENSINGTON PA 15068
CURRIE MD, PHILIP W DBG
1010 LIGONIER ST LATROBE PA 15650
CURTIN MD, JEROME E GS
1006 LIGONIER ST LATROBE PA 15650
DAKIN MD, THEODORA P FP
3138 OAK ST MURRYSVILLE PA 15668
DAVIE MD, FRANK M GS
163 COLUMBIA AVE VANDERGRIFT PA 15690
DEGREGORY DO, THOMAS R FP
559 SHEARER ST GREENSBURG PA 15601
DESIMONE MD, JOHN S FP
GREENVIEW ARMS APTS GREENSBURG PA 15601
DIBAGNO MD, GENO J R
RD 6 BOX 130-C GREENSBURG PA 15601
DIDDLE MD, KENNETH W IM
601 MICHIGAN JEANNETTE PA 15644
DOHERTY MD, JOS C FP
1748 LINCOLN AVE LATROBE PA 15650
DONCASTER MD, RICHARD M FP
904 KUNKLE AVE GREENSBURG PA 15601
DONOFRIO MD, PATSY A FP
601 MICHIGAN AVE JEANNETTE PA 15644
DOTTERWAY MD, BLANCHE E FP
36 AVENUE A LATROBE PA 15650
DUBNANSKY MD, JOHN E US
TROTWOOD MNR BLD 2U4 NEW STANTON PA 15672
DULL MD, JAMES A GS
559 SHEARER ST GREENSBURG PA 15601
EDGAR JR MD, FRANK D AN
620 OAK HILL LANE GREENSBURG PA 15601
EISEMAN JR MD, PAUL C DRS
1010 LIGONIER ST LATROBE PA 15650
ELATTRACHE MD, SELIM DRS
606 S CHURCH ST MT PLEASANT PA 15666
ELIGATOR MD, JULIAN IM
RUSSELTON MED GROUP NEW KENSINGTON PA 15068
ENYEART MD, HARVEY F FP
22B S 5TH ST JEANNETTE PA 15644
FEIGHTNER MD, FRANCIS W R
345 MAPLE DR GREENSBURG PA 15601
FLEEGLER MD, SAUL M IM
534 5TH AVE NEW KENSINGTON PA 15068
FLORENTIN MD, HERIBERTO M DBG
301 BRIMSTONE BLDG CONNELLSVILLE PA 15425
FONG MD, JAKE PRM
35 FAIRWAY DR GREENSBURG PA 15601
FOSTER MD, WALTER D R
433 RIDGE RD GREENSBURG PA 15601
FREEDBERG MD, LAWRENCE E GS
315 DEPOT ST LATROBE PA 15650
FRONDUTI MD, LUCIAN J GS
4575 COVE CR #906 MADEIRA BEACH FL 33708
FUSIA JR MD, DONALD A IM
448 RIDGE NEW KENSINGTON PA 15068
GEMMILL MD, WILLIAM P US
520 E RIDGE VILLAGE DR MIAMI FLA 33157
GENAID MD, JAIME M FP
1330 DELLVIEW DR GREENSBURG PA 15601
GESSNER MD, THOMAS P PD
1100 LIGONIER ST LATROBE PA 15650
GIBSON MD, F CLAY FP
1006 LIGONIER ST LATROBE PA 15650
GICK MD, STEPHEN A DRS
RD 2 BOX 390-AB LIGONIER PA 15658
GILBERT JR MD, EARL B FP
212 N CHESTNUT ST SCOTTDALE PA 15683

GILLESPIE MD, HARRY K PD
1825 PENNA AVE IRWIN PA 15642
GDRDDN MD, HAROLD E PTH
117 S ST CLAIR ST LIGDNIER PA 15658
GDRDDN MD, MILTON S FP
622 4TH AVE NEW KENSINGTON PA 15068
GDRDUN MD, RDBT S FP
R D 1 BUX 169A LATRUBE PA 15650
GDVI MD, JOS R IM
RD 4 BDX 355-C LATRDBE PA 15650
GRABIAK MD, GREGURY D DTD
EAST HIGH ACRES GREENSBURG PA 15601
GREIZMAN MD, SAUL P
STATE HUSP TORRANCE PA 15779
HALE MD, WAYNE A FP
RD 3 BDX 88A LIGDNIER PA 1565B
HALL MD, R NORTON NS
910 E PITTSBURGH ST GREENSBURG PA 15601
HAN MD, OALSOU R
305 MCCABE OR GREENSBURG PA 15601
HANES MD, KENNETH F FP
224 N 2ND ST WEST NEWTON PA 15089
HANNA MO, SALAH G OS
515 PITTSBURGH ST SPRINGOALE PA 15144
HARPER JR MD, JUHN J PD
1100 LIGONIER ST LATRDBE PA 15650
HARRIS MO, CHESTER E FP
948 3RO AVE NEW KENSINGTON PA 1506B
HARRISON MO, FRANK O R
CITIZENS GENERAL HOSP NEW KENSINGTON PA 1506B
HARTMAN MD, H KING OPH
516 PELLIS RO GREENSBURG PA 15601
HATTDUM MO, PITTAGDRE OBG
MDNSOUR HDSPITAL JEANETTE PA 15644
HAZLETT JR MO, WALTER S FP
501 WELODN ST LATRDBE PA 15650
HEISTER MO, JOS B FP
2781 LEECHBURG RO LDWER BURRELL PA 1506B
HERRDN MD, EUGENE W IM
5832 LINCOLN AVE EXPORT PA 15632
HIGHBERGER MO, EDGAR S P
11 LYNNLEE OR GREENSBURG PA 15601
HDFFMAN MO, WM J R
LATRDBE AREA HOSP LATROBE PA 15650
HDLST MO, ROBERT A NS
1100 LIGONIER ST LATRDBE PA 15605
HOUSTON MD, JAMES L OBG
356 FREEPORT ST NEW KENSINGTON PA 1506B
HUBER MO, GERARO N FP
35-A DDOO BLVO LAFB VA 23665
HUGHES MO, WM M FP
102 N 3RO ST WEST NEWTDN PA 15089
ICLI MD, NADIR AN
303 ELM DR GREENSBURG PA 15601
IDUCOVICH MO, NICHOLAS AN
1103 HAWTHORNE PL NEW KENSINGTON PA 1506B
JABLDNSKY MO, ALBERT IM
PITTSBURGH NATL BANK BL JEANNETTE PA 15644
JAVAN MO, MEHOI B GS
344 FREEPDRT ST NEW KENSINGTON PA 1506B
JETTER MD, WALTER W PTH
LATROBE AREA HOSP PATH LATRDBE PA 15650
JOHNSDN MO, WALTER K IM
PROFESSIONAL ARTS BLOG NEW KENSINGTON PA 1506B
JUN MO, YOUNG A IM
503 W NEWTON ST GREENSBURG PA 15601
KAR MO, OILIP S OBG
315 OEPDT ST LATRDBE PA 15650
KATIGBAK MO, CONSTANCIO D FP
FRICK COMMUNITY HOSP MT PLEASANT PA 15666
KATZ MO, JERALD M U
1300 MT VIEW OR GREENSBURG PA 15601
KECK MO, WM S OPH
226 S MAPLE AVE GREENSBURG PA 15601
KEOOIE MD, RDLANO T FP
231 S MAIN ST #314 GREENSBURG PA 15601
KETTERING MO, ODNALO L IM
559 SHEARER ST GREENSBURG PA 15601
KIM MO, OONG H GS
PHYS BLOG JEFFERSDN AVE JEANNETTE PA 15644
KIM MD, YONG-IL AN
JEANNETTE HOSP JEANNETTE PA 15044
KING 2NO MD, ARTHUR H FP
125 20 ST WEST NEWTON PA 15089
KINNEY MO, MARY K OBG
200 S MARKET ST LIGONIER PA 1565B
KLIEGER MO, HERMAN L PTH
CITIZENS GEN HOSP NEW KENSINGTON PA 1506B
KOPELMAN MO, NATHAN A US
1081 WOODBURY RO NEW KENSINGTON PA 1506B
KREGER JR MO, OLIVER J IM
9 PENN OR MONESSEN PA 15062
KRICK MD, JOHN H FP
RO 3 GREENSBURG PA 15601
KRISHNAPPA MO, BORIAH N PD
100 PENNSYLVANIA AVE IRWIN PA 15642
KROUSE MO, JOHN M TS
401 OEPOT ST LATROBE PA 15650
LAFONTANT MO, RDBT R GS
EASTWOOO PROF BLOG GREENSBURG PA 15601
LANE MO, FRANK C P
TORRANCE STATE HOSP TORRANCE PA 15779
LECHMAN MO, JOS F FP
106 OEPOT ST LATROBE PA 15650
LEIGH MO, REWNG GS
330 CLARMONT OR LOWER BURRELL PA 1506B
LEONIOA MO, ELFREN L FP
MELRDSE DRIVE NEW STANTON PA 15672
LEVINE MO, JACOB PTH
1000 SPANISH RIVER RO 4 BOCA RATON FL 33432
LEVINSDN MO, WM O FP
530 MAIN ST MOUNT PLEASANT PA 15666
LEWIS MO, HENRY C FP
559 SHEARER ST GREENSBURG PA 15601
LEYOIG MO, RICHARD A FP
2781 LEECHBURG RD LOWER BURRELL PA 1506B

LIGHT MD, WILMA C PO
1100 LIGDNIER ST LATRDBE PA 15650
LIPINSKI MD, JDS F GS
1136 PARKVIEW DR NEW KENSINGTON PA 1506B
LISKA MD, JDHN R U
EASTWDOD PRDFESSIDNL CT GREENSBURG PA 15601
LISDWITZ MD, GERALD M P
226 S MAPLE AVE GREENSBURG PA 15601
LUBDW MD, HARRY FP
9801 COLLINS AVE APT 10 BAL HARBDUR FL 33154
LUNDIE MD, WILLIAM M IM
RD 1 BDX 364A APOLLU PA 15613
LYNCH MO, JAMES R R
LATROBE AREA HDSP RAO LATROBE PA 15650
MAHALINGAPPA MO, C ORS
BOX L RDUTE 119 NEW STANTON PA 15672
MAIOA MO, FRANK V FP
RD 1 BOX 300 ACME PA 15610
MAKDAO MO, AMEENE G FP
539 GREENE ST GREENSBURG PA 15601
MANKOVICH MO, PAUL A FP
1748 LINCDLN AVE LATROBE PA 15650
MANNING MD, RUSSELL G P
TORRANCE HOSP TORRANCE PA 15779
MARSH MD, WM E FP
226 S 5TH ST JEANNETTE PA 15644
MARTINAK MO, JOSEPH F FP
600 JEFFERSON AVE JEANNETTE PA 15644
MAURER MO, JOHN F R
431 E PITTSBURGH ST GREENSBURG PA 15601
MAXWELL MO, OORIS B GS
559 SHEARER ST GREENSBURG PA 15601
MAYHEW MD, J MORGAN PTH
RD 5 BOX 133 GREENSBURG PA 15601
MAZERD MD, JDHN R IM
LATROBE AREA HOSP LATROBE PA 15650
MCCLDY MO, MERRITT J FP
RIDGEVIEW RD RD 2 MT PLEASANT PA 15666
MCCLUNG MO, LARRY S FP
1260 MARTIN AVE NEW KENSINGTON PA 1506B
MCCLURE MD, THOS D R
LATROBE AREA HOSPITAL LATROBE PA 15650
MCGEARY MO, LESTER E PO
448 RIDGE AVE NEW KENSINGTON PA 15068
MCKELVEY JR MO, PAUL G FP
430 PELLIS RO GREENSBURG PA 15601
MCMURRAY MO, HENRY A OTD
175 HAWKSWORTH RD GREENSBURG PA 15601
MCSTEEN MO, ARTHUR J IM
309 GREENVIEW OR GREENSBURG PA 15601
MCWILLIAMS MO, FREO O IM
BDX 133 R O #8 GREENSBURG PA 15601
MENOOZA JR MD, FRANCISCO M FP
15 W HEMPFIELD OR IRWIN PA 15642
MONSDUR MD, GARY P IM
80 GREGG DR N HUNTINGDON PA 15642
MONSOUR MO, RDBT G FP
1500 BROAD ST GREENSBURG PA 15601
MDNSDUR MO, RDY C FP
408 CLAY AVE JEANNETTE PA 15644
MONSDUR MO, WM J IM
MONSOUR CLINIC JEANNETTE PA 15644
MDNTALBO MO, SERAFIN A FP
109 MONTICELLO DR MONRDEVILLE PA 15146
MDON MO, SUNG B AN
410 CRESTRIDGE DR GREENSBURG PA 15601
MORAN JR MO, THOS W GS
401 OEPDT ST LATRDBE PA 15650
MDRROW MD, HERBERT J FP
MAIN ST NEW ALEXANDRIA PA 15670
MORRDW MO, THAYER K PTH
WESTMORELAND HDSP GREENSBURG PA 15601
MULLA MO, OAWOOD A P
532 W PITTSBURGH ST GREENSBURG PA 15601
MURCEK MD, MARTIN A IM
EASTWDOD PRDFESSIONL CT GREENSBURG PA 15601
MYSLEWSKI MO, WALTER J GS
103 ALEXANDER AVE GREENSBURG PA 15601
NAOER MD, CHAS R FP
SHEPHERD BLOG NEW KENSINGTDN PA 1506B
NAPLES MD, LDUIS A FP
616 WOOOBURN LANE GREENSBURG PA 15601
NEALON MD, GERVASE F IM
840 SPRING ST LATROBE PA 15650
NEMEC MO, JOHN E US
611 TURNPIKE OR N HUNTINGOON PA 15642
NEWHOUSE MO, JOS J FP
117 LIBERTY AVE BELLE VERNON PA 15012
NEWMAN MO, JOHN H OBG
559 SHEARER ST GREENSBURG PA 15601
OBER MO, HENRY E FP
111 S MAIN ST GREENSBURG PA 15601
OCONNELL MD, DANIEL J US
1810 GULF SHORE BLVD NAPLES FLA 33940
OLAVE MD, RAUL A FP
170 CHARLOTTE AVE N HUNTINGOON PA 15642
OLEARY MO, EUGENE F FP
821 BROAD AVE BELLE VERNON PA 15012
OLIVER MD, ORLANOO P FP
111 2NO ST DERRY PA 15627
OSKIN MO, HILBERT E P
LATROBE AREA HOSP LATROBE PA 15650
OVERLY MO, WYLIE L IM
1100 LIGONIER ST LATROBE PA 15650
OWEIDA MD, NIZAR N GS
638 4 AVE NEW KENSINGTON PA 15068
OZARDA MO, AHSEN T R
559 SHEARER ST GREENSBURG PA 15601
PAE MD, DONG W PTH
532 MAIN ST IRWIN PA 15642
PANTALONE MO, FRANK A ORS
797 E PITTSBURGH ST GREENSBURG PA 15601
PARKER MO, JOHN S IM
1100 LIGONIER ST LATRDBE PA 15650
PEATICK MD, GEO E P
R O 4 BOX 101 BLAIRSVILLE PA 15717

PELUCID MD, JOSE A US
231 EVEREST DR N HUNTINGDON PA 15642
PERRUNE JR MD, FRANK P GS
559 SHEARER ST GREENSBURG PA 15601
PETERSON JR MD, JAY B DRS
28 WINDIHILL DR GREENSBURG PA 15601
PETRICK MD, THOS P GS
11 N LIGDNIER ST LATRDBE PA 15650
PFEIFER III MD, WILLIAM F GS
EASTWDOD PRDF CENTER GREENSBURG PA 15601
PIERCE MD, LESLIE S IM
217 S PENNSYLVANIA AVE GREENSBURG PA 15601
PLUMMER MO, LLOYD G DBG
315 OEPDT ST LATRDBE PA 15650
POURHAMIDI MO, ABDL H TS
100 PENNSYLVANIA AVE IRWIN PA 15642
PRITTS MO, ROSE M IM
559 SHEARER ST GREENSBURG PA 15601
PRDMUBOL MO, YUWAREE OBG
RO 6 BX 216B GREENSBURG PA 15601
RATHGEB MO, JDHN M DRS
559 SHEARER ST GREENSBURG PA 15601
RAZDN MO, FLORFERIDA A FP
7701 KIFER LA N HUNTINGDON PA 15642
REDOY MO, ROHINI K FP
11 WEST HEMPFIELD OR IRWIN PA 15642
REEL MO, CHAS M OPH
362 FREEPDRT ST NEW KENSINGTON PA 1506B
REILLY JR MO, PHILIP J FP
BOX 749 SMITHTON PA 15479
RELIGIOSD MD, ELOISA P PO
61B JEFFERSON AVE JEANNETTE PA 15644
RELIGIOSD MO, ERSON L IM
61B JEFFERSON AVE JEANNETTE PA 15644
REYNA MO, OSCAR D FP
2041/2 W MAIN ST LIGDNIER PA 1565B
RIZK MO, WAFA I FP
B10 PENNA AVE IRWIN PA 15642
ROSEN MD, JAMES A N
R D 2 BDX 645 GREENSBURG PA 15601
SANODVAL MO, CONCHITA Q FP
92 WILLIAMSBURG PL IRWIN PA 15642
SANTAMARIA MD, FRANCISCO R GS
101 E MAIN ST MT PLEASANT PA 15666
SARVER MD, RAY G PO
1100 LIGONIER ST LATRDBE PA 15650
SAUER MO, OIETER U
PHYSICIANS BLOG JEANNETTE PA 15644
SCHEIO JR MO, JOHN E GS
MEO ARTS BLOG NATRONA HGTS PA 15065
SCHEID MO, GEO R FP
236 WHITE OAK DRIVE NEW KENSINGTON PA 1506B
SCHULTZ MO, THEDODRE A P
21B S MAPLE AVE GREENSBURG PA 15601
SCHUMAKER MO, DONALO H FP
RO 2 LEECHBURG PA 15656
SCHWARTZ MO, JONATHAN GS
1260 MARTIN AVE NEW KENSINGTON PA 1506B
SEARFDSS MO, ROGER C ORS
214 W 1ST AVE LATROBE PA 15650
SHAIKH MO, MOHAMMED N TS
SPRING & SHEARER STS GREENSBURG PA 15601
SHEDRO MO, HECTOR IM
1260 MARTIN AVE NEW KENSINGTON PA 15068
SHERMAN MO, HENRY K OTO
RD 3 LIGDNIER PA 1565B
SHETTY MD, KARUNAKAR S R
411 S MAIN ST GREENSBURG PA 15601
SHOPE MD, WM B PD
449 W NEWTON AVE GREENSBURG PA 15601
SHRIVER MO, ALAN W R
912 HARVEY AVE GREENSBURG PA 15601
SHUTTER MO, WALTER O FP
411 WASHINGTON ST LIGONIER PA 1565B
SINGH MD, AMARJEET FP
JEANNETTE MEM HOSP JEANNETTE PA 15644
SIPE MO, WM U AN
LATROBE AREA HOSP LATROBE PA 15650
SKIRPAN MD, JOHN M US
4501 ARLINGTON BLVD #11 ARLINGTON VA 22203
SLEZAK MO, JDS A OBG
101 E MAIN ST MT PLEASANT PA 15666
SNYDER JR MO, CHAS P FP
634 BRUSH HILL RD IRWIN PA 15642
SOLWAY MO, SYONEY A PTH
70 LINCOLN WAY E JEANNETTE PA 15644
SONG MO, YOUNG J IM
1260 MARTIN AVE NEW KENSINGTON PA 1506B
SDTELO MD, AUGUSTO OTO
516 PELLIS RO GREENSBURG PA 15601
SPEEOY MO, HARRY W IM
1100 LIGDNIER ST LATRDBE PA 15650
SPINO MO, PASCAL O PD
311 S MAPLE AVE GREENSBURG PA 15601
SPROCH MO, THOS M R
2935 SEMINARY OR GREENSBURG PA 15601
STEPT MO, WM J AN
433 GLENVIEW OR LOWER BURRELL PA 1506B
STILLEY MD, JDHN W R
LATROBE AREA HOSP LATROBE PA 15650
TANTISIRA MO, SOMPHONG TS
70 LINCOLN WAY EAST JEANNETTE PA 15644
TESTA MO, JOS A FP
MCGEE & 2NO ST JEANNETTE PA 15644
THOMAS JR MO, FRANK W TS
4230 WEMBLETON OR ALLISON PARK PA 15101
THOMAS MO, HAROLD W FP
1706 5TH AVE ARNOLO PA 1506B
THOMAS MO, JAMES H FP
EASTWOOO PR CT PELLIS R GREENSBURG PA 15601
TDMCI MO, GEO E FP
316 W VINCENT ST LIGONIER PA 1565B
TDNEY MD, OAVID M R
330 OLO AIRPORT RD GREENSBURG PA 15601
TDRID MO, REYNALDO M ORS
PO BOX L RTE 119 SOUTH NEW STANTON PA 15672

TOWNSEND MD, JAMES E FP
4075 WM PENN HGWY MURRYSVILLE PA 15668
URBAN MD, ROBT R FP
R D 3 BELLE VERNON PA 15012
VAKAMUDI MD, HEMA K FP
217 MARGARET AVE JEANNETTE PA 15644
VANDYK MD, KLAAS GS
1B COLLEGE ST MT PLEASANT PA 15666
VENZON MD, NORMAN A DBG
BOX 38B HARRISON CITY PA 15636
VILLEGAS MD, EMILIO FP
IRWIN PROF CTR IRWIN PA 15642
VITTONE MD, RONALD B DPH
1010 LIGONIER ST LATROBE PA 15650
VOSSOUGHI MD, HOUSHANG DRS
44B RIDGE AVE NEW KENSINGTON PA 15068
VOYTEK MD, JOS J GS
3109 ATTLEBORO PL GREENSBURG PA 15601
WILLIAMSON MD, EDWARD L N
LATROBE HOSP LATROBE PA 15650
WILSON MD, JOHN S R
1040 DEARBORN CIRCLE GREENSBURG PA 15601
WILSON MD, RAYMOND N FP
410 EDGEWOOD DR SARVER PA 16055
WITHERSPOON MD, ROBT G FP
R D 4 RT 30 EAST LATROBE PA 15650
YOUNG MD, JOS M IM
529 SCHOONMAKER AVE MONESSEN PA 15062
ZAIDAN MD, FRED FP
ORCHARD HILL MOUNT PLEASANT PA 15666
ZELEZNIK MD, MIROSLAV IM
312 E MAIN ST LIGONIER PA 15658
ZUCK MD, WALTER N R
CITIZENS GEN HOSP NEW KENSINGTON PA 15068

Wyoming County

BECK MD, HELEN M FP
129 N BRIDGE ST TUNKHANNOCK PA 18657
DAVENPORT MD, ARTHUR B FP
74 ELM ST TUNKHANNOCK PA 18657
GERFIN MD, ERNEST R PTH
TYLER MEM HOSP TUNKHANNOCK PA 18657
HOST MD, WM R GS
R D #4 TUNKHANNOCK PA 18657
KRAFT MD, CHAS J FP
MAIN ST MESHOPPEN PA 18630
LANDIS MD, RAY L FP
69 COLLEGE AVE FACTORYVILLE PA 18419
LLEWELLYN MD, WM J FP
STATE ST NICHOLSON PA 18446
MAST MD, CLARENCE M FP
106 E MAIN ST LACEYVILLE PA 18623
MCINTYRE MD, JOHN F FP
RO 6 BOX 37 TUNKHANNOCK PA 18657
MORGAN MD, PHILIP J GS
73 PUTNAM ST TUNKHANNOCK PA 18657
RINEHIMER JR MD, JOHN S IM
57 PUTNAM ST TUNKHANNOCK PA 18657
RUSSELL MD, HOLLIS K PTH
RO 3 TUNKHANNOCK PA 18657
SHERWOOD MD, ARTHUR W FP
133 N BRIDGE ST TUNKHANNOCK PA 18657

York County

ALANORTE MD, ALVARD PD
220 POTOMAC AVE HANOVER PA 17331
ALTLAND MD, ROBT C GS
30 MAIN ST GLEN ROCK PA 17327
ANGELO MD, JOHN J PS
5 RATHTON RD YORK PA 17403
ARDISON MD, GARY W FP
RD 1 DALLASTOWN PA 17313
ATKINS MD, JOHN L IM
625 S GEORGE ST YORK PA 17403
AZAR MO, ALBERT A P
140 SCARBORO OR YORK PA 17403
BACASTOW MD, MERLE S IM
YORK HOSPITAL YORK PA 17405
BAUER MO, THOS L GS
5 CHURCHILL DRIVE YORK PA 17403
BEEKEY JR MO, CYRUS E U
1150 RUXTON RO YORK PA 17403
BELKNAP MO, HAROLD P FP
2595 S GEORGE ST YORK PA 17403
BENFER MD, KENNETH L IM
258 E MARKET ST YORK PA 17403
BERNSTINE MO, EARL L GS
1776 S QUEEN ST YORK PA 17403
BERS MD, SOL N PD
175 PEYTON RO YORK PA 17403
BEST MO, JOHN W U
924 COLONIAL AVE YORK PA 17403
BHYUN MO, OAE S R
1001 S GEORGE ST YORK PA 17405
BITTENGER MD, RALPH E FP
110 GEORGE ST HANOVER PA 17331
BLANCH MO, JOHN J IM
310K QUEENSOALE DR YORK PA 17403
BLECKER MO, DAVID R
2080 N BROOK CIR YORK PA 17405
BORNT MO, MARSHA O DBG
2011 CRESCENT ST YORK PA 17403
BORTNER MD, DONALD L FP
S BROAD ST NEW FREEDOM PA 17349
BRACHER MO, ALLEN N FP
139 WOODLAND DR YORK PA 17403
BURKLE MD, JOS S IM
GRANTLEY RD EXTENDED YORK PA 17403
BUSCHMAN MD, MILTON H P
BOX 32 RD#1 GLEN ROCK PA 17327
BUSLER JR MD, VERNE M FP
245 BALTIMORE ST HANOVER PA 17331
BUTLER MD, IVAN L NS
2004 CRESCENT RD YORK PA 17403
BYERS JR MD, GED E PTH
1001 S GEORGE ST YORK PA 17405
CAMITTA MD, FRANCINE D DS
2004 CRESCENT RD YORK PA 17403
CANN III MO, THOMAS W IM
1601 S QUEEN ST YORK PA 17403
CARTER JR MD, JOSEPH H DBG
3015 EASTERN BLVD BX 351 YORK PA 17402
CHICOTE MD, ALFREDO L FP
3 HIGH ST MANCHESTER PA 17345
COHEN MD, MILTON H D
174 M DEW ORDP RD YORK PA 17402
CONROY MD, JOHN J FP
APT 170 B DEW DROP RD YORK PA 17402
COPE MD, FREDERICK T FP
422 S MAIN ST RED LION PA 17356
COULTER MD, BONNA B GS
B9 COVINGTON DR SHREWSBURY PA 17361
CROVATTO MD, ARTHUR C U
924 COLONIAL AVE YORK PA 17403
DANYO MO, JOHN J DRS
908 S GEORGE ST YORK PA 17403
DAVIS MD, JAMES H FP
319B E MARKET ST YORK PA 17402
DAVIS MO, ROBT M GS
R D 1 SCOUT RD FELTON PA 17322
DAVIS MD, WILLIAM C GS
YORK HOSP OEPT OF SUR YORK PA 17405
DEISHER MD, SAML W DBG
1776 S QUEEN ST YORK PA 17403
DELLINGER MD, WOODROW S FP
104 S MAIN ST RED LION PA 17356
DELOZIER MD, JOS W R
300 HIGHLAND AVE HANOVER PA 17331
DELP MD, WM T DBG
1776 S QUEEN ST YORK PA 17403
DEMASI MD, ROCCO J IM
924 F COLONIAL AVE YORK PA 17403
DEVAN MO, W TODO GS
9 CHAS CTR 25 CHARLES S HANOVER PA 17331
DOBISH MD, MICHAEL J FP
R D 1 BOX 301A DALLASTOWN PA 17313
DOCKTOR MD, JOHN W DTD
437 W MARKET ST YORK PA 17404
DOUGLASS MO, PAUL H DBG
3015 EASTERN BLVD YORK PA 17402
EAGLE MD, PERRY A DRS
908 S GEORGE ST YORK PA 17403
EHRHART MO, KENNETH W PTH
HANOVER GEN HOSP HANOVER PA 17331
EICHELBERGER MD, ELI FP
745 SE 19TH ST APT 236 DEERFIELD BCH FL 33441
EISENHOWER MD, CHAS E DPH
102B BROOKIE DR YORK PA 17403
ELLSWEIG MD, BRUCE A FP
YORK HOSP FPO YORK PA 17405
ENSMINGER MD, CHALMERS D FP
830 JESSOP PL YORK PA 17403
ESCARD MO, DANILO U PTH
YORK HOSP YORK PA 17405
ETTER MD, RUSSEL H FP
924-H COLONIAL AVE YORK PA 17403
FARKAS MD, ROBT W OBG
1601 S QUEEN ST YORK PA 17403
FISHER MO, GILBERT E OTD
R D 1 WELLSVILLE PA 17365
FISHER MO, HAROLD IM
955 S GEORGE ST YORK PA 17403
FISHER MD, LAWRENCE C DPH
469 W MARKET ST YORK PA 17404
FISHER MD, ROSCOE L DPH
813 MADISON AVE YORK PA 17404
FLANDERS MO, ELWOOD P FP
1575 WAYNE AVE YORK PA 17403
FREDERICKSON MD, HOWARD N P
994 S QUEEN ST YORK PA 17403
FRIEDRICH MO, JOACHIM F FP
2240 S QUEEN ST YORK PA 17402
FULTON MD, WILLIAM O FP
FULTON AVE STEWARTSTOWN PA 17363
GABRIELE MD, AUGUST A FP
712 W KING ST YORK PA 17404
GAILEY JR MD, HERMAN A ORS
3 RATHTON RO YORK PA 17403
GARDNER MD, GED E FP
3110 5TH AVE YORK PA 17402
GELPI MO, JOSE A P
1001 S GEORGE ST YORK PA 17405
GEMMILL MO, NORMAN H FP
N MAIN ST STEWARTSTOWN PA 17363
GEMMILL MO, REGINALO B FP
STEWARTSTOWN PA 17363
GOBEL MD, REGINALO T P
1600 S GEORGE ST YORK PA 17403
GOCHOCO MO, JACINTO J PTH
SHANGRILA RD RO2 BX 147 STEWARTSTOWN PA 17363
GODOWIN MD, MAX H FP
1001 S GEORGE ST YORK PA 17403
GRACEY MO, JACK G IM
YORK HOSP YORK PA 17405
GRAY MD, CORNELL G FP
16 LOCUST ST HANOVER PA 17331
GROLMAN MD, DENNIS M AN
980 SOUTH QUEEN ST YORK PA 17403
GROSS MD, DONALD R AN
17B HIGHLAND RD YORK PA 17403
GROVE MD, BRUCE A DPH
426 W MARKET ST YORK PA 17404
GROVE MD, GLENN P GS
912 S GEORGE ST YORK PA 17403
GROVE MD, RUSSELL E FP
506 W MARKET ST YORK PA 17404
GROVE MD, WM K DPH
426 W MARKET ST YORK PA 17404
GUNNET MD, DREN W FP
CODORUS PA 17311
HAAS MD, CHARLES M PTH
1603 S GEORGE ST YORK PA 17403
HAGERTY MD, FRED D DPH
1620 S QUEEN ST YORK PA 17403
HALL II MD, ROBERT F R
429 CLEARVIEW RD HANOVER PA 17331
HAMME MD, ELMER G FP
756 W MARKET ST YORK PA 17404
HAMPTON MO, LOUIS J AN
9 OAK ST HANOVER PA 17331
HARRIS MD, FLOYO L AN
990 S QUEEN ST YORK PA 17403
HART MO, THOS M FP
5 WESTWOOD CRT YORK PA 17402
HARTMAN MD, CHAS E AN
RD 1 SPRING GROVE PA 17362
HAWK MD, DAVID L FP
117 HIGHLAND RD YORK PA 17403
HEAPS MD, KENNETH P PD
SPRING MEADOW FRM R D 3 YORK PA 17402
HERMAN MD, RONALD J IM
1601 S QUEEN ST YORK PA 17403
HERR MD, JOHN R DBG
1927 QUEENSWOOD I-104 YORK PA 17403
HERROLD MO, LEWIS C FP
BOX 308 MOUNT WOLF PA 17347
HERROLD MD, WARREN C FP
MOUNT WOLF PA 17347
HICKEY MD, ANDREW E FP
FORREST HILLS RO RD 4 RED LION PA 17356
HILL MD, WALTER C FP
908 S GEORGE ST YORK PA 17403
HOERNER MD, GED H FP
268 E MARKET ST YORK PA 17403
HOFF MD, HENRY B FP
RO 1 WELLSVILLE PA 17365
HOFFMAN MD, DAVID J IM
924 B COLONIAL AVE YORK PA 17403
HOFFMAN MD, RICHARD R R
730 HILLCREST RO YORK PA 17403
HOFMANN MD, JAMES W GS
221 POTOMAC AVE HANOVER PA 17331
HOLLAND MD, EDWARD F FP
540 S MAIN ST RED LION PA 17356
HOOPER MD, JOSEPH R TS
1776 S QUEEN ST YORK PA 17403
HOOVER II MO, BENJAMIN A IM
924 B COLONIAL AVE YORK PA 17403
HOOVER MD, OEAN S FP
225 E SPRINGETTSBURY AV YORK PA 17403
HOOVER MO, PAUL S FP
354 W MAIN ST WINDSOR PA 17366
HOOVER MD, PHILIP A IM
23 W MAIN DALLASTOWN PA 17313
HOPKINS MO, WALLACE E FP
234 E MAIN ST DALLASTOWN PA 17313
HOWARD MO, THOS K ORS
316 POTOMAC AVE HANOVER PA 17331
HUBER JR MD, FRANCIS G FP
RD 1 KIRSTA LN DALLASTOWN PA 17313
HUOSON MO, CLIFFORO C IM
2595 S GEORGE ST YORK PA 17403
HUFFER MO, DONALO H IM
804 S GEORGE ST YORK PA 17403
HUNT MO, JOSIAH A FP
MAIN ST DELTA PA 17314
HUTTON MD, JOHN E DPH
232 BALTIMORE ST HANOVER PA 17331
JOHNSON MD, GEO M OBG
3470 HARROWGATE RD YORK PA 17402
JONES MD, OAVID J PRM
PENNA BLUE SHIELD CAMP HILL PA 17011
KEECH JR MD, HAYOEN G FP
1589 CARLISLE AVE YORK PA 17404
KEEPORTS MD, RICHARD L IM
RO 2 BOX 142-1 NEW FREEDOM PA 17349
KEHM MO, RAY W GS
RO 3 YORK PA 17402
KEHM MD, VINCENT A AN
107 S KEESEY ST YORK PA 17402
KENNEDY MD, PETER S FP
924 COLONIAL AVE YORK PA 17403
KERR MD, KRISS M R
1731 RANDOLPH DR YORK PA 17403
KINLAND MD, LEONARD C FP
1001 S GEORGE ST YORK PA 17405
KIRKPATRICK MD, SAML A OBG
249 ALLEGHENY AVE HANOVER PA 17331
KISTLER MO, GALEN H FP
1250 GARRISON RO YORK PA 17404
KLIMES MO, RONALO L FP
3233 EASTERN BLVO YORK PA 17402
KLINE MO, JACK A IM
1601 S QUEEN ST YORK PA 17403
KLINEFELTER MO, EDMUNO W FP
546 W MARKET ST YORK PA 17404
KLUSSMAN MD, RICHARO M OBG
1441 E MARKET ST YORK PA 17403
KNOCH MD, H ROEBLING IM
423 W MARKET ST YORK PA 17404
KOUSEN MO, MORTON OBG
137B SOUTHERN RO YORK PA 17403
KRESGE MO, DALE L IM
30 FOX RUN OR YORK PA 17403
KRUPER MD, JOHN S DRS
90B S GEORGE ST YORK PA 17403

KUKRIKA MO, MIODRAG D IM
1001 S GEORGE ST YORK PA 17405
KUSHNER JR MD, GED AN
WARRINGTON GREEN FRM WELLSVILLE PA 17365
KUSHNER MD, LOIS N R
WARRINGTON GREEN FARMS WELLSVILLE PA 17365
LAMON MD, CHAS P FP
1900 E MARKET ST YORK PA 17402
LAMPE 2ND MD, WM T IM
924 F COLONIAL AVE YORK PA 17403
LANOIS MD, ROBT C PD
1620 S QUEEN ST YORK PA 17403
LANGER MD, O MORTON FP
1800 E MARKET ST YORK PA 17402
LANGSTON MD, WM C OBG
531 ROOSEVELT AVE YORK PA 17404
LAPES MD, GED A FP
1600 SOUTH GEORGE ST YORK PA 17403
LAUCKS MD, S PHILIP P
R D 1 DALLASTOWN PA 17313
LEBOUITZ MD, STANTON S D
195 LEADERS HGTS RD YORK PA 17402
LEISTER MD, GLENN F FP
220 POTOMAC AVE HANOVER PA 17331
LEKAWA MD, THADDEUS FP
2801 N GEORGE ST YORK PA 17402
LEPPERD MD, FLOYD C US
PO BX 2664 MARATHON SHS FL 33052
LERMAN MD, LEO R D
1225 E MARKET ST YORK PA 17403
LETOCHA MD, CHARLES E OPH
1946 SECURITY DR YORK PA 17402
LEVY MD, SYDNEY FP
424 HELLAM ST WRIGHTSVILLE PA 17368
LIS MD, EDWARD T FP
1776 S QUEEN ST YORK PA 17403
LITRENTA MD, DAVID E FP
CARLISLE RD OOVER PA 17315
LUDWIG MD, JACOB S O
990 S QUEEN ST YORK PA 17403
LYNO JR MD, CLIFFORD W GS
121ST EVACUATION HOSP APO SAN FRAN CA 17402
LYON MD, WILLIAM R FP
510 GATEHOUSE LA YORK PA 17402
MACDOUGALL MD, HOWARD H FP
1207 S QUEEN ST YORK PA 17403
MACDOUGALL MD, ROBT D FP
1207 S QUEEN ST YORK PA 17403
MACKENZIE MD, IAIN L IM
924 COLONIAL AVE %MED C YORK PA 17403
MAGID MD, WARREN P AN
980 S QUEEN ST YORK PA 17402
MALINA MD, STEVEN NS
827 S GEORGE ST YORK PA 17403
MARTIN MD, C EDWIN IM
YORK HOSPITAL YORK PA 17403
MASSANARI MD, DAVID L FP
518 DUPONT AVE YORK PA 17403
MATHAI MD, JOHN GS
1776 S QUEEN ST YORK PA 17403
MCCONVILLE MD, JOHN H IM
1001 S GEORGE ST YORK PA 17405
MCDERMOTT MD, THOMAS E FP
FP CTR YORK HOSP YORK PA 17404
MCHENRY MD, DEARMOND J OPH
940 S QUEEN ST YORK PA 17403
MCLIN MD, LEON N FP
321 BALTIMORE ST HANOVER PA 17331
MENCHEY MD, MILTON J IM
924 B COLONIAL AVE YORK PA 17403
MILLER MD, JAMES R FP
401 ALLEGHENY AVE HANOVER PA 17331
MINNICH MD, PHILIP H FP
893 PROSPECT ST YORK PA 17403
MOLINARO JR MD, ANTHONY O FP
2980 ROUND HILL ROAD YORK PA 17402
MONK MD, JOHN S OBG
1776 S QUEEN ST YORK PA 17403
MOONEY MD, BENJ R PO
955 S GEORGE ST YORK PA 17403
MOQUIN MD, ROSS B IM
1001 S GEORGE ST YORK PA 17405

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160 IRVING RD YORK PA 17403
MORREELS JR MD, CHAS L R
924 COLONIAL AVE YORK PA 17403
MULLIGAN MD, JAMES F FP
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MYERS MD, GILBERT B OBG
3015 EASTRN BLVD BX 351 YORK PA 17402
NICHOLAS MD, BRADLEY E FP
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NICHOLAS MD, JAMES L FP
274 W MARKET ST HELLAM PA 17336
NICHOLSON JR MD, WALTER J IM
2270 DANDRIDGE DR YORK PA 17403
OCHENRIDER MD, PAUL O FP
424 LOCUST ST WRIGHTSVILLE PA 17368
OLSON MD, JANNE R FP
FULTON AVE STEWARTSTOWN PA 17363
PANDELIOIS MD, PANOELIS K P
1600 S GEORGE ST YORK PA 17403
PAUL MD, JAMES P FP
444 W SPRINGETTSBRY YORK PA 17403
PAUL MD, RONALD L NS
RD 1 DOVER PA 17315
PEWTERBAUGH MD, DAVID C PD
1 RATHTON RD YORK PA 17403
PFEFFER MD, WM H U
815 S GEORGE ST YORK PA 17403
PIPER MD, DONALD E FP
S PLEASANT AVE EXT DALLASTOWN PA 17313
PODOBDY MD, AUGUST J DPH
912 S GEORGE ST YORK PA 17403
POSEY MD, CHAS F IM
1200 S QUEEN ST YORK PA 17403
PRATT MD, JORDAN C DPH
2340 EASTERN BLVD YORK PA 17402
PRENDERGAST MD, MICHAEL J GS
924 COLONIAL AVE YORK PA 17403
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960 RANDOLPH ST HANOVER PA 17331
REIGART MD, PAUL M FP
636 E PHILADELPHIA ST YORK PA 17403
REILLY MD, CHAS M PD
YORK HOSP 1001 S GEORGE YORK PA 17403
REINHARD MD, RONALD J IM
800 S GEORGE ST YORK PA 17403
REMLEY MD, LUKE K FP
CHESTNUT SANDS RD 4 YORK PA 17404
REXRODE MD, WM O IM
151 HIGHLAND RD YORK PA 17403
RINKER MD, R JAMES DRS
316 POTOMAC AVE HANOVER PA 17331
RIVERA MD, EDWIN A DPH
518 MADISON AVE YORK PA 17404
ROBINSON MD, RICHARD F FP
S SINGER RD NEW FREEDOM PA 17349
ROSEBERRY MD, PHILIP L FP
1001 S GEORGE ST YORK PA 17405
ROTHROCK MD, GILMORE M GS
924 COLONIAL AVE YORK PA 17403
RUTLAND MD, HEDLEY E FP
1709 W MARKET ST YORK PA 17404
SAMELSON MD, LEO IM
1512 E MARKET ST YORK PA 17403
SCHLAGER MD, CHAS E FP
810 BONNEVIEW RD YORK PA 17402
SCHONAUER MD, THOS D PD
1 RATHON RD YORK PA 17403
SEITZ MD, NEVIN H FP
223 BROADWAY HANOVER PA 17331
SHAUB MD, PAUL D FP
S MAIN ST SHREWSBURY PA 17361
SHEAREK MD, DAVID M IM
R D 2 BOX 312 YORK PA 17403
SHOEMAKER MD, NORVILLE E FP
2471 S QUEEN ST YORK PA 17402
SHUE MD, WM M GS
586 FAIRVIEW TERR YORK PA 17403
SMALL MD, RICHARD E FP
1112 PENNA AVE YORK PA 17404
SMITH MD, JAMES W OBG
2995 DEARBORN YORK PA 17403

SMITH MD, JOHN M FP
9 S MAIN ST JACOBUS PA 17407
SMOLKO MD, JAMES R AN
545 GATEHOUSE LA YORK PA 17402
SNYDER MD, HENRY R R
2050 NORMANDIE DR YORK PA 17404
SPRAGUE MD, GROVER J IM
CATERPILLAR TRACTOR CO YORK PA 17405
STICK MD, EDWARD W FP
BARLEY S NURSING HOME YORK PA 17402
STICK MD, W DEHAVEN GS
817 S GEORGE ST YORK PA 17403
STOUFFER JR MD, VANCE R FP
RD 2 BOX 251 ETTERS PA 17319
STRASSER MD, EUGENE J GS
4108 TROWBRIDGE RD YORK PA 17402
STROCKBINE MD, MELVIN F R
YORK HOSP YORK PA 17405
TANANIS MD, ANTHONY A FP
343 NORTH ST MC SHERRYSTOWN PA 17344
TART JR MD, BRASTON I R
924-N COLONIAL AVE YORK PA 17403
TAYLOR MD, RAYMOND A R
YORK HOSP YORK PA 17403
THORSEN JR MD, WM B IM
1224 S QUEEN ST YORK PA 17403
TORREY MD, EDWIN H OTO
1776 S QUEEN ST YORK PA 17403
TRANSUE MD, SEWARD M P
352 HIGH ST HANOVER PA 17331
TRIMMER MD, JOHN H FP
912 S GEORGE ST YORK PA 17403
TULL MD, JOHN W OPH
469 W MARKET ST YORK PA 17404
UPOIKE JR MD, FURMAN T PD
141 EDGEWOOD DR YORK PA 17403
VANBUSKIRK MD, CHAS N
752 S GEORGE ST YORK PA 17403
VIRGILIO MD, LAWRENCE A PTH
YORK HOSP PTH DEPT YORK PA 17405
WAMPLER MD, MERLE J IM
472 COUNTRY CLUB RD YORK PA 17403
WEAVER MD, FRANK M GS
RD 8 YORK PA 17403
WEINER MD, FREDRIC R FP
120 SCARBORO DR YORK PA 17403
WEISHAAR MD, LEO G FP
FULTON SCH RD RD 2 FELTON PA 17322
WHITELEY MD, JOHN P PTH
1116 OETWILER DR YORK PA 17404
WIBLE MD, CLAIRE E OPH
1776 S QUEEN ST YORK PA 17403
WILDBLOOD MD, HARRY M AN
1360 ARLINGTON RD YORK PA 17403
WILSON JR MD, JOHN O IM
47 CHANUTE DR BIG SPRING TX 79740
WILSON MD, RAY A FP
SUSQ MED CLIN E PROSPECT PA 17317
WILT MD, KENNETH E GS
1776 S QUEEN ST YORK PA 17403
WIRE MD, WILBUR H FP
186 N MAIN ST SPRING GROVE PA 17362
WITHERS MD, DONALD E FP
401 ALLEGHENY AVE HANOVER PA 17331
WOERTHWEIN MD, KENNETH F FP
118 N GEORGE ST YORK PA 17401
WONG MD, MING-OER IM
1260 GLENDALE RD YORK PA 17403
WOODSIDE MD, JOHN A FP
EAST PROSPECT PA 17317
WRIGHT MD, F MALCOLM GS
221 POTOMAC AVE HANOVER PA 17331
WRIGHT MD, FREDERICK W GS
228 HIGHLAND AVE HANOVER PA 17331
YARRINGTON MD, RONALD M GS
108 OAK ST YORK PA 17402
YOHE MD, WM C IM
812 S GEORGE ST YORK PA 17403
ZARFOS MD, MORGAN L IM
731 S QUEEN ST YORK PA 17403
ZELESNICK MD, GABRIEL FP
220 FREDERICK ST HANOVER PA 17331
ZEMO MD, PETER L OTO
924-E COLONIAL AVE YORK PA 17403

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ABRAMSON MD, JOHN	DELAWARE
ABRAMSON MD, MAURICE	PHILADELPHIA
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ABUL-FADL MD, YAHYA	WESTMORELAND
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ADAMS MD, JAMES	BLAIR
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ADAMS MO, WM R	CLINTON
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ADELMAN MD, BERNARD P	PHILADELPHIA
ADELMAN MO, FREDERICK P	PHILADELPHIA
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ADKINS MD, WM C	ERIE
ADLER MO, FRANCIS H	PHILADELPHIA
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ADLER MO, LAWRENCE N	ALLEGHENY
ADLIN MO, ALBERT	PHILADELPHIA
ADOM MO, EDWIN A	PHILADELPHIA
ADONI MD, LEON	PHILADELPHIA
AORIO MO, AUGUSTO S	BUCKS
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AGNONE MD, PETER M	LACKAWANNA
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AGRAWAL MO, RADESHYAM M	ALLEGHENY
AGSTER MO, BRUCE E	MONTGOMERY
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AGUILERA MO, BONIFACIO T	CAMBRIA
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AGUSTA MO, VICTOR E	LANCASTER
AHLFELOT MD, FLORENCE E	PHILADELPHIA
AHMED MO, GALAL M	LYCOMING
AHMED MD, QUZI M	ALLEGHENY
AHMED MD, USMAN	ALLEGHENY
AICHER MO, O CRAIG	LUZERNE
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AKBARI MO, SAEED	BUCKS
AKHAVAN MO, JOHN H	BEAVER
AKSU MD, AHMET	NORTHAMPTON
ALAGIRISWAMI MD, KRISHNASWAMI	COLUMBIA
ALANDETE MD, ALVARO	YORK
ALARCON MO, FALCON H	VENANGO
ALARCON MO, J EDGAR	CHESTER
ALAVI MO, ABASS	PHILADELPHIA
ALAVI MO, ABDOLLAH	WASHINGTON
ALBERICO MD, ANTHONY M	PHILADELPHIA
ALBERT MO, LAWRENCE	MONTGOMERY
ALBERT MO, SEYMOUR M	PHILADELPHIA
ALBERTINI MO, ROBT E	MONTOUR
ALBERTSON MO, RICHARD P	MONTGOMERY
ALBIN MO, MAURICE S	ALLEGHENY
ALBO MO, VINCENT C	ALLEGHENY
ALBRECHT MD, JAMES B	LANCASTER
ALBRIGHT 3RD MD, WM J	DAUPHIN
ALBRIGHT MO, OILL J	LEHIGH
ALBRIGHT MO, GERALD S	LANCASTER
ALCANTARA MO, VICENTE A	ALLEGHENY
ALCARD MO, JOS F	ADAMS
ALCID MO, CESAR V	DELAWARE
ALCIO MO, FELIZA A	CHESTER
ALDAY MD, EDGARDO S	PHILADELPHIA
ALDEN MD, JAMES C	MONTGOMERY
ALDERFER MD, ARTHUR J	BUCKS
ALDERFER MD, GILL R	DELAWARE
ALDERFER MD, HAROLD H	CHESTER
ALDERFER MD, KENNETH G	DELAWARE
ALDISERT MD, CAESAR O	ALLEGHENY
ALDOUS MD, THOMAS W	DAUPHIN
ALEXANDER JR MD, JOHN D	PHILADELPHIA
ALEXANDER MD, CHAS M	DELAWARE
ALEXANDER MD, FRED	PHILADELPHIA
ALEXANDER MD, GILBERT H	ALLEGHENY
ALEXANDER MD, MAURICE H	PHILADELPHIA
ALEXANDER MD, R WILLIAM	BERKS
ALEXANDER MD, RAYMOND S	LEHIGH
ALEXANDERIAN MD, HARRY A	LUZERNE
ALEXANDRE MD, JOURNEL	MONTGOMERY
ALFANO MO, CHAS C	PHILADELPHIA
ALFIERI MD, JOS A	ELK-CAMERON
ALGAZY MD, KENNETH M	PHILADELPHIA
ALI MD, ABU N	WESTMORELAND
ALI MD, MOHAMMAD I	ALLEGHENY
ALIKAKOS MO, LOUIS C	DELAWARE
ALISUAG MO, RESTITUTO M	PHILADELPHIA
ALLAN MD, MARY B	CHESTER
ALLAN MD, WM L	CHESTER
ALLANIGUE MD, ROGELIO M	ERIE
ALLCOCK MD, JENNIFER A	PHILADELPHIA
ALLEN JR MD, HERBERT V	CAMBRIA
ALLEN JR MD, SAML O	DELAWARE
ALLEN MD, ARTHUR W	LUZERNE
ALLEN MD, HAROLD Y	FRANKLIN
ALLEN MD, HUGH L	ERIE
ALLEN MD, JOHN L	MONTOUR
ALLEN MD, MARIUS W	PHILADELPHIA
ALLEN MD, RICHARD	DAUPHIN
ALLEN MD, ROBT E	NORTHUMBERLAND
ALLEN MO, ROBT W	MERCER
ALLEN MD, ROBT W	BERKS
ALLEN MD, THOS E	ALLEGHENY
ALLEY MD, ALBERT A	LEBANON
ALLEY MD, ALI A	COLUMBIA
ALLEY MD, RICHARD A	LUZERNE
ALLEY MD, SAMIE A	BERKS
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ALLISON MD, WESLEY C	ALLEGHENY
ALLMAN MD, JOHN H	ARMSTRONG
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ALLWEIN MD, JOS W	CUMBERLAND
ALLYN MD, RUSSELL E	DAUPHIN
ALMALLAH MD, AHMAD Y	WESTMORELAND
ALMALLAH MD, SHADIYA	WESTMORELAND
ALMASHAT MD, ALA A	COLUMBIA
ALMAZAN MD, ANTONIO C	LEHIGH
ALMOND MO, CHAS R	NORTHUMBERLAND
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ALPERN MO, ALGERNON N	ALLEGHENY
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ALPERT MD, RICHARD E	MONTGOMERY
ALPONAT MO, ORHAN S	WESTMORELAND
ALSHAIKHLY MO, A KARIMAREF	ERIE
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ALTENHOFF MD, WM A	ALLEGHENY
ALTER MD, MILTON	PHILADELPHIA
ALTHOUSE JR MO, LEMUEL B	DAUPHIN
ALTIMARE MO, PETER J	LANCASTER
ALTLAND MD, ROBT C	YORK
ALTMAN MD, BRIAN O	PHILADELPHIA
ALTMAN MO, CHAS C	ALLEGHENY
ALTMAN MO, LOUIS	ALLEGHENY
ALTMAN MO, SIDNEY I	MONTGOMERY
ALTMAN MD, WANDA T	ALLEGHENY
ALTUBELLI MO, JOHN A	LEHIGH
ALTUMARE JR MO, FRANK J	LAWRENCE
ALTOMONTE MO, JOS F	MONTGOMERY
ALTUP MO, HALUK	ALLEGHENY
ALVARADO MO, ALFREDO	PHILADELPHIA
ALVEAR MO, DOMINGO T	DAUPHIN
ALVEAR MO, VENERANDA B	DAUPHIN
ALVIN MO, GUIRINO W	ALLEGHENY
AMACHER MO, HOWARD C	ERIE
AMADIO OD, ANGELO E	CLARION
AMADIU JR MD, PETER	PHILADELPHIA
AMADIU MD, JULIO J	MONTGOMERY
AMARO MD, MARIO	PHILADELPHIA
AMBRUSE MO, C HUBER	WESTMORELAND
AMBROSE MD, JULIUS W	ALLEGHENY
AMBRUS MO, CLARA M	PHILADELPHIA
AMBRUS MD, JULIAN L	PHILADELPHIA
AMBRUSU MD, VICTOR T	LUZERNE
AMEND MD, THOS C	LANCASTER
AMENTLER MO, JOHN P	LUZERNE
AMIDON MO, CHAS S	MONTGOMERY
AMIN MO, NAVINCHANDRA M	ALLEGHENY
AMIN MO, VIKRAM MO	BEAVER
AMMER MO, JOHN L	ALLEGHENY
AMRHEIN MD, REGIS A	ALLEGHENY
AMRITT MO, R SIDNEY	PHILADELPHIA
AMSHEL MO, ALBERT L	ALLEGHENY
AMSLER JR MO, FRED R	LYCOMING
AMSTER OD, NORMAN H	BUCKS
AMSTERDAM MO, GERALD H	PHILADELPHIA
AMSTERDAM MD, JULES	PHILADELPHIA
AMUSO MO, SAML J	DAUPHIN
ANASTASI MD, JOS O	PHILADELPHIA
ANDAL MO, ANDRES H	MONTGOMERY
ANDERKO MO, FRANK T	LEHIGH
ANDERS MD, WILBUR D	MONTGOMERY
ANDERSEN MO, EDWIN	MONTGOMERY
ANDERSON 3RD MO, JOHN O	MONTGOMERY
ANDERSON JR MD, WM H	ERIE
ANDERSON MO, ALICE M	PHILADELPHIA
ANDERSON MD, ARLO C	MONTGOMERY
ANDERSON MD, C L	ALLEGHENY
ANDERSON MO, CARDLYN H	ALLEGHENY
ANDERSON MD, EDWIN R	WARREN
ANDERSON MD, GORDON P	ERIE
ANDERSON MD, HERBERT H	ALLEGHENY
ANDERSON MD, HJALMAR S	CRAWFORD
ANDERSON MD, JOHN B	BERKS
ANDERSON MD, JOHN R	NORTHAMPTON
ANDERSON MO, JOSEPH B	ALLEGHENY
ANDERSON MD, RICHARD E	ALLEGHENY
ANDERSON MD, RUSSELL S	ERIE
ANDERSON MD, VICTOR C	SCHUYLKILL
ANDERSON MD, VICTOR S	ALLEGHENY
ANDERSON MO, WM C	VENANGO
ANDERSON MD, WM L	ALLEGHENY
ANDERSON MD, WM M	DAUPHIN
ANDOLINA MD, STEPHEN	FAYETTE
ANDREOZZI MD, ROBERT J	LEBANON
ANDREWS MD, A THOMAS	DAUPHIN
ANDREWS MO, PAUL J	LUZERNE
ANDREWS MD, PERCY J	DAUPHIN
ANDREWS MD, PETER J	LUZERNE
ANDREWS MD, RAYMOND W	MERCER
ANDRIES MD, RAYMOND M	MONTGOMERY
ANDRIDLE MD, GERALD L	LUZERNE
ANDRIDLE MD, JOS P	LACKAWANNA
ANDROS MD, GED J	PHILADELPHIA
ANDROSKI MD, JOHN J	LACKAWANNA
ANGELIDES MD, ANGELO P	PHILADELPHIA
ANGELO MO, JOHN J	YORK
ANGLE MO, WM O	LYCOMING
ANGSTADT JR MO, PAUL N	MONTGOMERY
ANGULO MO, ARMANO J	FRANKLIN
ANGUS MD, LESLIE R	MONTOUR
ANIGATI MD, JUAN C	PHILADELPHIA
ANKER MD, PETER M	DAUPHIN
ANNESLEY JR MD, WM H	DELAWARE
ANNON JR MD, WALTER T	PHILADELPHIA
ANO MD, ANTONIO C	PHILADELPHIA
ANOLIK MO, MITCHELL A	PHILADELPHIA
ANSEL MD, OAVIO G	PHILADELPHIA
ANSON MD, PETER M	LEHIGH
ANTALIK MD, PAUL E	ALLEGHENY
ANTEMANN MD, RICHARD W	CAMBRIA
ANTENSON MD, CHAS M	PHILADELPHIA
ANTHONY JR MD, JOHN J	ALLEGHENY
ANTHONY MD, JOHN A	MONTGOMERY
ANTHONY MD, RUSSELL A	MONTGOMERY
ANTIS MD, MAX A	ALLEGHENY
ANTKOWIAK MD, JOS G	ALLEGHENY
ANTOGNOLI MO, ANTHONY F	LACKAWANNA
ANTOGNOLI MD, WM J	LACKAWANNA
ANTONIADES MD, JOHN	PHILADELPHIA
ANTONIADES MD, KRISTINA E	DELAWARE
ANTONIO MD, MELVIN Q	UNION
ANTOUN JR MO, SALEEM J	WESTMORELAND
ANTUS MD, THOS J	ALLEGHENY
ANZALONE MO, ANGELO A	PHILADELPHIA
AOUN MO, KAMAL H	VENANGO
APFELBAUM MD, JAY H	NORTHAMPTON
APONTE MO, GONZALO E	PHILADELPHIA
APOSTOLIOIS MD, PANAYOTIS	PHILADELPHIA
APPEL JR MO, CHARLES R	LANCASTER
APPEL MO, JAMES Z	LANCASTER
APPEL MO, JOHN W	PHILADELPHIA
APPEL MD, KENNETH E	PHILADELPHIA
APPIAH MO, AUGUSTINE	PHILADELPHIA
APTON MD, JEFFREY H	ALLEGHENY
ARANGIO MO, GEORGE A	LEHIGH
ARANO MO, LEONARDO V	MONTGOMERY
ARAYA MO, CLETO U	ALLEGHENY
ARAYA MO, FERNANDO	LUZERNE
ARAYATA MO, FELIXBERTO R	CHESTER
ARBOGAST JR MO, JOHN W	UNION
ARBOGAST SR MD, JOHN W	UNION
ARCH JR MO, FRANCIS J	ALLEGHENY
ARCHER MO, OAVIO F	ALLEGHENY
ARCILLA MO, JAIME O	BUCKS
ARD MD, ROBT S	ALLEGHENY
ARDEN MD, SIDNEY H	PHILADELPHIA
ARDISON MO, GARY W	YORK
ARDIZONE MO, ROHLO A	BUCKS
ARENA MO, SEBASTIAN	ALLEGHENY
ARENTSEN MD, JUAN J	PHILADELPHIA
AREZA MD, PABLO R	FAYETTE
ARGER MD, PETER H	PHILADELPHIA
ARGIRES MO, JAMES P	LANCASTER
ARIYAPRAKAI MO, VINAI	MERCER
ARKLESS MD, HENRY A	PHILADELPHIA
ARMANIDUS MO, AOEL W	WESTMORELAND
ARMAO MO, JOS J	DELAWARE
ARMEN MO, ROBERT N	ALLEGHENY
ARMENTO MO, DONALD F	PHILADELPHIA
ARMEY MO, MARY C	ALLEGHENY
ARMFIELD III MD, SAMUEL L	ALLEGHENY
ARMITAGE MO, HARRY V	DELAWARE
ARMOUR MD, WM S	PHILADELPHIA
ARMSTRONG MO, B IRENE	ELK-CAMERON
ARMSTRONG MO, ERNEST L	ERIE
ARMSTRONG MO, SCHUYLER S	PHILADELPHIA
ARMSTRONG MD, THOS S	CUMBERLAND
ARMSTRONG MD, WM J	BUTLER
ARNETT MO, EDWARD F	FRANKLIN
ARNETT MO, JOHN H	PHILADELPHIA
ARNHEIM MO, FALK K	ALLEGHENY
ARNO MO, IRVIN C	PHILADELPHIA
ARNOLD MO, GORDON C	DAUPHIN
ARNOLO MO, JOHN J	CLEARFIELD
ARONICA MO, MICHAEL J	LACKAWANNA
ARONSON MO, MORTON L	ALLEGHENY
ARONSTAM MD, ROBT H	BRADFORD
AROUH MO, ALBERT	DELAWARE
ARRIOLA MO, RODOLFO N	ALLEGHENY
ARSENOVIC MO, ALEXANDAR I	CAMBRIA
ARSHT MO, EDWIN O	DELAWARE

ARTABANE MO, THOS A	LACKAWANNA	BAIL MD, HARRY	PHILADELPHIA	BARKER MD, CLYDE F	PHILADELPHIA
ARTHUR JR MD, JOS N	ALLEGHENY	BAILEY JR MD, JOHN H	CRAWFORD	BARKER MD, RICHARD G	PHILADELPHIA
ARTHURS MD, ANN C	PHILADELPHIA	BAILEY MD, CARL H	MERCER	BARKER MD, WARREN J	ALLEGHENY
ARUMUGHAM MD, PALANIAPPAN	BEAVER	BAILEY MD, NELSON J	MERCER	BARKLEY MD, WM W	FRANKLIN
ASBELL MD, SUCHA O	PHILADELPHIA	BAILEY MD, WM H	ALLEGHENY	BARLEY MD, SAML B	JEFFERSON
ASCANIO MD, GUIDO	DELAWARE	BAIR MD, CHAS W	LANCASTER	BARMADA MD, BICHER	ALLEGHENY
ASGHARZADEH MD, RAHIM	PHILADELPHIA	BAIR MD, EDWARD H	DAUPHIN	BARNES II MD, ARTHUR E	WESTMORELAND
ASH MD, S RUSSELL	MONTGOMERY	BAIR MD, ROBT C	TIOGA	BARNES JR MD, MILFORD E	LUZERNE
ASHBAUGH MD, WM H	BUTLER	BAIR MD, VICTOR W	WASHINGTON	BARNES MD, ANNE U	PHILADELPHIA
ASHBY MD, JOHN D	FRANKLIN	BAIR MD, WM L	ALLEGHENY	BARNES MD, BARBARA E	VENANGO
ASHMAN MD, GED S	CAMBRIA	BAIRD MD, JAMES W	ALLEGHENY	BARNES MD, BEN C	LEHIGH
ASHMAN MD, PHILIP	CAMBRIA	BAIRD MO, ROBT M	MONROE	BARNES MD, LETCHER B	ALLEGHENY
ASHODIAN MD, MILA J	PHILADELPHIA	BAIRD MD, WM F	GREENE	BARNES MD, WILLIS C	LACKAWANNA
ASKER MD, F	PHILADELPHIA	BAJDREK MD, EDWARD J	ERIE	BARNES MD, WM J	ALLEGHENY
ASKIN MD, RALPH J	ALLEGHENY	BAKER JR MD, ARTHUR G	DELAWARE	BARNES MD, WM T	CENTRE
ASKOVITZ MD, SAMUEL I	PHILADELPHIA	BAKER JR MD, GED W	FRANKLIN	BARNETT MD, WM C	ALLEGHENY
ASLAM MD, AZAR	CRAWFORD	BAKER MD, ARTHUR G	DELAWARE	BARNHART MD, ARTHUR D	WESTMORELAND
ASO MD, ORLANDO A	CARBON	BAKER MD, COURTNEY F	MONTGOMERY	BARNHOUSE MD, DAVID H	ALLEGHENY
ASPEN MD, NELSON P	CHESTER	BAKER MD, DAN R	BRADFORD	BARNOSKI MD, JOHN F	DAUPHIN
ASPER MD, RONALD F	PHILADELPHIA	BAKER MD, DAVID A	PHILADELPHIA	BAROL MD, DANL H	PHILADELPHIA
ASPIOTE MD, JOHN G	ALLEGHENY	BAKER MD, EVERETT M	ALLEGHENY	BARON MD, ARTHUR M	MONTGOMERY
ASSANASEN MD, BENJA V	WESTMORELAND	BAKER MO, GRAEME C	ERIE	BARON MD, JOHN	ALLEGHENY
ASSANASEN MD, CHARIN	WESTMORELAND	BAKER MO, HOWARD W	PHILADELPHIA	BARON MD, MAXINE E	ALLEGHENY
ASSANIE MO, MOHAMMEO	ALLEGHENY	BAKER MD, JAMES L	ALLEGHENY	BARON MD, RAYMOND C	PHILADELPHIA
ASSAR MD, SUDA P	ALLEGHENY	BAKER MD, JOHN H	LANCASTER	BARON MD, SAML	PHILADELPHIA
ATKINS JR MD, JOSEPH P	PHILADELPHIA	BAKER MD, RAMON D	DELAWARE	BARONE MD, ANTHONY	LEHIGH
ATKINS MO, JOHN L	YORK	BAKER MD, ROBT H	MERCER	BARONE MD, FRANCES A	BUCKS
ATKINSON MD, JOHN M	WAYNE-PIKE	BAKER MD, ROBT J	ALLEGHENY	BARONE MD, SAML F	ALLEGHENY
ATKINSON MD, NOLAN N	MONTGOMERY	BAKER MD, ROBT L	ALLEGHENY	BARR JR MD, JAMES H	ALLEGHENY
ATKINSON MD, WHITTIER C	CHESTER	BAKER MO, ROY F	CENTRE	BARR MD, GAVIN C	NORTHAMPTON
ATLEE JR MO, JOHN L	LANCASTER	BAKER MO, STEPHEN D	ALLEGHENY	BARR MO, HARRY J	OELAWARE
ATLEE MO, EDWARD O	MONTGOMERY	BAKER MO, THOMAS E	LUZERNE	BARR MD, LOUIS H	PHILADELPHIA
ATLEE MO, WM A	LANCASTER	BAKER MO, WALTER J	ALLEGHENY	BARR MO, RICHARD G	OELAWARE
ATWELL MO, LOYAL P	BEAVER	BAKER MO, WALTER W	PHILADELPHIA	BARR MD, SAML S	PHILADELPHIA
ATWELL MO, ROBT B	ALLEGHENY	BAKEWELL MO, FRANK S	WASHINGTON	BARR MD, SIONEY	PHILADELPHIA
AU MD, FRANCIS C	PHILADELPHIA	BALARAMAN MD, GOVINOACHETTY	FRANKLIN	BARR MD, V WARO	LANCASTER
AUCH MO, ELLA M	NORTHAMPTON	BALASH MD, WM R	ARMSTRONG	BARR MD, WM B	LEHIGH
AUDAY MO, JOSE H	PHILADELPHIA	BALBUS MD, THEODORE G	PHILADELPHIA	BARRERA JR MO, A RDODLFO	BUTLER
AUER MO, EDWARD T	PHILADELPHIA	BALCERZAK MO, STANLEY P	ALLEGHENY	BARRETT MO, GEO S	NORTHAMPTON
AUERBACH MD, HERMAN L	LUZERNE	BALCITA MD, ARTHUR L	WESTMORELAND	BARRETT MD, JOHN S	BERKS
AUGHINBAUGH MO, THOS H	CLEARFIELD	BALOIA MO, LIVEO B	COLUMBIA	BARRETT MD, JUDITH N	LEHIGH
AURANO MO, ELEANOR M	MIFFLIN-JUNIATA	BALOWIN MO, THOS M	BEAVER	BARRETT MO, STEPHEN J	LEHIGH
AURANOT MO, HENRY N	BERKS	BALES MO, CHAS R	ERIE	BARRETT MO, WM A	ALLEGHENY
AUSLANDER MO, JAMES L	ALLEGHENY	BALIN MD, BENJ R	OELAWARE	BARRINGER MO, LYOIA R	PHILADELPHIA
AUSLANDER MO, MILTON M	MONTGOMERY	BALIN MO, SOLOMON L	PHILADELPHIA	BARRIOS MO, ANTONIO	PHILADELPHIA
AUSSPRUNG MO, H LEON	PHILADELPHIA	BALIS MO, SOL	OELAWARE	BARRIOS MD, MARID F	BERKS
AUSTIN MO, BRUCE R	GREENE	BALISTOCKY MO, MARVIN H	MONTGOMERY	BARRON MO, KENNETH G	ALLEGHENY
AUSTIN MD, EDWARD M	ALLEGHENY	BALK MD, PHILLIP	ALLEGHENY	BARRY MD, WILLIAM E	PHILADELPHIA
AUSTIN MD, MICHAEL	BERKS	BALKANY MO, ANDREW F	DAUPHIN	BARRY MO, WM J	CHESTER
AUSTRIAN MO, ROBT C	PHILADELPHIA	BALL MO, MYRON H	LACKAWANNA	BARSDUM MD, AOIB H	WESTMORELAND
AVANCENA MO, EDGAROO P	MONTGOMERY	BALL MD, SIMON	PHILADELPHIA	BARTELT MO, CURTIS F	MONTGOMERY
AVELLA MO, BERNARO N	BERKS	BALL MO, WM L	WARREN	BARTHO MO, BLAINE F	PERRY
AVELLIND MD, JOS O	PHILADELPHIA	BALLANTYNE MD, JAMES V	ALLEGHENY	BARTHOLD MO, JOS L	MONTGOMERY
AVERSA JR MO, ZEFFERIND A	PHILADELPHIA	BALLARO MO, IAN M	MONTGOMERY	BARTHOLOMEW MO, WM W	GREENE
AVERSA MO, NICOLA	PHILADELPHIA	BALLAS MD, SAMIR K	PHILADELPHIA	BARTLE JR MD, HARVEY	MONTGOMERY
AVNER MO, DAVID L	GREENE	BALLEK MO, RONALO E	PHILADELPHIA	BARTLETT JR MO, FREDERICK H	MONTGOMERY
AWAD MD, EPHRAIM R	LANCASTER	BALLENTINE MO, GEO N	LYCOMING	BARTLETT MO, GLEN S	DAUPHIN
AXELMAN MD, EDWARO L	OELAWARE	BALLS MO, KENT F	MONTGOMERY	BARTO MO, JACK W	ALLEGHENY
AXELRDO MO, BERNARO M	PHILADELPHIA	BALMUTH MO, MICHAEL P	ALLEGHENY	BARTOLET MO, TERRY L	NORTHAMPTON
AXELROO MD, BUOO B	PHILADELPHIA	BALSAMO MD, ANTHONY J	PHILADELPHIA	BARTOLETTI MD, STEFANO C	ALLEGHENY
AXELROD MO, RITA S	PHILADELPHIA	BALSBAUGH MD, GED T	DAUPHIN	BARTON MD, JAMES C	FRANKLIN
AYDIN MO, KEMALETTIN	SCHUYLKILL	BALSHI MO, STEPHEN F	NORTHAMPTON	BARTON MD, ROBT L	LEBANON
AYE MO, J THOMAS	MERCER	BALTIC JR MD, CHAS V	BEAVER	BARTOS MD, JOS E	NORTHAMPTON
AYELLA JR, ALFRED S	PHILADELPHIA	BALTZ MO, RICHARD D	DAUPHIN	BARTOS MO, SYLVIA ANN	ALLEGHENY
AYERLE MD, ROBT S	PHILADELPHIA	BALTZELL MO, WM H	PHILADELPHIA	BARTUSKA MO, ODRIS G	PHILADELPHIA
AYERS MO, CYNTHIA G	ALLEGHENY	BALZE MO, PAUL C	LEHIGH	BARUA MD, SUBRATA P	WESTMORELAND
AYERS MO, LLOYO R	BLAIR	BAMBERGER MD, GRANT W	CHESTER	BARUSEWYCZ MO, SR MARIA N	PHILADELPHIA
AYOUB MO, OMAR B	WESTMORELANO	BAMBERGER MO, JOHN A	LEBANON	BARVINCHAK MO, G RICHARD	OELAWARE
AYRES MO, JOHN A	BLAIR	BAMONTE MO, EDWARO L	ALLEGHENY	BARZO MO, VERA M	ALLEGHENY
AYRES MO, WM W	FAYETTE	BANACH MO, STANLEY F	LEHIGH	BASAVANANO MO, NIRMALA P	PHILADELPHIA
AZAD MO, MOHAMEO N	BLAIR	BANCOFF MO, CARL	BERKS	BASH MO, NICHOLAS P	PHILADELPHIA
AZAR MO, ALBERT A	YORK	BANCROFT MO, EDITH O	MONTGOMERY	BASHARA MO, THOMAS J	LAWRENCE
AZAR MO, REZA R	PHILADELPHIA	BAND MO, PHILIP T	PHILADELPHIA	BASHLINE MO, ODN L	MERCER
AZER MO, MAGOI S	CAMBRIA	BANE MO, OENIS M	SCHUYLKILL	BASHLINE MO, HARRY W	MERCER
AZIZKHAN MO, REZA G	DAUPHIN	BANEY JR MO, CHAS M	BERKS	BASHORE JR MO, ROBT M	LANCASTER
		BANGHART MO, HARRY E	BUTLER	BASHORE MO, R GUY	SCHUYLKILL
		BANK MD, ARNOLO A	PHILADELPHIA	BASILE MO, JOSEPH	ALLEGHENY
		BANK MO, R STANLEY	DAUPHIN	BASOM MO, OONALO E	MIFFLIN-JUNIATA
		BANKA MD, VIOYA S	PHILADELPHIA	BASS MO, LEE W	ALLEGHENY
B		BANKS MO, ROBT P	PERRY	BASSALY MO, RIFAAT R	LAWRENCE
		BANKS MO, WALTER A	LEHIGH	BASSERT MO, DAVIO E	BUCKS
		BANMILLER MO, JAMES O	MONTGOMERY	BASSETT MO, JAMES G	PHILADELPHIA
BAADE MO, ERNEST A	MIFFLIN-JUNIATA	BANNER MO, RONALO S	PHILADELPHIA	BASSETT MO, SAML F	BUCKS
BABACZ MO, TEOFIL	CHESTER	BANNETT MO, AARON O	PHILADELPHIA	BASSILIOS MO, FOUAO A	ALLEGHENY
BABB MO, JOS O	DAUPHIN	BANNISTER JR MO, WM B	LAWRENCE	BAST MO, WILLIAM R	ALLEGHENY
BABCOCK MD, CHARLOTTE G	ALLEGHENY	BANNON MO, CHARLES J	LACKAWANNA	BASTACKY MO, MORRIS	ALLEGHENY
BABCOCK MO, JOHN R	CENTRE	BANOGON MO, MARIETTA A	DAUPHIN	BASTIAN MO, GRACE A	PHILADELPHIA
BABIN MD, ROMAN A	ELK-CAMERON	BANSAL MO, SUBHASH C	PHILADELPHIA	BASTIAN MD, JAMES R	LYCOMING
BABINSKI MO, MACIEJ F	ALLEGHENY	BANSAL MO, SURENORA K	ALLEGHENY	BATAILLE MO, JACQUES A	MERCER
BABU MO, VALLABHANENI S	ALLEGHENY	BANSBACH MO, JEAN M	PHILADELPHIA	BATCHELOR MO, ROGER P	CARBON
BACANI MO, OSWALOO	ALLEGHENY	BANSBACH MO, WM A	PHILADELPHIA	BATEMAN MD, ELVIN J	ALLEGHENY
BACASTOW MO, MERLE S	YORK	BANSIOHAR MO, BHADRASING	BEAVER	BATES MO, JAMES S	MONTOUR
BACH MO, WM G	BEAVER	BANTLEY JR MO, OAVIO S	PHILADELPHIA	BATES MD, RICHARO L	CRAWFORO
BACHARACH MD, BENJ	PHILADELPHIA	BANTLY MO, HARRY C	JEFFERSON	BATHEN MO, JOS J	ALLEGHENY
BACHARACH MO, HERBERT J	CLEARFIELO	BANTLY MO, VICTOR S	CAMBRIA	BATIPPS JR MO, PERCY O	OELAWARE
BACHMAN MO, LEONARO	PHILADELPHIA	BANZHOFF MO, GORDON K	DAUPHIN	BATIPPS MO, FRANCIS W	MIFFLIN-JUNIATA
BACHMAN MO, WM H	TIOGA	BAQUERO-BUENO MO, MARIO R	WASHINGTON	BATOFF MO, MILTON A	PHILADELPHIA
BACHMANN MD, LAWRENCE C	ALLEGHENY	BAR MO, ALLEN H	PHILADELPHIA	BATORY MO, KATHERINE H	CENTRE
BACKENSTOE MO, GERALO S	LEHIGH	BARAHONA MO, VICTOR C	PHILADELPHIA	BATSON MO, OSCAR V	PHILADELPHIA
BACKENSTOSE MO, OANL L	DAUPHIN	BARAKAT MO, AOEL R	MONTOUR	BATTAFARANO MO, LEONARO A	PHILADELPHIA
BACKES MO, CELSO L	POTTER	BARANSKI MO, EOWARO J	ADAMS	BATTAFARANO MO, NICHOLAS C	CHESTER
BACKUP MO, CLIFFORO E	PHILADELPHIA	BARATZ MO, BURTON H	PHILADELPHIA	BATTERTON MO, THOS D	PHILADELPHIA
BACON MO, HARRY E	PHILADELPHIA	BARBER MO, JOHN V	WESTMORELAND	BATTISTA MO, JOHN M	LUZERNE
BACON MO, RALPH O	ERIE	BARBERA MO, L STEWART	BUCKS	BATTS JR MO, JAMES A	PHILADELPHIA
BACON MO, RICHARO W	LANCASTER	BARBIERI MO, EOWARO A	PHILADELPHIA	BAUOER MO, ELIZABETH S	LEHIGH
BADAWI MO, RAOWAN A	LACKAWANNA	BARBO MO, OOROTHY M	PHILADELPHIA	BAUER MO, FRANK L	ALLEGHENY
BADDER MD, ELLIOTT M	DAUPHIN	BARCKLEY MO, THOMAS W	NORTHAMPTON	BAUER MO, JAMES E	ARMSTRONG
BADIALI MO, S CHARLES	WASHINGTON	BARCLAY JR MO, PAUL L	ERIE	BAUER MO, JOHN A	ARMSTRONG
BADMAN MO, FREO S	DAUPHIN	BARCLAY MD, CLAYTON C	SCHUYLKILL	BAUER MO, JOHN T	PHILADELPHIA
BADOLATO MO, OAVIO J	MONTGOMERY	BARCLAY MO, CLAYTON C	MONTGOMERY	BAUER MO, ROBERT L	LEBANON
BAER MD, GEO	PHILADELPHIA	BARCLAY MD, WM A	INDIANA	BAUER MO, THOS L	YORK
BAER MO, SAML	PHILADELPHIA	BARO MO, JOS L	MONTGOMERY	BAUER MO, WM F	ALLEGHENY
BAGLIO MO, CORRADO M	BEAVER	BARDEN MD, ROBT P	PHILADELPHIA	BAUERSFELO MD, S RICHARO	ALLEGHENY
BAHL MO, MOHINOER M	ALLEGHENY	BARDIN MO, C WAYNE	DAUPHIN	BAUM MO, EOGAR S	LEHIGH
BAHL MO, VIJAY K	ALLEGHENY	BARDONNER MO, JOHN N	ALLEGHENY	BAUM MO, O EUGENE	PHILADELPHIA
BAHN MO, ANITA K	PHILADELPHIA	BARDZIL MO, JOS W	WASHINGTON	BAUM MO, SHELOON	DAUPHIN
BAHNOORF MO, FREO R	ALLEGHENY	BARENBAUM MO, OANL H	PHILADELPHIA	BAUMANN MO, FRIEOA	PHILADELPHIA
BAHNMILLER MO, EDWIN C	LUZERNE	BARENBERG MO, PAUL A	CHESTER	BAUSCH JR MO, FREOERICK R	LEHIGH
BAHNSON MO, HENRY T	ALLEGHENY	BARENOS MO, FRANS J	DAUPHIN	BAUSCH MO, RICHARO O	LEHIGH

BAUZDN MD, NARCISD C	SCHUYLKILL	BENJAMIN MD, KENNETH W	PHILADELPHIA	BETZ MD, LDUIS H	UNIDN
BAVER MD, FAITH H	MDNTGDMERY	BENJAMIN MD, WALLACE F	LACKAWANNA	BEVAN DD, DAVID A	LUZERNE
BAVER MD, GED A	MDNTGDMERY	BENKD MD, STEPHEN T	CAMBRIA	BEVAN MD, EMMA B	PHILADELPHIA
BAXT MD, LEDN	PHILADELPHIA	BENNER MD, NDRMAN R	ELK-CAMERDN	BEVERLY JR MD, RDLAND S	PHILADELPHIA
BAXTER MD, DDNALD L	DELAWARE	BENNETT 4TH MD, JDS S	MDNTGDMERY	BEVERLY MD, AVERY W	PHILADELPHIA
BAXTER MD, JDHN A	MDNTDUR	BENNETT MD, ARLENE P	PHILADELPHIA	BEVILACQUA JR MD, DANTE J	DELAWARE
BAXTER MD, RDBERT S	PHILADELPHIA	BENNETT MD, HUGH D	PHILADELPHIA	BEVILACQUA MD, DANIEL F	ADAMS
BAYER MD, JDS F	WASHINGTDN	BENNETT MD, JDHN J	DAUPHIN	BEVILACQUA MD, JDHN E	PHILADELPHIA
BAYNE MD, GILBERT M	PHILADELPHIA	BENNETT MD, JDHN T	MDNTGDMERY	BEYER JR MD, FRANCIS D	WESTMDRELAND
BAYRI MD, MEHMET F	LEHIGH	BENNETT MD, MAY H	ALLEGHENY	BEYER JR MD, KARL H	PHILADELPHIA
BAZEMDRE MD, MARY K	MDNTGDMERY	BENNETT MD, RAYMDND L	SUSQUEHANNA	BEYMER MD, CHAS B	INDIANA
BAZMI MD, HASSAN	ALLEGHENY	BENNINGER MD, RDBT A	MERCER	BEZIER MD, MDNDRID S	LUZERNE
BAZZDUI MD, WIDAD	MC KEAN	BENNINGHDFF MD, DAVID C	BEAVER	BHAGWANANI MD, DRUPADI G	ALLEGHENY
BEACHER JR MD, GED W	LANCASTER	BENDVITZ MD, BURTDN S	LUZERNE	BHARADWAJA MD, KRISHAN	PHILADELPHIA
BEACHLER MD, JDHN S	ALLEGHENY	BENSHDFF MD, ALBERT M	CAMBRIA	BHARGAVE MD, USHA A	DAUPHIN
BEACHY MD, IVAN E	CUMBERLAND	BENSHDFF MD, ARTHUR M	CAMBRIA	BHARUCHA MD, SHERNAVAZ D	DAUPHIN
BEADLING MD, WALTER H	DELAWARE	BENSDN MD, BERNARD E	MDNTGDMERY	BHATIA MD, SHYAMSUNDER	MDNTDUR
BEALE MD, BENJ R	DAUPHIN	BENSDN MD, DAVID R	CENTRE	BHATNAGAR MD, YUDHISHTER M	CLARIDN
BEALER MD, JDHN D	NDRTHAMPTDN	BENSDN MD, GDRDDN D	PHILADELPHIA	BHATT MD, ANJALI G	DELAWARE
BEALL MD, CHESTER F	ALLEGHENY	BENSDN MD, JACDB M	PHILADELPHIA	BHATT MD, GAURANG P	DELAWARE
BEALS MD, NDRMAN K	VENANGD	BENSDN MD, JDHN R	PHILADELPHIA	BHDTIWIHDK MD, PREECHA	MDNTDUR
BEAN MD, CARL B	BUTLER	BENSDN MD, WILLIAM E	PHILADELPHIA	BHUTTA MD, DMAR I	ALLEGHENY
BEANE MD, HDWARD C	DAUPHIN	BENSY MD, JDSEPH J	ALLEGHENY	BHYUN MD, DAE S	YDRK
BEAR MD, JDHN M	BERKS	BENSY MD, DLIVER R	ALLEGHENY	BIALAS MD, HENRY N	BERKS
BEARDWDDD MD, DDNALD M	PHILADELPHIA	BENT III MD, GEDRGE	ALLEGHENY	BIALAS MD, RDBERT F	DELAWARE
BEATTY MD, ALBERT C	PHILADELPHIA	BENTIVDGLID MD, LAMBERTD G	PHILADELPHIA	BIANCAKELLI MD, EDMUND J	LACKAWANNA
BEATTY MD, RALPH P	ALLEGHENY	BENTLEY JR MD, EUGENE A	CHESTER	BIANCD MD, ANTDNI	ALLEGHENY
BEAUCHAMP JR MD, EUGENE W	PHILADELPHIA	BENTDN MD, DWEN D	WASHINGTDN	BICHARA MD, WAHIB M	DELAWARE
BEAVER MD, HARRY C	MIFFLIN-JUNIATA	BENTZ DD, WILLIAM J	ALLEGHENY	BIDDLE MD, JDHN E	LYCDMING
BECK DD, JDNATHAN E	MDNTGDMERY	BENTZ MD, CHAS R	MC KEAN	BIDDLE MD, STANLEY E	PHILADELPHIA
BECK JR MD, WM C	MDNTGDMERY	BENTZ MD, MICHAEL S	DAUPHIN	BIEBER MD, LARIEN G	LANCASTER
BECK JR MD, WM W	PHILADELPHIA	BENTZ MD, RALPH A	DAUPHIN	BIELE MD, ALBERT M	PHILADELPHIA
BECK MD, AARDN T	PHILADELPHIA	BENZ JR MD, GEDRGE H	ALLEGHENY	BIELE MD, FLDRA H	PHILADELPHIA
BECK MD, DDNALD E	MERCER	BENZ MD, EDWARD J	NDRTHAMPTDN	BIEMULLER MD, MARTHA L	PHILADELPHIA
BECK MD, GERALD E	ERIE	BERARDI MD, RDNALD S	WESTMDRELAND	BIERER MD, EDWARD D	ARMSTRDNG
BECK MD, HELEN M	WYDMING	BERARDINELLI MD, JDHN L	BLAIR	BIERER MD, WM E	WESTMDRELAND
BECK MD, JAN	BRADFDRD	BERARDIS MD, VELID E	LACKAWANNA	BIERI MD, JDHN W	DAUPHIN
BECK MD, MDRTDN S	DELAWARE	BERBERICH MD, WALTER F	WESTMDRELAND	BIERMAN MD, JDS R	LEHIGH
BECK MD, RDBT H	HUNTINGDDN	BERD MD, IRVIN B	DELAWARE	BIERMAN MD, VICTDR J	PHILADELPHIA
BECK MD, SIDNEY	PHILADELPHIA	BERENBAUM MD, ARTHUR A	PHILADELPHIA	BIESINGER MD, GED J	BLAIR
BECK MD, THEDDDRE A	LEHIGH	BERES MD, JDSEPH C	PHILADELPHIA	BIGGINS MD, JAMES A	MERCER
BECK MD, WM C	BRADFDRD	BERESKY MD, BARNABAS	ERIE	BIGLETE MD, LEDN T	SCHUYLKILL
BECKER JR MD, HEBER W	LANCASTER	BERG MD, CHAS F	ALLEGHENY	BIGDNEY MD, CARL F	MDNTGDMERY
BECKER MD, CARL K	LEBANDN	BERG MD, GED	ALLEGHENY	BIKLE MD, CHAS A	FRANKLIN
BECKER MD, HILARY J	LANCASTER	BERG MD, MDRTDN D	PHILADELPHIA	BIKLE MD, H DWIGHT	ADAMS
BECKER MD, IRWIN	PHILADELPHIA	BERG MD, PHILIP	PHILADELPHIA	BILANIUK MD, LARISSA T	DELAWARE
BECKER MD, JDS M	PHILADELPHIA	BERG MD, SAUL R	ALLEGHENY	BILBAD MD, ANGEL	ALLEGHENY
BECKER MD, MARTIN S	NDRTHAMPTDN	BERGELSDN MD, VICTDR D	MDNTGDMERY	BILKER MD, IRIS J	PHILADELPHIA
BECKER MD, WARD G	BERKS	BERGER DD, ARNDLD H	PHILADELPHIA	BILLIAN MD, VIRGINIA L	ALLEGHENY
BECKER MD, WARREN W	PHILADELPHIA	BERGER MD, BENJ	ALLEGHENY	BILLIG MD, RUTH A	PHILADELPHIA
BECKLEY MD, ALLEN G	PHILADELPHIA	BERGER MD, GARY W	LYCDMING	BILLINGS MD, RDBT J	ALLEGHENY
BECKMAN DD, IRWIN	MDNTGDMERY	BERGER MD, JAY B	NDRTHAMPTDN	BINAKDNSKY MD, HARRY S	ALLEGHENY
BECKMAN MD, WILLIAM R	ADAMS	BERGER MD, KARL	CAMBRIA	BINDER MD, MARTIN G	CHESTER
BECKWITH MD, WM R	DELAWARE	BERGER MD, MARK	DAUPHIN	BINDIE MD, RICHARD P	SCHUYLKILL
BEDFDRD MD, RICHARD A	PHILADELPHIA	BERGER MD, MELVIN M	NDRTHAMPTDN	BINNIDN MD, PETER F	PHILADELPHIA
BEDNARZ MD, WALLACE W	LYCDMING	BERGER MD, NDRMAN S	LACKAWANNA	BINNS MD, VERDNICA	FAYETTE
BEDRDSSIAN MD, E HDWARD	DELAWARE	BERGER MD, SIMDN M	PHILADELPHIA	BINSTOCK MD, HARDLD	ALLEGHENY
BEE MD, DANL H	INDIANA	BERGHER MD, MDISES	PHILADELPHIA	BIRD MD, GUSTAVUS C	PHILADELPHIA
BEEBY MD, JAMES L	ERIE	BERGLAND MD, RICHARD M	LEBANDN	BIRDSALL MD, THDMAS M	PHILADELPHIA
BEEKEY JR MD, CYRUS E	YDRK	BERGMEYER MD, JDHN M	ALLEGHENY	BIRKHEAD MD, NEWTDN C	PHILADELPHIA
BEEKLEY MD, WM H	CHESTER	BERGNES MD, MANUEL A	MDNTGDMERY	BIRNBAUM MD, JDSEPH G	PHILADELPHIA
BEEM MD, JDHN W	BERKS	BERGQUIST MD, ERICK J	PHILADELPHIA	BIRNBAUM MD, MICHAEL D	PHILADELPHIA
BEER MD, LDUIS	NDRTHAMPTDN	BERING MD, JDS P	LEBANDN	BIRO JR MD, FRANK	NDRTHAMPTDN
BEERMAN MD, CURTIS A	CAMBRIA	BERK MD, HENRY M	MDNTGDMERY	BIRRELL MD, DDNALD G	ALLEGHENY
BEERMAN MD, HERMAN	PHILADELPHIA	BERK MD, MYLES M	ALLEGHENY	BIRTWELL MD, WM M	PHILADELPHIA
BEETEL MD, CHRISTDPHER J	BERKS	BERK MD, NATHANIEL G	PHILADELPHIA	BISBING MD, JDHN H	BERKS
BEG MD, MIRZA M	PHILADELPHIA	BERKEBILE MD, PAUL E	ALLEGHENY	BISCEGLIA MD, JDS L	ALLEGHENY
BEGG MD, FRANK R	ALLEGHENY	BERKEY MD, RICHARD L	ALLEGHENY	BISHDP MD, DAVID W	BLAIR
BEGUM MD, DILWARA	ALLEGHENY	BERKHEIMER MD, GED A	DAUPHIN	BISHDP MD, HARRY C	PHILADELPHIA
BEH MD, WALTER P	ALLEGHENY	BERKHEIMER MD, PARK	DAUPHIN	BISHDP MD, SARAH	PHILADELPHIA
BEHREND MD, ALBERT	PHILADELPHIA	BERKHEISER MD, SAML W	DAUPHIN	BISHDP MD, WAYNE E	CENTRE
BEHREND MD, BERNARD	PHILADELPHIA	BERKMAN MD, EUGENE F	BEAVER	BISHDW MD, I RALPH	PHILADELPHIA
BEHRINGER MD, W HAYMAN	PHILADELPHIA	BERKMAN MD, RDNALD D	ALLEGHENY	BISIGNANI MD, GABRIELLA M	LACKAWANNA
BEHUN MD, JDS M	ALLEGHENY	BERKDW MD, RDBERT	MDNTGDMERY	BISSEL MD, FRED A	ALLEGHENY
BEIDLER MD, JDN G	FRANKLIN	BERKDWITZ MD, FRED	ALLEGHENY	BISSET JR MD, JAMES F	NDRTHAMPTDN
BEILER MD, DAVID D	MDNTDUR	BERKDWITZ MD, HENRY D	PHILADELPHIA	BITETTO MD, NICDLA	BERKS
BEITEL JR MD, RDBT J	LEHIGH	BERKDWITZ MD, MDRTDN I	ALLEGHENY	BITMAN MD, HARDLD L	PHILADELPHIA
BEITTEL JR MD, CHAS R	DAUPHIN	BERKDWITZ MD, RICHARD D	PHILADELPHIA	BITMAN MD, JDS	PHILADELPHIA
BEITTEL MD, JAMES P	LANCASTER	BERLIN JR MD, CHESTDN M	DAUPHIN	BITMAN MD, KENNETH L	CHESTER
BEIZER MD, LAWRENCE H	PHILADELPHIA	BERLIN MD, ALLISDN J	ALLEGHENY	BITNER MD, WALTER P	DAUPHIN
BELENKY MD, DAVID A	ALLEGHENY	BERLIN MD, CHAS S	ALLEGHENY	BITTENBENDER MD, JDS	DAUPHIN
BELKNAP MD, HARDLD P	YDRK	BERMAN JR MD, WILLIAM	DAUPHIN	BITTENGER MD, RALPH E	YDRK
BELL JR MD, C RAY	LEBANDN	BERMAN MD, ARNDLD T	PHILADELPHIA	BIXBY JR MD, EDWARD W	DELAWARE
BELL JR MD, DAVID M	WASHINGTDN	BERMAN MD, BERNARD H	WASHINGTDN	BIXLER JR MD, LESTER G	DAUPHIN
BELL MD, BENJ T	MDNTGDMERY	BERMAN MD, ELI	MDNRDE	BIXLER SR MD, LESTER G	DAUPHIN
BELL MD, ELLA C	PHILADELPHIA	BERMAN MD, HDWARD J	WESTMDRELAND	BIZDUSKY MD, FRANKLIN S	JEFFERSDN
BELL MD, GERALD	CHESTER	BERMAN MD, RICHARD	PHILADELPHIA	BIZUP MD, THDS J	SCHUYLKILL
BELL MD, H CRAIG	MDNTGDMERY	BERNABEI MD, ARMAND L	PHILADELPHIA	BLACK JR MD, HARRY A	ALLEGHENY
BELL MD, JAMES B	DELAWARE	BERNARDIND JR MD, VITALIAND B	BUCKS	BLACK JR MD, WM A	LACKAWANNA
BELL MD, JDHN C	MDNTGDMERY	BERNARDIND MD, EVELINA A	BUCKS	BLACK MD, F DWEN	ALLEGHENY
BELL MD, MICHAEL C	ALLEGHENY	BERNATH JR MD, ALBERT M	MDNTDUR	BLACK MD, HERMAN	PHILADELPHIA
BELL MD, RANDALL W	DELAWARE	BERNBERG MD, LAWRENCE	CHESTER	BLACK MD, JUDITH E	ALLEGHENY
BELL MD, RDBT L	CHESTER	BERNHARD MD, JDHN J	LEHIGH	BLACK MD, MAURICE W	PHILADELPHIA
BELL MD, THDS G	CLEARFIELD	BERNHARD MD, RDBT A	LANCASTER	BLACK MD, MILTON H	ALLEGHENY
BELLA MD, RDMED H	BUTLER	BERNS MD, LEDN L	PHILADELPHIA	BLACKBURN MD, JDS M	ELK-CAMERDN
BELLANCA JR MD, GUY L	WESTMDRELAND	BERNSTEIN MD, A ALEXANDER	LACKAWANNA	BLACKBURN MD, LAWRENCE F	WESTMDRELAND
BELLARMIND MD, FRANCIS M	PHILADELPHIA	BERNSTEIN MD, ABRAHAM	MDNTGDMERY	BLACKBURN MD, WALTER J	PHILADELPHIA
BELLER MD, MARTIN L	PHILADELPHIA	BERNSTEIN MD, EDWARD D	ALLEGHENY	BLACKSMITH JR MD, GARY L	CUMBERLAND
BELLET MD, RDBERT E	PHILADELPHIA	BERNSTINE MD, EARL L	YDRK	BLADY MD, JDHN V	PHILADELPHIA
BELLIS MD, JDHN A	CHESTER	BERNSTINE MD, J BERNARD	PHILADELPHIA	BLAIN MD, DANL	PHILADELPHIA
BELLUS MD, JDHN J	MDNTGDMERY	BERDNILLA MD, HILARIDN A	WESTMDRELAND	BLAIR MD, FRANK W	PHILADELPHIA
BELMDNT MD, HERMAN S	PHILADELPHIA	BERRETTINI MD, ACHILLES A	LUZERNE	BLAIR MD, JDHN F	WESTMDRELAND
BELMDNT MD, DWEN	PHILADELPHIA	BERRY MD, GED J	ALLEGHENY	BLAISDELL MD, C THEDDDRE	LEHIGH
BELUFF MD, LDUIS	PHILADELPHIA	BERS MD, SDL N	YDRK	BLAKE JR MD, ALTDN D	MDNTGDMERY
BENACK MD, CARL A	ALLEGHENY	BERSCHLING MD, CHESTER M	ALLEGHENY	BLAKE MD, DDUGLAS R	LEHIGH
BENDER JR MD, FRANK C	DELAWARE	BERTA MD, JULIUS W	WARREN	BLAKE MD, KARL E	ALLEGHENY
BENDER MD, GED E	CENTRE	BERTDLET MD, CHAS B	BERKS	BLAKE MD, PAUL D	DELAWARE
BENDER MD, JDS	MDNTGDMERY	BERTDLETTE MD, RICHARD D	BERKS	BLAKER MD, MARTIN A	PHILADELPHIA
BENDER MD, RICHARD J	ALLEGHENY	BERTRAM MD, HDRST N	LEBANDN	BLAKESLEE DD, CDLSDN E	JEFFERSDN
BENDER MD, RDBT R	LANCASTER	BERTSCH MD, ALBERT M	SUSQUEHANNA	BLAKLEY MD, JDHN B	ALLEGHENY
BENDER MD, SHELDDN R	PHILADELPHIA	BESARAB MD, ANATDLE	PHILADELPHIA	BLANCH MD, JDHN J	YDRK
BENDER MD, WM A	FRANKLIN	BESECKER MD, JDS A	LANCASTER	BLANCH MD, JDS J	PHILADELPHIA
BENDERSKY MD, GDRDDN	PHILADELPHIA	BESDZZI MD, MICHAEL J	ALLEGHENY	BLANCHARD MD, DDNDVAN C	VENANGD
BENDLIN MD, ARNALDD	PHILADELPHIA	BESSELMAN MD, DAVID M	DAUPHIN	BLANCHET MD, ALFRED D	PHILADELPHIA
BENEDICT MD, FRANKLIN D	PHILADELPHIA	BESSER MD, JDS P	PHILADELPHIA	BLAND MD, C BRINLEY	PHILADELPHIA
BENEZRA MD, ISAK	PHILADELPHIA	BEST MD, JDHN W	YDRK	BLANK MD, IRA B	MDNTGDMERY
BENFER MD, KENNETH L	YDRK	BEST MD, WM G	DELAWARE	BLANK MD, JDHN E	MERCER
BENINATI MD, DANIEL D	CHESTER	BETTINGER MD, JDHN C	PHILADELPHIA	BLANK MD, PHILIP	ALLEGHENY
BENITEZ MD, FRANCISCD W	BLAIR	BETTS MD, EUGENE K	PHILADELPHIA	BLANK MD, SAML	PHILADELPHIA

BLANZACD MD, ANDRE C	PHILADELPHIA	BDNITA MD, LDUIS B	LUZERNE	BRACKIN MD, GED G	MDNTGDMERY
BLASBAND MD, RICHARD A	BUCKS	BDNITA MD, RAPHAEL	LUZERNE	BRACKIN MD, PHILLIP S	MDNTGDMERY
BLASCD MD, WALTER J	FRANKLIN	BDNN MD, JERRDLD C	PHILADELPHIA	BRACDNARD MD, FRANCIS J	BERKS
BLASIDLE MD, RALPH S	WASHINGTDN	BDNNER MD, RDBT A	LYCDMING	BRADEN JR MD, FRANK R	ALLEGHENY
BLASS MD, DAVID C	FAYETTE	BDNNER MD, WM R	CARBDN	BRADFORD MD, GEDRGE W	PHILADELPHIA
BLASSER MD, EDWARD F	LEHIGH	BDND MD, JDHN	ARMSTRDNG	BRADFORD MD, JDHN D	CHESTER
BLASTDS MD, PAUL	ALLEGHENY	BDNDS III MD, CHAS T	LEHIGH	BRADFORD MD, PAUL L	MDNTGDMERY
BLATCHLEY MD, DDNALD M	WESTMDRELAND	BDNTEMPD MD, FRANKLIN A	BEAVER	BRADLEY JR MD, RDBT H	PHILADELPHIA
BLATT MD, HERBERT L	PHILADELPHIA	BDNTOMASE MD, JASPER E	LYCDMING	BRADLEY JR MD, WM A	WESTMDRELAND
BLATT MD, MARK A	PHILADELPHIA	BDNUCCI MD, BRUND L	FAYETTE	BRADLEY JR MD, WM P	ALLEGHENY
BLAU MD, NATHAN	ALLEGHENY	BOD MD, KI T	LEHIGH	BRADLEY MD, BETTY H	ALLEGHENY
BLAUM MD, LDUIS C	LUZERNE	BODK MD, MURRAY H	MDNTGDMERY	BRADLEY MD, DDN W	DAUPHIN
BLAZINA MD, WM M	DAUPHIN	BODKERT MD, CHAS C	ALLEGHENY	BRADLEY MD, MARTHA K	DAUPHIN
BLECKER MD, DAVID	YDRK	BDUKHAMMER MD, RDBT S	PHILADELPHIA	BRADLEY MD, SAML M	CAMBRIA
BLECKER MD, DAVID L	PHILADELPHIA	BDDNE MD, LESLIE J	ALLEGHENY	BRADLEY MD, VERNDN F	BLAIR
BLEEDEN MD, EDWARD M	DELAWARE	BDUNSWANG MD, PRICHA	NDRTHAMPTDN	BRADSHAW JR MD, WM A	ALLEGHENY
BLEIER MD, ADDLPH H	DELAWARE	BODTH MD, GED	ALLEGHENY	BRADY MD, DDUGLAS F	WESTMDRELAND
BLEIMAN MD, MICHAEL	PHILADELPHIA	BDRA MD, FRANK W	PHILADELPHIA	BRADY MD, GED M	LANCASTER
BLESA MD, E SERGID	PHILADELPHIA	BDRDEN MD, ANTHDNY G	PHILADELPHIA	BRADY MD, JDHN C	LUZERNE
BLESSING MD, HENRY G	PHILADELPHIA	BDRECKY MD, DAVID C	CAMBRIA	BRADY MD, JDS A	MDNTGDMERY
BLEWETT MD, CHARLES H	PDTTER	BDRETSKY MD, HARRY	ALLEGHENY	BRADY MD, LUTHER W	PHILADELPHIA
BLEWITT MD, GEDRGE A	PHILADELPHIA	BDRGER MD, LEE J	WARREN	BRAITMAN MD, RDBT A	PHILADELPHIA
BLINKDFF MD, BARRY A	PHILADELPHIA	BDRIDSI MD, GUIDD D	LACKAWANNA	BRALLIER MD, HUGH W	WESTMDRELAND
BLIZZARD MD, JDHN J	DELAWARE	BDRJA MD, RDGELID I	ARMSTRDNG	BRAMDWITZ MD, ALAN D	ALLEGHENY
BLDBNER MD, CHAS G	ALLEGHENY	BDRKDVIC MD, EMBRIE J	BEAVER	BRANAS DD, JDHN A	LANCASTER
BLDCK MD, FRANK B	PHILADELPHIA	BDRKDWSKI MD, ADDLPH F	PHILADELPHIA	BRANCATD JR MD, PETER	ALLEGHENY
BLDCK MD, RDBERT A	PHILADELPHIA	BDRKDWSKI MD, BERNARD B	PHILADELPHIA	BRANDDN MD, JDHN M	ALLEGHENY
BLDCKLYN MD, MAURICE J	DELAWARE	BDRKDWSKI MD, WINSLDW J	PHILADELPHIA	BRANDDN MD, MILTDN B	JEFFERSDN
BLDCKSTEIN MD, RDBT S	ALLEGHENY	BDRNS MD, PATHICIA F	PHILADELPHIA	BRANDDN MD, PHYLLIS K	ARMSTRDNG
BLDDGETT JR MD, RANDDLPH C	MDNTDUR	BDRNSTEIN MD, NEAL G	ALLEGHENY	BRANDSTETTER MD, LDUIS H	ALLEGHENY
BLDES MD, WALTER S	LACKAWANNA	BDRNT MD, MARSHA D	YDRK	BRANDT MD, C RICHARD	DAUPHIN
BLDMAIN MD, E WILLIAM	LACKAWANNA	BDRDN MD, RDBT J	CLEARFIELD	BRANDT MD, JDHN P	CLINTDN
BLDDD JR MD, JDS B	BRADFDRD	BDRDW MD, LAWRENCE S	PHILADELPHIA	BRANDT MD, JDHN W	ALLEGHENY
BLDDD JR MD, RAYMDND G	PHILADELPHIA	BDRDW MD, SYDNEY	PHILADELPHIA	BRANDT MD, RDBERT I	BEAVER
BLDDM MD, C HENRY	BLAIR	BORDWSKY MD, SYDNEY M	PHILADELPHIA	BRANELLA MD, TDNIND F	DELAWARE
BLDDM MD, EDWARD I	PHILADELPHIA	BDRSKA MD, HENRY B	MDNTGDMERY	BRANSCUM MD, GEDRGE P	CUMBERLAND
BLDDM MD, JAMES	DAUPHIN	BDRTHWICK MD, MALCDLM J	LUZERNE	BRANT MD, CARL E	WESTMDRELAND
BLDDM MD, JDS	PHILADELPHIA	BDRTIN MD, LEDNARD	PHILADELPHIA	BRANT MD, NDSS D	ALLEGHENY
BLDDM MD, JDS B	ALLEGHENY	BDRTNER MD, DDNALD L	YDRK	BRANTON MD, LEDN N	LEHIGH
BLDDM MD, MEYER	CAMBRIA	BDRTZ MD, DDNALD W	WESTMDRELAND	BRANTZ MD, EDWARD A	LUZERNE
BLDDM MD, PETER B	DELAWARE	BDRTZ MD, FRANK B	ALLEGHENY	BRASUK MD, JDHN L	ALLEGHENY
BLDDM MD, SHIRLEY S	PHILADELPHIA	BDRTZ MD, WALTER M	WESTMDRELAND	BRASUK MD, VIRGINIA M	ALLEGHENY
BLDUGH MD, LELAND S	ALLEGHENY	BDRUS MD, HARRY E	ALLEGHENY	BRAU MD, JDS M	NDRTHAMPTDN
BLDUNT DD, AMANDA C	PHILADELPHIA	BORZUTZKY MD, CARLDS	ALLEGHENY	BRAUN MD, DANL C	ALLEGHENY
BLUESTEIN MD, DAVID D	ALLEGHENY	BOSACCD MD, DAVID N	DELAWARE	BRAUN MD, THDS M	WASHINGTDN
BLUM MD, BERNARD M	PHILADELPHIA	BDSANAC MD, PAUL R	LEHIGH	BRAUNFELD DD, RDBERT	PHILADELPHIA
BLUM MD, MARVIN	LUZERNE	BDSELLI MD, BRUCE D	BRADFDRD	BRAV MD, SDLDMDN S	PHILADELPHIA
BLUM MD, MATTHEW D	BUCKS	BDSSE MD, MILTDN D	ALLEGHENY	BRAVEMAN MD, BERNARD L	ALLEGHENY
BLUM MD, MITCHELL E	LEHIGH	BDTKIN MD, LESTER H	ALLEGHENY	BRAY MD, JDHN S	DAUPHIN
BLUMBERG MD, ALEXANDER W	LYCDMING	BDTKIN MD, RDBT F	ALLEGHENY	BRAY MD, JDS B	CHESTER
BLUMBERG MD, LEDN D	PHILADELPHIA	BDTTDMLEY DD, DDNALD L	LEHIGH	BRAY MD, JDSHUA C	MDNTGDMERY
BLUMBERG MD, MYRDN L	PHILADELPHIA	BDUCEK MD, CHAS M	ALLEGHENY	BRAZEL MD, JDS F	CUMBERLAND
BLUME MD, RDBT P	ALLEGHENY	BDUCEK MD, RICHARD J	ALLEGHENY	BRAZINA MD, BRUCE D	MDNTDUR
BLUMENFIELD MD, RALPH	PHILADELPHIA	BOUCHER MD, IRVAN A	BLAIR	BRECHER MD, EUGENE	PHILADELPHIA
BLUMENSCHEIN MD, GERTRUDE	FAYETTE	BOUCHER MD, WM F	LEHIGH	BRECHT MD, JAMES A	PHILADELPHIA
BLUMENTHAL MD, CHAS	PHILADELPHIA	BDULDS MD, DNSI K	GREENE	BRECKENRIDGE MD, JDHN W	PHILADELPHIA
BLUMSTEIN MD, CHAS G	MDNTGDMERY	BOURAS MD, GED	MDNTGDMERY	BREEN MD, PHILIP C	MDNTDUR
BLUMSTEIN MD, GED I	PHILADELPHIA	BDURDAKDS MD, NICDLAS G	ALLEGHENY	BREGMAN MD, JDS	PHILADELPHIA
BLY MD, CHAUNCEY G	MERCER	BDURLAND MD, HENRY S	PHILADELPHIA	BREHM MD, HANS H	MDNRDE
BLYTHE MD, PEGGY J	WASHINGTDN	BDUVIER MD, MARIANNE	ALLEGHENY	BREITFELD MD, VDLKER	ALLEGHENY
BOAL JR MD, JDHN H	BEAVER	BDUZARTH MD, WM F	PHILADELPHIA	BREMER MD, HARRY J	CAMBRIA
BOAL MD, ERWIN S	BEAVER	BDVARD MD, PAUL G	ALLEGHENY	BRENMAN MD, ARNDLD K	PHILADELPHIA
BOAS MD, HARRY H	ALLEGHENY	BDVE MD, FRANK A	PHILADELPHIA	BRENNAN MD, JAMES T	PHILADELPHIA
BOBB MD, MARVIN L	DELAWARE	BDVE MD, RICHARD L	MDNTGDMERY	BRENNAN MD, JDHN P	LUZERNE
BOBECK MD, JDS J	LUZERNE	BDWEN III MD, ADELBERT	ALLEGHENY	BRENNAN MD, JDS E	PHILADELPHIA
BOBEN JR MD, WM R	LANCASTER	BDWEN JR MD, THALES	MDNTGDMERY	BRENNAN MD, LEDNARD H	WARREN
BOBEN MD, WM R	LUZERNE	BDWEN MD, DALE T	LEHIGH	BRENNAN MD, RDBERT W	DAUPHIN
BOC MD, STANLEY F	PHILADELPHIA	BDWER MD, HARRY B	DAUPHIN	BRENNAN MD, RUSSELL J	PHILADELPHIA
BOCHER MD, JACK	CHESTER	BDWER MD, JAMES H	DAUPHIN	BRENNAN MD, WM F	ALLEGHENY
BOCKDL MD, JDEL M	BUCKS	BOWER MD, JAMES N	LAWRENCE	BRENNEMAN MD, J JAMES	MIFFLIN-JUNIATA
BOCKUS MD, HENRY L	PHILADELPHIA	BDWER MD, JDHN R	BERKS	BRENNEMAN MD, PAUL G	BUCKS
BODE JR MD, FREDERICK W	ALLEGHENY	BDWER MD, JDHN R	BERKS	BRENNEMAN MD, RICHARD E	NDRTHAMPTDN
BODE SR MD, FREDERICK W	ALLEGHENY	BDWER MD, RDBT	PHILADELPHIA	BRENNEN MD, RDBT F	LEHIGH
BODEK MD, ALVIN M	ALLEGHENY	BOWER MD, RDBT J	CHESTER	BRENNER DD, RICHARD P	PHILADELPHIA
BODI MD, TIBDR	PHILADELPHIA	BDWER MD, SAML C	CLINTDN	BRENNER JR MD, SAML S	BRADFDRD
BODMER MD, MERAL D	NDRTHUMBERLAND	BDWERS MD, LERDY W	BLAIR	BRENNER MD, ANGUS L	MDNTGDMERY
BOEHMLER MD, WM J	MDNTGDMERY	BDWERS MD, PAUL A	PHILADELPHIA	BRENNER MD, LDUIS D	DAUPHIN
BOEHNKE MD, MANFRED	ALLEGHENY	BDWERS MD, RDBERT M	TIDGA	BRENNER MD, MAXWELL B	PHILADELPHIA
BOGAEV MD, JULES H	PHILADELPHIA	BDWERS MD, WM H	ALLEGHENY	BRENNER MD, SIDNEY	PHILADELPHIA
BOGASH MD, MDRTDN	MDNTGDMERY	BDWES MD, DDNALD E	MDNTDUR	BRENNER MD, SDPHIE A	PHILADELPHIA
BOGDANDFF MD, BRUCE M	DELAWARE	BDWIE MD, MDRRIS A	MDNTGDMERY	BRENT MD, LAWRENCE B	ALLEGHENY
BOGER MD, WM P	PHILADELPHIA	BDWMAN JR MD, THDS E	DAUPHIN	BRERETDN MD, WM F	ERIE
BOGGS JR MD, THDMAS R	PHILADELPHIA	BDWMAN MD, DAVID H	BLAIR	BRESLER MD, R RALPH	PHILADELPHIA
BOHARAS MD, SAUL	ALLEGHENY	BDWMAN MD, HERBERT S	DAUPHIN	BRESLIN DD, THDMAS V	LEHIGH
BOHLENDER MD, GED P	ERIE	BDWMAN MD, JAMES E	PHILADELPHIA	BRESS MD, ALAN N	ALLEGHENY
BOHNENBLUST MD, WALTER R	SCHUYLKILL	BDWMAN MD, JDHN H	LANCASTER	BRESS MD, JAMES C	ALLEGHENY
BOICE MD, G NEWTDN	ALLEGHENY	BDWMAN MD, RDBT G	ALLEGHENY	BRESSI JR MD, THDS E	MDNTGDMERY
BOKSENBAUM MD, MERVIN	ALLEGHENY	BDWSER JR MD, EDWARD R	BLAIR	BREST MD, ALBERT N	PHILADELPHIA
BOLAND JR MD, FRANCIS B	BUCKS	BDWSER MD, MERLE L	WASHINGTDN	BRETHAUER JR MD, EDWARD A	ALLEGHENY
BOLAND MD, FRANCIS P	LACKAWANNA	BDXER MD, ARTHUR D	MDNTGDMERY	BREVETTA MD, RICHARD J	MERCER
BOLAND MD, STANLEY W	LACKAWANNA	BDYD 3RD MD, RDBT T	PHILADELPHIA	BREWER MD, WILLIAM C	FRANKLIN
BOLANDVICH MD, LESTER J	ALLEGHENY	BDYD MD, THDS A	DELAWARE	BREZIN MD, JDSEPH	PHILADELPHIA
BOLES MD, RUSSELL S	PHILADELPHIA	BDYD MD, THDS S	BEAVER	BRIANT JR MD, WM W	ALLEGHENY
BOLMARCICH MD, VIRGINIA D	DELAWARE	BDYD MD, WM J	DAUPHIN	BRICE MD, JUDITH A	ALLEGHENY
BOLOGNESE MD, RDNALD J	PHILADELPHIA	BDYER MD, EDWIN C	CAMBRIA	BRICKBAUER MD, RDLAND M	BERKS
BOLTIN MD, JDS H	MERCER	BDYER MD, FRANK R	LEHIGH	BRICKER MD, ELIZ B	LANCASTER
BOLSTER MD, RICHARD H	CHESTER	BDYER MD, GED S	LEHIGH	BRICKHDUSE MD, HERMAN M	LYCDMING
BOLTDN MD, HDWARD A	ALLEGHENY	BDYER MD, JDHN L	ADAMS	BRICKLEY MD, KENNETH S	CLINTDN
BOLTDN MD, J COLLIER	DAUPHIN	BOYER MD, NANCY H	LEHIGH	BRICKNELL MD, PAUL P	DAUPHIN
BOLUS MD, CHARLES M	LACKAWANNA	BDYER MD, RANDAL A	PHILADELPHIA	BRIDENBAUGH MD, RDBT P	BLAIR
BOMBERGER MD, JDHN H	DELAWARE	BDYER MD, WALTER E	VENANGD	BRIGGS DU, JACKIE R	PDTTER
BOMHEUER DD, ELIZABETH H	DELAWARE	BDYKIW MD, YARDSLAV A	CLEARFIELD	BRIGHAM MD, M PRINCE	PHILADELPHIA
BONACCI MD, RICHARD J	LUZERNE	BOYLAN MD, RAYMDND J	ALLEGHENY	BRIGHTUN MD, CARL T	PHILADELPHIA
BONADERD MD, PETER D	WASHINGTDN	BDYLE JR MD, JAMES J	PHILADELPHIA	BRIGLIA MD, NICHDLAS N	PHILADELPHIA
BONADID MD, PETER M	BEAVER	BDYLE MD, BRUCE C	WESTMDRELAND	BRIGNOLA MD, MICHAEL P	PHILADELPHIA
BONADD MD, PDMPEYD B	WESTMDRELAND	BUYLE MD, DENIS A	CHESTER	BRILL MD, DAVID R	MDNTDUR
BONAFEDE MD, PETER L	DAUPHIN	BUYLE MD, HUGH G	LUZERNE	BRILL MD, FRANCIS W	LACKAWANNA
BONAKDAR-PDUR MD, AKBAR	PHILADELPHIA	BUYLE MD, JAMES W	LUZERNE	BRILL MD, JDS M	DELAWARE
BONAN MD, A FERDINAND	PHILADELPHIA	BUYLE MD, RICHARD C	ERIE	BRILLMAN MD, JDN	ALLEGHENY
BONAVITA MD, JDHN A	PHILADELPHIA	BDYLE MD, WM H	LUZERNE	BRILLMAN MD, NATHAN	PHILADELPHIA
BONDI MD, FRANK R	ALLEGHENY	BDYSEN MD, HDMER W	SCHUYLKILL	BRILMYER MD, GEDRGE J	LUZERNE
BONDI MD, RICHARD P	ALLEGHENY	BDZIC MD, ALBERT F	LYCDMING	BRINDISI MD, GAETAND	PHILADELPHIA
BONDY MD, THDS J	CAMBRIA	BDZIC MD, WM F	ALLEGHENY	BRINGHURST MD, LDUIS S	CHESTER
BONEKEMPER MD, THDS W	MDNTGDMERY	BRABSDN MD, HDWARD W	BEAVER	BRINK MD, CDRNELIUS P	FRANKLIN
BONESSI MD, JAMES V	ALLEGHENY	BRACHER MD, ALLEN N	YDRK	BRINK MD, EARL J	ALLEGHENY
BONESSI MD, JDHN J	WASHINGTDN	BRACHFELD MD, JDNES	PHILADELPHIA	BRINK MD, WM R	LYCDMING
BONET MD, LUIS	ALLEGHENY	BRACKBILL MD, JAMES E	NDRTHAMPTDN	BRISINI MD, PATRICK D	CAMBRIA
BONI MD, DIND R	WASHINGTDN	BRACKEN MD, MARK M	ALLEGHENY	BRITT MD, EDWARD C	PHILADELPHIA
BONIFACE MD, DDLDRES J	ALLEGHENY	BRACKIN JR MD, JDHN T	MDNTGDMERY	BRDADHEAD MD, RICHARD	ALLEGHENY

BRUBYN MD, CHAS W LUZERNE
BRDBYN MD, THDMAS J PHILADELPHIA
BRUCK MD, RICHARD R DAUPHIN
BRUCKMAN MD, STANLEY K PHILADELPHIA
BRUCKMYER MD, M LAWRENCE ERIE
BRDU MD, RDBT C DELAWARE
BRDDER MD, GEORGE J PHILADELPHIA
BRDDER MD, HARDLD M CHESTER
BRUDIE MD, DDNALD E BUCKS
BRDDMERKEL JR MD, GED J ALLEGHENY
BRUDOVSKY MD, HARVEY S PHILADELPHIA
BRDDSKY MD, ISADDRE PHILADELPHIA
BRUDY MD, JERDME I PHILADELPHIA
BRDDY MD, LOUIS PHILADELPHIA
BRDDY MD, MDRRIS W PHILADELPHIA
BRDOY MD, SIDNEY A PHILADELPHIA
BRUDY MD, WILLIAM PHILADELPHIA
BRDENNLE MD, ALBERT M PHILADELPHIA
BRDGAN MD, EDMUND J PHILADELPHIA
BRDGAN MD, JDHN J PHILADELPHIA
BRDGAN MD, LDUIS E PHILADELPHIA
BRDGAN MD, WM T DELAWARE
BRDHM MD, CHAS G JEFFERSDN
BRDMBERG MD, DAVID PHILADELPHIA
BRDN MD, KLAUS M ALLEGHENY
BRONG MD, GED C LEHIGH
BRDNIITSKY MD, CARL N DAUPHIN
BRDNSTEIN MD, RDBERT M PHILADELPHIA
BRDDKS DD, FRANK J CLARIDN
BRDDKS DD, JDHN E CLARIDN
BRDDKS DD, JDHN M CLARIDN
BRDDKS JR MD, CLINT E DELAWARE
BROUKS MD, ALLAN PHILADELPHIA
BRDDKS MD, CHARLES M LEHIGH
BROUKS MD, DANL H ALLEGHENY
BRDDKS MD, FRANK P PHILADELPHIA
BRDDKS MD, GERALD M CRAWFORD
BRUDKS MD, HARRY R DAUPHIN
BRDDKS MD, JACK C LAWRENCE
BRDDKS MD, JAMES L GREENE
BRDDKS MD, RDBT PHILADELPHIA
BRDSCIUS MD, BENJ M NDRTHUMBERLAND
BRDSELDW MD, DAVID D PHILADELPHIA
BRDSNAN MD, WM J PHILADELPHIA
BRDSSMAN MD, MARTIN W LEHIGH
BRDSTDFF MD, PHILIP ALLEGHENY
BRDUDD MD, SAML F PHILADELPHIA
BRDUGHER MD, DAVID E ALLEGHENY
BRDUGHER MD, LEAR E ALLEGHENY
BRDUSSARD MD, ELSIE R ALLEGHENY
BRDWN 3RD MD, DEWITT C MDNTGDMERY
BRDWN 5TH MD, THDS W LEHIGH
BRDWN JR MD, ERNEST M PHILADELPHIA
BRDWN JR MD, FRANK E CHESTER
BRDWN JR MD, JAMES T ALLEGHENY
BRDWN JR MD, JDS S MIFFLIN-JUNIATA
BRDWN JR MD, M EVANS MDNTGDMERY
BRDWN MD, ANDREW J ALLEGHENY
BRDWN MD, CHAS R ALLEGHENY
BRDWN MD, CLARK E PHILADELPHIA
BRDWN MD, DDNALD C WESTMDRELAND
BRDWN MD, EARL H PHILADELPHIA
BRDWN MD, ELIZABETH B DELAWARE
BROWN MD, FREDERICK G MDNTDUR
BRDWN MD, GED L MDNTGDMERY
BRDWN MD, H ZANE LANCASTER
BRDWN MD, HAROLD E MDNTDUR
BRDWN MD, HERMAN PHILADELPHIA
BRUWN MD, J DLIVER PHILADELPHIA
BROWN MD, JDHN E ERIE
BRDWN MD, JDHN L CLINTON
BRDWN MD, MANSDN VENANGO
BRDWN MD, MATTHEW G MERCER
BRDWN MD, MAURICE L PHILADELPHIA
BRDWN MD, MICHAEL R BUCKS
BRDWN MD, NATHAN CHESTER
BRDWN MD, RALPH R INDIANA
BRDWN MD, RICHARD A DAUPHIN
BRDWN MD, RDBERT E HUNTINGDDN
BRDWN MD, RDBT B FRANKLIN
BRDWN MD, RDBT B ALLEGHENY
BRDWN MD, RDBT C DELAWARE
BRDWN MD, RDBT E LANCASTER
BRDWN MO, SHELIA NDRTHAMPTON
BROWN MD, STUART I ALLEGHENY
BROWN MD, SYLVAN LACKAWANNA
BROWN MD, WM E MERCER
BROWN MO, WM E MDNTGDMERY
BROWNE MD, LAURENCE T PHILADELPHIA
BROWNELLER MD, ELLSWORTH R MDNTDUR
BROWNSTEIN MD, ISRAEL E PHILADELPHIA
BRDWNSTEIN MD, PHILLIP K PHILADELPHIA
BRUBAKER MD, ELWDDO R BERKS
BRUBAKER MD, J KENNETH LANCASTER
BRUBAKER MO, JACDB H LANCASTER
BRUBAKER MD, PAUL E LANCASTER
BRUBAKER MD, WARREN W DAUPHIN
BRUCE MO, THDS A MUNTGDMERY
BRUCK MD, RHDDA N PHILADELPHIA
BRUCKER MD, PAUL C PHILADELPHIA
BRULL MD, RDBT FRANKLIN
BRUMBAUGH MD, ELMER R NDRTHAMPTDN
BRUNACCI MD, ALFRED W LUZERNE
BRUNDAGE MD, JOHN T LACKAWANNA
BRUNDAGE MD, RDBT P LACKAWANNA
BRUNGD MD, JAMES J ALLEGHENY
BRUNGD MD, JDHN A ALLEGHENY
BRUNGD MD, JDHN O ALLEGHENY
BRUNN JR MO, HENRY M ALLEGHENY
BRUNNER MD, RICHARD A PHILADELPHIA
BRUND OD, ELENA P PHILADELPHIA
BRUND JR MD, JDSEPH N LUZERNE
BRUND MO, FRANCISCD F WASHINGTDN
BRUND MD, GIOVANNI PHILADELPHIA
BRUNO MO, JDRGE C ALLEGHENY
BRUND MD, MARIA A CHESTER
BRUND MO, STEPHEN C ALLEGHENY
BRUNO SR MD, JDS N LUZERNE
BRUNT JR MD, MANLY Y PHILADELPHIA
BRUST MD, RAYMDND W PHILADELPHIA
BRUTDN MD, CHAS W CHESTER
BRYAN JR MD, FRANK S CUMBERLAND
BRYAN JR MD, JDHN S BUCKS
BRYAN JR MD, RDSS E WARREN
BRYAN MD, THOS M DAUPHIN
BRYANT JR MD, WINSTDN M PHILADELPHIA
BRYANT MD, DAVID W CUMBERLAND
BRYLAWSKI MD, MICHAEL PHILADELPHIA
BRYSON MD, RICHARD L LANCASTER
BU MD, TAE-HYUNG ERIE
BUB MD, BARRY BERKS
BUCAN MD, MICHAEL LUZERNE
BUCAR MD, JDHN R ALLEGHENY
BUCCI MD, JDS F WESTMDRELAND
BUCH MD, HERIBERTD E PHILADELPHIA
BUCH MU, JOS J WASHINGTDN
BUCH MU, RUBT R LANCASTER
BUCHANAN MD, EDWIN B ALLEGHENY
BUCHANAN MD, GIBSDN P ALLEGHENY
BUCHANAN MD, JAMES L ALLEGHENY
BUCHANAN MD, JAMES R DAUPHIN
BUCHANAN MD, JOAN H DELAWARE
BUCHANAN MD, WM K ALLEGHENY
BUCHDAHL MD, ALICE J ALLEGHENY
BUCHER MD, ALBERT H DAUPHIN
BUCHER MD, RDBT G BUCKS
BUCHERT MD, JDS G PHILADELPHIA
BUCHERT MD, WALTER I MDNTDUR
BUCHHEIT MD, WM A PHILADELPHIA
BUCHMAN MD, DAVID H INDIANA
BUCHMAN MD, RDBT R ALLEGHENY
BUCK MD, ADDISON S MDNTGDMERY
BUCK MD, ANN L ALLEGHENY
BUCK MD, CLARENCE J BEAVER
BUCK MD, KEITH K ARMSTRDNG
BUCK MU, RUDDLPH L ALLEGHENY
BUCK MD, RUTH E MDNTGDMERY
BUCKA MD, EDWARD R PHILADELPHIA
BUCKEY MD, JDS T LUZERNE
BUCKINGHAM MD, RDBT C DAUPHIN
BUCKLEY DD, RDNALD L CLARIDN
BUCKLEY MD, JDHN J BERKS
BUCKMAN MD, LEWIS T LUZERNE
BUCKMAN MD, SAML T LUZERNE
BUCKD JR MD, MATTHEW I MDNTGDMERY
BUCKTHAL MD, PAUL E BRADFDRD
BUCKWALTER MD, PHYLLIS S MDNTGDMERY
BUCKWALTER MD, RICHARD A MDNTGDMERY
BUCS MD, RDGER G DAUPHIN
BUDD MD, THEDDDRE R ALLEGHENY
BUDDVALCEV MD, RADDSLAV ALLEGHENY
BUDURA MD, PAUL NDRTHAMPTDN
BUERGER JR MD, GEDRGE F ALLEGHENY
BUERK MD, MINERVA S MDNTGDMERY
BUERKLIN MD, ELLEN M PHILADELPHIA
BUFFUNE MD, DAVID A JEFFERSDN
BUISER MD, RUDDLFD A MERCER
BUKUWSKI MD, MARTIN J DELAWARE
BULATAO MD, AGAPITO V LYCOMING
BULGER MD, ALVIN E ALLEGHENY
BULGER MD, RICHARD H BLAIR
BULLDCK MD, JACK S WAYNE-PIKE
BULLUCK MD, DAVID E PHILADELPHIA
BULOVA MD, STEPHEN I PHILADELPHIA
BUMGARDNER MD, GED H HUNTINGDDN
BUMGARDNER MD, HEATH D PHILADELPHIA
BUNAO MD, RDMULD M BRADFDRD
BUNDY MD, R MERLE ALLEGHENY
BUNDY MD, THDS W FRANKLIN
BUNESE MD, HDRST J PHILADELPHIA
BUNYOR MD, AGNES K HUNTINGDDN
BUNYOR MD, ERHARD J HUNTINGDDN
BURAK MD, RDBERT F LUZERNE
BURAK MD, WM E LUZERNE
BURBRIDGE MD, I RALPH ERIE
BURCH MD, WILLIAM PHILADELPHIA
BURDEN MD, GED E MDNTGDMERY
BURDEN MD, SAML S MDNTGDMERY
BURDICK MD, MITCHELL ERIE
BURES MD, JDSEPH C ALLEGHENY
BURG MD, FREDRIC D PHILADELPHIA
BURGARD MD, LEONARD A ALLEGHENY
BURGBACHER MO, JAMES S CAMBRIA
BURGER MD, JDS G BEAVER
BURGER MD, REGIS F ALLEGHENY
BURGER MD, THEODDRE P NDRTHAMPTDN
BURGET JR MD, DEAN E CHESTER
BURGIN MD, WALTER H OAUPHIN
BURICK MD, WAYNE P BEAVER
BURIK MD, ALEXANDER J LACKAWANNA
BURKART MD, THOS J MC KEAN
BURKE MD, JAMES F DELAWARE
BURKE MD, MARIE T DELAWARE
BURKET MD, DANL G BLAIR
BURKET MD, LDUIS C BLAIR
BURKET MD, RAMDN C BLAIR
BURKETT MD, ODNALD E CAMBRIA
BURKEY MD, FRED J ALLEGHENY
BURKHARD JR MD, EDWARD J LEHIGH
BURKHART MD, CHAS B MDNTGDMERY
BURKHOLDER MD, JDHN A ALLEGHENY
BURKLE MD, JDS S YORK
BURKLEY 3RD MD, LDUIS F NORTHAMPTON
BURKLEY MD, LDUIS F NORTHAMPTON
BURLAND MD, J ALEXIS PHILADELPHIA
BURMEISTER MD, CHAS W BUCKS
BURNETT MD, GED W LANCASTER
BURNETT MD, W EMDRY PHILADELPHIA
BURNEY MD, LERDY E PHILADELPHIA
BURNS MD, CHAS N LUZERNE
BURNS MD, DDNALD T BERKS
BURNS MD, FRANK D FRANKLIN
BURNS MD, J RDBERT MDNTDUR
BURNS MD, JESSE E MDNTGOMERY
BURNS MD, JDHN C MDNTGDMERY
BURNS MD, WM T DAUPHIN
BURNSIDE MD, JDHN W OAUPHIN
BURRDS MD, HARRY M PHILADELPHIA
BURRY MD, WILLIAM C MDNRDE
BURSTEIN MD, FRANK PHILADELPHIA
BURT MD, RDBT C ALLEGHENY
BUSCHMAN MD, MILTDN H YDRK
BUSH MD, ALTDN J ARMSTRDNG
BUSH MD, HERMAN BEAVER
BUSH MD, STEPHEN T CAMBRIA
BUSH MD, WM B DAUPHIN
BUSH MD, WM M BERKS
BUSHKOFF MD, STANLEY H ALLEGHENY
BUSHYAGER MD, RDNALD R WESTMDRELAND
BUSHYAGER MD, RDSS M MDNTGDMERY
BUSIS MD, SIDNEY N ALLEGHENY
BUSLER JR MD, VERNE M YORK
BUTCHER MD, JAMES PHILADELPHIA
BUTCHKD MD, ANDREW W MERCER
BUTCDFSKI MD, JAMES S LUZERNE
BUTERBAUGH MD, JDHN C GREENE
BUTLER MD, ANNE K TIDGA
BUTLER MD, CHAS H CHESTER
BUTLER MD, CLAUDE H MDNTGDMERY
BUTLER MD, HDRACE G MDNRDE
BUTLER MD, IVAN L YDRK
BUTLER MD, MELVIN V PHILADELPHIA
BUTLER MD, MIRIAM OELAWARE
BUTSUN MD, HARRY E PHILADELPHIA
BUTT JR MD, FRANK H WARREN
BUTTERS MD, J GUY ERIE
BUTTERWORTH MD, THDS BERKS
BUVINGER MD, RALPH S ALLEGHENY
BUXTON JR MD, DDNALD R DAUPHIN
BUXTDN MD, DDNALD R DAUPHIN
BUYERS MD, RDBT A MDNTGDMERY
BUZAS MD, JERDME W MDNTGDMERY
BUZBY MD, FRANKLIN S PHILADELPHIA
BUZZELLI MD, PHILIP B ALLEGHENY
BUZZERD MD, HARRY W LYCDMING
BYERS JR MD, GED E YORK
BYERS MD, JDHN A ALLEGHENY
BYERS MD, RDBT J ERIE
BYERS MD, RDBT D ERIE
BYLER MD, ARTHUR B CHESTER
BYRDY MD, HARDLD S PHILADELPHIA
BYRNE MD, JAMES E NDRTHAMPTDN
BYRNE MD, PHILIP J PHILADELPHIA
BYRNE MD, RDBT J MDNTGDMERY
BYRNE MD, RDBT N CHESTER
BYRDN MD, HARDLD J MDNTGDMERY

C

CABATUANDD MD, DANTE A ALLEGHENY
CABRERA MD, RAFAEL WASHINGTDN
CACAYURIN MD, EDWIN D ALLEGHENY
CACCESE MD, DAVID M LEHIGH
CACCIAMANI MD, JDHN D LACKAWANNA
CADDEN MD, JDS T PHILADELPHIA
CADMAN MD, THDS E MDNTDUR
CADWALLADER MD, WM H ALLEGHENY
CADY JR MD, HERBERT M PHILADELPHIA
CADY MD, JDS B BRADFDRD
CAFARD MD, VICTDR P ALLEGHENY
CAGGIAND MD, JDHN D CHESTER
CAHAN MD, MICHAEL S PHILADELPHIA
CAHILL MD, JAMES D DAUPHIN
CAHILL MD, JDHN M BUCKS
CAHILL MD, THDS J MDNTDUR
CAHN MD, MILTDN M PHILADELPHIA
CAIN MD, JAMES P MONTGDMERY
CAK MD, RDBT J ALLEGHENY
CALABRESE MD, ANTHDNY J PHILADELPHIA
CALABRD MD, SAL P PHILADELPHIA
CALATA MD, ELISED R PHILADELPHIA
CALDER JR MD, JDSEPH R LYCDMING
CALDERON MD, CELIA S CAMBRIA
CALDERDN MD, DDMINADDR C CAMBRIA
CALDERON MD, GUSTAVE PHILADELPHIA
CALES MD, RDBERT J PHILADELPHIA
CALESNICK MD, BENJ PHILADELPHIA
CALIGUIRI MD, JDS V ALLEGHENY
CALLAHAN OD, MICHAEL E POTTER
CALLAHAN MD, RDBT B ERIE
CALLEN MD, H SAMUEL LEBANON
CALLENBERGER MD, GEO J LYCOMING
CALLENBERGER MD, RONALO W TIOGA
CALLERY MD, GERALD E PHILADELPHIA
CALLIS MD, CHAS A LANCASTER
CALU MD, ALDO A BUCKS
CALVANESE MD, NICHDLAS A ALLEGHENY
CALVELO MD, MANUEL G ALLEGHENY
CAMBEST JR MD, MICHAEL A ALLEGHENY
CAMBOTTI MD, JACDB E ALLEGHENY
CAMBRIDGE MD, FLDRINOA L PHILADELPHIA
CAMERON MD, DDNALD D BRADFDRD
CAMERDN MD, DDNALD Y ALLEGHENY
CAMERUN MD, JDHN P ALLEGHENY
CAMERON MD, LAURA M BUTLER
CAMINDS MD, DLIVERIO W ALLEGHENY
CAMITTA MD, FRANCINE D YORK
CAMMARATA MD, RDY J ALLEGHENY
CAMP MD, MARK D OELAWARE
CAMP MD, WM P PHILADELPHIA
CAMPANA MD, FREDERICK T WESTMDRELAND
CAMPANA MD, JDS F LYCDMING
CAMPANA MD, LDUIS F LYCDMING
CAMPANELLA MD, JOS A LACKAWANNA
CAMPBELL JR MD, JAMES M CENTRE
CAMPBELL MD, DAVID R CDLUMBIA
CAMPBELL MD, DUNCAN G ALLEGHENY
CAMPBELL MD, G RDBERT BEAVER
CAMPBELL MD, JAMES C ALLEGHENY
CAMPBELL MD, JAMES M LYCDMING
CAMPBELL MD, JDHN H LUZERNE
CAMPBELL MD, RDBT E PHILADELPHIA
CAMPBELL MD, RDBT J CDLUMBIA

CAMPBELL MD, TWINING F	MONTGOMERY	CASERTA MD, ROBT J	ALLEGHENY	CHARNOCK MD, MAURICE P	NORTHAMPTON
CAMPBELL MD, WM J	DAUPHIN	CASEY MD, ADRIAN V	LACKAWANNA	CHARNY MD, CHAS W	PHILADELPHIA
CAMPMAN MD, CLARENCE C	MERCER	CASEY MD, JOHN D	PHILADELPHIA	CHARNY MD, E JOSEPH	ALLEGHENY
CANALS MD, JOAQUIN	MONTGOMERY	CASEY MD, PAUL R	PHILADELPHIA	CHARTOCK MD, SOLOMON M	PHILADELPHIA
CANCELMO MD, J JAMES	MONTGOMERY	CASHMAN MD, HAROLD H	ALLEGHENY	CHASE MD, HAROLD F	PHILADELPHIA
CANCELMO MD, RICHARD P	MONTGOMERY	CASHMAN MD, WM M	WARREN	CHASE MD, ROBT A	PHILADELPHIA
CANDAL MD, ALFREDO R	LUZERNE	CASILLO MD, AUGUST V	ALLEGHENY	CHASLER MD, CHAS N	ALLEGHENY
CANDAL MD, MARIO A	LEHIGH	CASSALLIA DDS, PETER T	PHILADELPHIA	CHASLER MD, NICHOLAS L	WASHINGTON
CANDELARIA MD, JOSEFINA M	ALLEGHENY	CASSEL MD, FRANKLIN K	LANCASTER	CHASTENEY III MD, EDWARD A	PHILADELPHIA
CANDER MD, LEON	PHILADELPHIA	CASSEL MD, R DOUGLAS	DAUPHIN	CHAT MD, EMANUEL	PHILADELPHIA
CANFIELD MD, JOHN J	SCHUYLKILL	CASSELBERRY MD, E JOSEPHINE	NORTHAMPTON	CHAUDHRI MD, MUNAWAR S	DELAWARE
CANILANG MD, ENRIQUE P	MONTOUR	CASSELLA MD, ROBT R	ALLEGHENY	CHAVERN MD, HUGH E	ALLEGHENY
CANINO MD, CHRISTOPHER W	PHILADELPHIA	CASSELMAN MD, HYMAN L	ERIE	CHAVES MD, FERNANDO	SOMERSET
CANN III MD, THOMAS W	YORK	CASSIDY MD, JOS A	BLAIR	CHAVEZ MD, HECTOR C	DELAWARE
CANNARD MD, THOS H	PHILADELPHIA	CASSIDY MD, WM J	BERKS	CHAYAPRUKS MD, PRAYAD	LYCOMING
CANNON MD, EDWARD J	PHILADELPHIA	CASSIDY MD, WM J	PHILADELPHIA	CHAYAPRUKS MD, PRAYUN	GREENE
CANNON MD, ELTON M	PHILADELPHIA	CASTAGNA MD, ARMAND	PHILADELPHIA	CHEEK MD, EDWIN W	ALLEGHENY
CANTAFIO MD, RALPH	PHILADELPHIA	CASTALLO MD, MARIO A	PHILADELPHIA	CHEEVER MD, FRANCIS S	ALLEGHENY
CANTELLOPS MD, JOSE M	ALLEGHENY	CASTANEDA MD, EMILIO E	ARMSTRONG	CHEFETZ MD, MARSHALL D	LEHIGH
CANTER MD, DONALD	PHILADELPHIA	CASTEL MD, JOSE M	MONTGOMERY	CHEN MD, CHIEN H	BLAIR
CANTER MD, HARRY E	ALLEGHENY	CASTEL MD, NORMAN	PHILADELPHIA	CHEN MD, CHIJEN	DELAWARE
CANTER MD, HYMAN E	ALLEGHENY	CASTELLAND MD, PATRICK V	MONTGOMERY	CHEN MD, CHUN N	LEHIGH
CANTOR MD, HARRY	PHILADELPHIA	CASTELLON-VOGEL MD, CARLOS H	CAMBRIA	CHEN MD, HENG-YU	VENANGO
CANTOR MD, MAX	DELAWARE	CASTIGLIANO MD, S GORDON	PHILADELPHIA	CHEN MD, JAMES C	INDIANA
CANTOR MD, ROBERT E	PHILADELPHIA	CASTILLENTI MD, GUY A	ALLEGHENY	CHEN MD, JUH-HUEY	LEHIGH
CANUSO MD, NICHOLAS A	PHILADELPHIA	CASTILLO MD, JOSE	PHILADELPHIA	CHEN MD, KWONG-NAN	PHILADELPHIA
CAPARDOS MD, RALPH J	ALLEGHENY	CASTILLO MD, MANUEL M	ALLEGHENY	CHEN MD, MAO-HSIUNG	PHILADELPHIA
CAPIZZI MD, LEONARD S	ALLEGHENY	CASTOR MD, LOUIS H	PHILADELPHIA	CHEN MD, WEI-FAN	PHILADELPHIA
CAPLAN MD, AARON	LAWRENCE	CASTRINA JR MD, FRANK P	CUMBERLAND	CHENG MD, LAWRENCE C	LEHIGH
CAPLAN MD, BERNERD	PHILADELPHIA	CASTRO MD, ARTURO F	ALLEGHENY	CHENSEE MD, JASPER G	BERKS
CAPLAN MD, MILTON L	LAWRENCE	CASTRO MD, AUGUSTO D	ALLEGHENY	CHEPKO MD, MARGARET I	ALLEGHENY
CAPLAN MD, MURRAY S	PHILADELPHIA	CASWELL MD, HORACE T	PHILADELPHIA	CHEPONIS MD, GEORGE B	ALLEGHENY
CAPLAN MD, PAUL S	ALLEGHENY	CATALANO JR MD, LOUIS W	WESTMORELAND	CHERASHORE MD, RALPH R	CHESTER
CAPOBIANCO MD, FRANK M	NORTHAMPTON	CATALANO MD, KATHLEEN F	WESTMORELAND	CHERKEN MD, HARRY	PHILADELPHIA
CAPOBRES JR MD, RUDOLFO M	WASHINGTON	CATES MD, JERRY L	PHILADELPHIA	CHERNER MD, RACHMEL	PHILADELPHIA
CAPPARELL MD, HOMER V	ALLEGHENY	CATTIE MD, VINCENT J	PHILADELPHIA	CHERNEW MD, IRWIN M	WESTMORELAND
CAPPIELLO MD, JUSTIN L	LANCASTER	CATTON MD, RAYMOND M	CHESTER	CHERNEY MD, PAUL J	PHILADELPHIA
CAPPIELLO MD, WM A	BUCKS	CAUFFMAN MD, WM J	BUCKS	CHERNOFF MD, BENJ	PHILADELPHIA
CAPPOLA JR MD, MICHAEL T	PHILADELPHIA	CAUTILLI MD, RICHARD A	PHILADELPHIA	CHERNOFF MD, ROBT W	DELAWARE
CAPPUCCIO MD, MATTHEW S	PHILADELPHIA	CAVA MD, JOS J	PHILADELPHIA	CHERRY MD, LOUIS J	JEFFERSON
CAPRINI MD, EMILIA M	ALLEGHENY	CAVALLARO MD, SALVATORE E	NORTHAMPTON	CHERUP MD, E DAVID	ALLEGHENY
CAPRIOTTI MD, OCTAVIUS A	BUCKS	CAVAN MD, ALBINA B	LUZERNE	CHERVENAK MD, JOHN P	LAWRENCE
CAPRIOTTI MD, ROBT J	CAMBRIA	CAVAN MD, JOHN F	LUZERNE	CHESEN MD, DAVID	PHILADELPHIA
CAPUTO MD, LARRY A	PHILADELPHIA	CAVASINA MD, MARY M	WASHINGTON	CHESKO MD, CLEMENT C	ARMSTRONG
CARABASI MD, RALPH A	PHILADELPHIA	CAVENDER MD, JOHN C	SUSQUEHANNA	CHESLER MD, WM	PHILADELPHIA
CARABELLO MD, CHAS A	BERKS	CAVOTO MD, MICHAEL J	INDIANA	CHETLIN MD, SHERWOOD M	ALLEGHENY
CARAIMAN MD, MYRON	ALLEGHENY	CAWLEY MD, NOEL S	PHILADELPHIA	CHETLIN MD, STUART H	ALLEGHENY
CARAPELLA MD, JOHN D	LEHIGH	CAYTEN MD, C GENE	PHILADELPHIA	CHETT MD, NICHOLAS J	BERKS
CARAZOLA MD, JOS H	WASHINGTON	CEFARATTI MD, MICHAEL D	BERKS	CHEUNG MD, HOO J	BLAIR
CARBAUGH MD, HOWARD L	LEHIGH	CELAYIR MD, CAVIT	GREENE	CHHABRA MD, MOHAN L	ALLEGHENY
CARBO DO, ANTHONY P	DELAWARE	CELEBRE MD, ERMINDA	PHILADELPHIA	CHI MD, NUNGJA	PHILADELPHIA
CARDAMONE MD, S JOSEPH	PHILADELPHIA	CELEBRE MD, JOAN A	PHILADELPHIA	CHIAMPI MD, XAVIER J	LUZERNE
CARDELLINO MD, THOS J	CAMBRIA	CELLINI MD, L LUKE	DELAWARE	CHIANESE MD, FRANK A	CAMBRIA
CARDENAS MD, FLORENCIO P	FAYETTE	CENEDELLA MD, STEPHEN C	VENANGO	CHIAVACCI MD, WAYNE E	LACKAWANNA
CARDOZO MD, MIGUELANGEL	ALLEGHENY	CENTRONE MD, ANTHONY L	DELAWARE	CHICKLO MD, JAMES M	FRANKLIN
CARETTI MD, J WILLIAM	WESTMORELAND	CEPEDA MD, ELVESSA P	PHILADELPHIA	CHICO MD, LAURO V	ALLEGHENY
CAREY MD, EDWARD J	LUZERNE	CERA JR MD, PETER J	MONTOUR	CHICOTE MD, ALFREDO L	YORK
CAREY MD, EVA S	ALLEGHENY	CERASO MD, LOUIS C	WESTMORELAND	CHILD MD, PROCTOR L	PHILADELPHIA
CAREY MD, JOHN T	ALLEGHENY	CERASO MD, SAML T	ARMSTRONG	CHILDS MD, ELIZABETH R	ALLEGHENY
CAREY MD, LAWRENCE S	PHILADELPHIA	CERCIELLO MD, MARK J	LEHIGH	CHILDS MD, ROBERT W	LUZERNE
CAREY MD, WM B	DELAWARE	CERIMELE MD, NICHOLAS A	CAMBRIA	CHILIAN JR MD, STEPHEN A	ELK-CAMERON
CARFAGNO MD, SALVATORE C	MONTGOMERY	CERNE MD, ANDREW J	WESTMORELAND	CHIN MD, BYOUNG KWON	BUCKS
CARINO MD, MARIEL G	LACKAWANNA	CERTO MD, SALVATORE A	ALLEGHENY	CHINITZ MD, JOEL L	PHILADELPHIA
CARLIN MD, BRUCE W	DAUPHIN	CERUL MD, MAURICE S	ALLEGHENY	CHIRICO MD, ANNA-MARIE	PHILADELPHIA
CARLIN MD, ELWIN S	MONTGOMERY	CESARE MD, JOS G	LACKAWANNA	CHIRIFE MD, RAUL	MONTGOMERY
CARLIN MD, GERALD J	ALLEGHENY	CESSNA MD, GERALD H	ALLEGHENY	CHISUM MD, MELVIN J	PHILADELPHIA
CARLIND MD, JAMES T	JEFFERSON	CESTELLO MD, ROBT J	ALLEGHENY	CHMIELEWSKI MD, ROBT E	PHILADELPHIA
CARLOW MD, JOS F	CHESTER	CEVALLOS MD, EDUARDO A	BUCKS	CHO MD, DOO W	BLAIR
CARLSON MD, BRUCE E	MONTGOMERY	CHA MD, DONG S	PHILADELPHIA	CHO MD, JONG S	PHILADELPHIA
CARLSON MD, KENNETH E	BEAVER	CHACHKIN MD, SAML	PHILADELPHIA	CHO MD, KWAN S	FRANKLIN
CARLSON MD, ROBT E	MONTGOMERY	CHACKO MD, DOROTHY D	DELAWARE	CHO MD, SANG Y	PHILADELPHIA
CARLUCCI MD, RONALD J	PHILADELPHIA	CHADAGA MD, PANDESWARAM	SCHUYLKILL	CHO MD, YONG D	WASHINGTON
CARMICHAEL MD, PAUL L	MONTGOMERY	CHADWICK MD, HAROLD H	BRADFORD	CHOBY MD, JOHN J	BUCKS
CARNABUCI MD, GUY J	PHILADELPHIA	CHAFFEE MD, JOHN S	ERIE	CHOBY MD, JOS P	CAMBRIA
CARNEY MD, FRANK T	CAMBRIA	CHAFFIER DO, MICHAEL J	NORTHAMPTON	CHODOFF MD, RICHARD J	DELAWARE
CARNEY MD, PAUL L	CENTRE	CHAI MD, CHIU L	BUCKS	CHOGICH MD, JOHN C	DELAWARE
CAROFF MD, ROMUALD J	CAMBRIA	CHAI MD, MIN S	LACKAWANNA	CHOH MD, SOOK P	PHILADELPHIA
CARP MD, ALBERT A	PHILADELPHIA	CHAIT MD, ARNOLD	MONTGOMERY	CHOI MD, BYONG L	PHILADELPHIA
CARP MD, LEON M	PHILADELPHIA	CHALAL MD, GERALD S	PHILADELPHIA	CHOI MD, EDWARD M	PHILADELPHIA
CARPEL MD, RAPHAEL	PHILADELPHIA	CHALAL MD, KENNETH	PHILADELPHIA	CHOI MD, KWANG Y	CRAWFORD
CARPENDER MD, JAMES W	BRADFORD	CHALLENER MD, ROBT C	CRAWFORD	CHOI MD, TOHSKIK	MONTGOMERY
CARPENTER IV MD, E JOEL	LEHIGH	CHALLINOR MD, ROBT B	ALLEGHENY	CHOLAPRANEE MD, REWAT	ALLEGHENY
CARPENTER JR MD, JOHN T	MONTGOMERY	CHALLINOR MD, S BOYD	ALLEGHENY	CHOLLAK MD, JOS P	LUZERNE
CARPENTER MD, SAML L	ALLEGHENY	CHAMBERLAIN MD, WM H	BUCKS	CHOLLAK MD, WILLIAM L	PHILADELPHIA
CARR MD, JAMES V	ALLEGHENY	CHAMBERLIN MD, GEORGE W	BERKS	CHOMSKY MD, DAVID E	PHILADELPHIA
CARR MD, WM F	DAUPHIN	CHAMBLIN MD, WM D	PHILADELPHIA	CHOPRA MD, RAJ P	COLUMBIA
CARRELL MD, ROBERT L	ALLEGHENY	CHAMORRO MD, HECTOR A	ALLEGHENY	CHOPRA MD, RAMESH K	BLAIR
CARRIER MD, RALPH E	CENTRE	CHAMOVITZ MD, DAVID L	BEAVER	CHORAZY MD, ANNA J	ALLEGHENY
CARRINGTON MD, ELSIE R	PHILADELPHIA	CHAMOVITZ MD, IRVIN	ALLEGHENY	CHOTINER MD, BENNETT	ALLEGHENY
CARROLL MD, FRANK E	VENANGO	CHAMOVITZ MD, JEROME	ALLEGHENY	CHOUGH MD, CHEEN-BEEN	ALLEGHENY
CARROLL MD, JOS H	ALLEGHENY	CHAMOVITZ MD, ROBT	ALLEGHENY	CHOUGH MD, DAEBEEN	ALLEGHENY
CARROLL MD, ROBERT G	ALLEGHENY	CHAMPAGNE MD, EMILY M	ALLEGHENY	CHOUNG MD, KILWHA	MERCER
CARROLL MD, ROBT J	ALLEGHENY	CHAN MD, ANNE K	PHILADELPHIA	CHOUNG MD, SHUNG S	SCHUYLKILL
CARROLL MD, ROBT T	PHILADELPHIA	CHAN MD, DANIEL M	FRANKLIN	CHOWDHRY MD, ZAFAR I	ARMSTRONG
CARROLL MD, STANTON F	PHILADELPHIA	CHAN MD, GUY H	PHILADELPHIA	CHOWDHURY MD, A RAB	BERKS
CARROZZA MD, HARRY D	PHILADELPHIA	CHANAMOLU MD, VITTAL B	ERIE	CHRIST MD, NICHOLAS J	BERKS
CARRUTHERS MD, RALPH B	LANCASTER	CHANDRASEKARAN MD, M S	ALLEGHENY	CHRISTENSEN MD, DAVID W	DELAWARE
CARSON JR MD, WINFIELD B	ALLEGHENY	CHANDRASEKARAN MD, SANNASIE	FAYETTE	CHRISTIAN MD, HORACE D	ALLEGHENY
CARSON MD, BARBARA A	BRADFORD	CHANG MD, CHARLES H	WESTMORELAND	CHRISTIANSEN MD, KJELL H	MONTGOMERY
CARSON MD, CHAS P	DELAWARE	CHANG MD, CHING H	LACKAWANNA	CHRISTIDES MD, STEPHAN A	PHILADELPHIA
CARSON MD, JOHN B	PHILADELPHIA	CHANG MD, CHUN S	LACKAWANNA	CHRISTIE MD, JOAN A	PHILADELPHIA
CARSON MD, JOHN S	MONTGOMERY	CHANG MD, FRED F	ALLEGHENY	CHRISTIE MD, KARL B	ALLEGHENY
CARSON MD, THOS E	LANCASTER	CHANG MD, IN-HO	LEHIGH	CHRISTIE MD, THOS	CHESTER
CARTER JR MD, JOSEPH H	YORK	CHANG MD, KUN T	PHILADELPHIA	CHRISTMAN MD, ROBT S	DAUPHIN
CARTER JR MD, WM S	MONTGOMERY	CHANG MD, LAURENCE	LACKAWANNA	CHRISTMAN MD, WILLARD W	NORTHUMBERLAND
CARTER MD, DONALD L	WESTMORELAND	CHANG MD, MYUNGHWAN	DAUPHIN	CHRISTY MD, MICHAEL G	CLARION
CARTER MD, JAMES S	WESTMORELAND	CHANGARIS MD, DAVID G	DAUPHIN	CHRISTY MD, WALLACE C	ALLEGHENY
CARTER MD, JAN D	ALLEGHENY	CHANGCO MD, ALVARO N	WASHINGTON	CHU MD, DONALD	PHILADELPHIA
CARTER MD, JOS H	ERIE	CHANNAPATI MD, THIPPESWAMY	ALLEGHENY	CHU MD, FELIPE L	BEAVER
CARTER MD, WM B	PHILADELPHIA	CHANNICK MD, BERTRAM J	PHILADELPHIA	CHU MD, JEFFREY D	LUZERNE
CARTY JR MD, JAMES B	MONTGOMERY	CHAPIS MD, NICHOLAS J	MONTGOMERY	CHU MD, JENNIFER	PHILADELPHIA
CARUSO MD, PETER V	BERKS	CHAPMAN MD, ALBERT L	DAUPHIN	CHU MD, WINSTON	PHILADELPHIA
CARVER MD, MARGARET A	FAYETTE	CHAPMAN MD, JOHN H	MONTOUR	CHUA MD, CHONG V	MONTGOMERY
CARY MD, GENE L	DAUPHIN	CHAPMAN MD, WM L	ALLEGHENY	CHUBB MD, NICHOLAS C	CENTRE
CASAL MD, ROLANDO A	DAUPHIN	CHAPPELL MD, LESLIE E	CHESTER	CHUENSUMRAN MD, RAJANI S	ALLEGHENY
CASALE MD, LAWRENCE F	CAMBRIA	CHAREPOO MD, KHASHAIAR	ERIE	CHUGHTAI MD, ARSHAD I	ALLEGHENY
CASALE MD, LOUIS J	BUCKS	CHARKES MD, NATHAN D	PHILADELPHIA	CHUNG MD, CHAN K	LUZERNE
CASE JR MD, WARREN G	PHILADELPHIA	CHARLSON MD, MURRAY T	ALLEGHENY	CHUNG MD, CHIN D	ALLEGHENY
CASELLA MD, SALVATORE R	MONTGOMERY	CHARLTON MD, BRIAN L	BRADFORD	CHUNG MD, CHIN-YONG	ERIE

CHUNG MO, HACK R PHILAOELPHIA
CHUNG MO, HAE J LEHIGH
CHUNG MO, HI-YOUNG LUZERNE
CHUNG MO, PING-CHANG C BUCKS
CHUNG MO, STANLEY M PHILAOELPHIA
CHUNG MO, WHAN S PHILAOELPHIA
CHUNN MO, LIVINGSTON PHILADELPHIA
CIACCI MD, VINCENT W CHESTER
CIAMBDTTI MD, ALBERT F ALLEGHENY
CIANCIULLI MO, FRANCIS O DELAWARE
CIANFRANI MO, PETER M ALLEGHENY
CIANNI MD, RONALO J LACKAWANNA
CIAVARELLI MO, ANTHONY G MDNTGOMERY
CIBRIK MD, FRANK J ALLEGHENY
CICCARELLI MO, HAROLO E ALLEGHENY
CICCHIND MD, FRANK E ALLEGHENY
CICCONE MO, EMMETT F PHILADELPHIA
CICCDNE MO, PATRICK E MONTGOMERY
CIGANIC MO, RATIMIR R ALLEGHENY
CIGNETTI MO, FRANKLIN E ALLEGHENY
CIMDCHDWSKI MO, ALEXANOER B LACKAWANNA
CINBERG MO, LEONARO A PHILAOELPHIA
CINCALA OD, RDBERT P ALLEGHENY
CINCO MO, VICTORIO B CHESTER
CINELLI MO, CLETO G BERKS
CIOTDLA MD, AUGUSTINE A LUZERNE
CIPOLETTI JR MO, JAMES F WASHINGTDN
CIPOLLA MD, CHAS F LYCOMING
CIRELLI MO, MARID G PHILADELPHIA
CIROTTI MD, JDS J MONTGDMERY
CITRD MO, LAURENCE A BERKS
CITRONE MO, PETER J ALLEGHENY
CIVITARESE MD, LOUIS R ALLEGHENY
CLADEL MO, CHAS E OAUPHIN
CLADER MD, STANLEY C MDNTGDMERY
CLAIR MD, GERALD F CENTRE
CLAIR MD, HENRY S PHILADELPHIA
CLAIR MD, THEDDDRE W MDNTGDMERY
CLANEY MD, JDNATHAN H MDNTGDMERY
CLAPP MD, GED E WASHINGTDN
CLAPP MD, JDHN S ERIE
CLARE MD, DAVID W ALLEGHENY
CLARE MD, HENRY E DELAWARE
CLARK MD, ODNALD L PHILADELPHIA
CLARK MD, EDDIE L PHILADELPHIA
CLARK MD, FRANK MDNTGDMERY
CLARK MD, GRANT C CDLUMBIA
CLARK MD, H FDRD HUNTINGDDN
CLARK MO, JAMES E DELAWARE
CLARK MO, JDHN K PHILADELPHIA
CLARK MD, JDS G CHESTER
CLARK MD, JDS M LEBANDN
CLARK MD, LAWRENCE M CLARIDN
CLARK MD, MARY W ALLEGHENY
CLARK MD, SANDRA M CLARION
CLARK MD, THDS W PHILADELPHIA
CLARK MD, WILLIAM H ALLEGHENY
CLARKE MD, CHAS E ALLEGHENY
CLARKE MD, EDWARD H CLEARFIELD
CLARKE MD, FRANK S DELAWARE
CLARKE MO, FRANKLYN R PHILADELPHIA
CLARKE MD, FREDERICK T NDRTHAMPTDN
CLARKE MD, JDHN R PHILADELPHIA
CLARKE MD, JDSEPH F PHILAOELPHIA
CLARKE MD, RDBT H ALLEGHENY
CLARKSDN MD, WILLIAM R ALLEGHENY
CLASSEN MD, CHAS H MDNTGDMERY
CLATEMAN MD, ARTHUR W ALLEGHENY
CLAUSS MD, THDS F LACKAWANNA
CLAY MD, BETTIE W CHESTER
CLAYTDN MD, THDS D CHESTER
CLEARFIELD MD, HARRIS R PHILADELPHIA
CLEARFIELD MD, RDNALD J WESTMDRELAND
CLEAVER MD, CLARENCE P CDLUMBIA
CLEAVER MD, DDRDTHY M MDNTGDMERY
CLEAVER MD, E EUGENE MDNTGDMERY
CLELAN MD, GED M LANCASTER
CLELAND MD, CHAS E MC KEAN
CLELAND MO, JAMES W OELAWARE
CLELAND MD, M ELIZABETH MC KEAN
CLEMENS MD, FREDERICK B CDLUMBIA
CLEMENS MD, THDMAS M MDNTDUR
CLEMENT MD, GDRDDN S MDNTGDMERY
CLEMENT MD, JDHN A DAUPHIN
CLEMENT MD, JDHN F LYCDMING
CLEMENTS MD, DAVID H WESTMDRELAND
CLEMENTS MD, HARRY H ALLEGHENY
CLEMENTS MD, WILLIAM W MDNTGDMERY
CLENDENNING MD, WM B GREENE
CLERF MD, LDUIS H PHILADELPHIA
CLEVELAND MD, ALBERT F DELAWARE
CLEVENGER MD, RDBT W ALLEGHENY
CLEVER MD, JDHN E ALLEGHENY
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CLIME MD, GILBERT N LANCASTER
CLIPP MD, SAML W BUCKS
CLDHECY MD, RDBERT J ALLEGHENY
CLDSE MD, HENRY P PHILADELPHIA
CLDSE MD, RICHARD A PHILADELPHIA
CLDSE MD, SALLY E MDNTGOMERY
CLDSSDN MD, EDWARD W PHILAOELPHIA
CLDSSDN MD, HARDLD D ADAMS
CLDUD MD, M HARLAN FAYETTE
CLDUGH MD, DDNALD M BRADFDRD
CLDUGH MD, HDWARD K MDNTGDMERY
CLUTZ MD, PAUL A FRANKLIN
CLYMAN MD, BYRDN MDNTGDMERY
CLYMER MD, RDBT H BERKS
CDANE MD, MDRTDN R PHILADELPHIA
CDATES JR MD, JDHN B CHESTER
CDBERN MD, CHAS B CAMBRIA
CDBETTD MD, BERNARD H WESTMDRELAND
CDCHRAN MD, BRYCE C JEFFERSDN
CDCHRAN MD, JAMES F NDRTHAMPTDN
CDCHRAN MD, TERENCE A LACKAWANNA
CDCHRAN MD, WM C MDNTGDMERY
CDFFEY MD, DAVID H BEAVER
CDFFEY MO, JESSE D DELAWARE
CDFFEY MD, JDHN F DELAWARE
CDFFEY MD, WM F PHILAOELPHIA
COFFMAN MO, KADHLIN M LYCOMING
CDGEN MO, FREDERICK C MDNTGOMERY
COGHLAN MO, WM P BEAVER
COHEN MO, ABRAHAM L PHILAOELPHIA
COHEN MO, ARCHIBALO C BUTLER
CDHEN MO, BERNARO I ALLEGHENY
CDHEN MO, OAVID J PHILAOELPHIA
COHEN MO, OONALD L MERCER
CDHEN MO, EDWIN E LYCDMING
CUHEN MO, ERWIN A PHILAOELPHIA
CDHEN MO, H ELLIOTT PHILAOELPHIA
COHEN MO, H EMMANUEL PHILAOELPHIA
COHEN MO, HAROLD M ALLEGHENY
COHEN MO, HARRY W PHILAOELPHIA
COHEN MO, ISAODRE S PHILADELPHIA
COHEN MD, J STANLEY PHILAOELPHIA
COHEN MO, JACDB H MONTGOMERY
COHEN MO, JACOB J PHILADELPHIA
CDHEN MO, JEROME H CAMBRIA
COHEN MO, KENNETH O PHILAOELPHIA
COHEN MO, LEONARO M ALLEGHENY
COHEN MO, MANFRED L ALLEGHENY
COHEN MO, MARTIN ALLEGHENY
COHEN MO, MERTON E NDRTHAMPTON
COHEN MO, MEYER A PHILAOELPHIA
COHEN MO, MILTON H YORK
COHEN MO, MILTON H MIFFLIN-JUNIATA
COHEN MO, NDRMAN F ALLEGHENY
COHEN MO, NORMAN F PHILADELPHIA
COHEN MO, NORMAN N PHILAOELPHIA
COHEN MO, PAUL A PHILAOELPHIA
COHEN MO, PETER Z ALLEGHENY
COHEN MO, RICHARO L ALLEGHENY
CDHEN MD, RDBT M PHILADELPHIA
CDHEN MD, RDBT V PHILADELPHIA
CDHEN MD, SAML INDIANA
CDHEN MD, SAML F MDNTGDMERY
CDHEN MD, SARLE H PHILAOELPHIA
CDHEN MD, SHELDDN G LUZERNE
CDHEN MD, SHERWDDD V PHILADELPHIA
COHEN MD, STANLEY N PHILADELPHIA
CDHEN MD, THEDDDRE B PHILAOELPHIA
CDHEN MD, WM W ERIE
CDHLER MD, ALAN MDNTGDMERY
CDHN MD, BURTDN H DAUPHIN
CDHN MD, C HARDLD BERKS
CDHN MD, EDWIN M PHILADELPHIA
CDHN MD, GERALD H MDNTDUR
CDHN MD, HERBERT E PHILADELPHIA
CUHN MD, RDNALD E PHILADELPHIA
CDLANTDNI MD, WM WASHINGTDN
CDLASANTE MD, ANTHDNY D NDRTHAMPTON
CDLAVITA MD, ANTHDNY MDNTGDMERY
CDLBEKG MD, JAMES E PHILADELPHIA
CDLBURN JR MD, HARDLD L PHILADELPHIA
CDLCHER MO, IRVING S MDNTGDMERY
CDLCHER MD, RDBT E MDNTGDMERY
CDLDREN MD, RDBT L DAUPHIN
CDLE MD, CHAS E LYCDMING
CDLE MD, CHAS E ALLEGHENY
COLE MD, DENNIS G ERIE
CDLE MD, JACK E NDRTHAMPTDN
COLE MD, JAMES M MDNTDUR
CDLE MD, KAY N PHILADELPHIA
CDLE MD, RICHARD S WESTMDRELAND
CDLE MD, SHERWDDO A DAUPHIN
COLEMAN JR MD, ERNEST H DAUPHIN
CDLEMAN MD, DDNALD J ALLEGHENY
CDLEMAN MD, DDNALD K NDRTHAMPTDN
CDLEMAN MD, ERNEST H CENTRE
CDLEMAN MD, LINDA L DAUPHIN
CDLEMAN MD, THDS H LACKAWANNA
CDLETTA MD, DANIEL J BUCKS
CDLIZZD MD, FRANK P LACKAWANNA
CDLLEY MD, ALFRED L PHILADELPHIA
CDLLINS JR MD, JAMES A MDNTDUR
CDLLINS JR MD, RICHARD F ALLEGHENY
CDLLINS MD, CLYDE A LACKAWANNA
CDLLINS MD, HAYDN B NDRTHAMPTDN
CDLLINS MD, LAWRENCE A ALLEGHENY
CDLLINS MD, MARJEANNE PHILADELPHIA
CDLMENAR MD, ANTDNID B PHILADELPHIA
CDLMENARES MD, RUPERTD F SCHUYLKILL
CDLDMBI MD, DANIEL J PHILADELPHIA
CDLDMBD MD, JAMES L DELAWARE
CDLUMEDA MD, REGID S MDNTGDMERY
CDLDSI MD, NICHDLAS A MDNTGDMERY
CDLDSI MD, NICHDLAS J PHILADELPHIA
CDLTMAN MD, ARTHUR B PHILAOELPHIA
CDLTDN 5TH MD, SABIN W MDNTGDMERY
CDLTDN MD, NATHAN H PHILADELPHIA
CDLVIN MD, VICTDR G BEDFDRD
CDLVIN MD, WM F FAYETTE
CDLWELL MD, MILES D ALLEGHENY
CDMBER MD, BERNARD E PHILADELPHIA
CDMER MD, NATHAN L PHILADELPHIA
CDMERDTA MD, ANTHDNY J PHILADELPHIA
CDMESS MD, RAYMDND R BERKS
CDNAHAN JR MD, JDSEPH B MDNRDE
CDNAHAN MD, BERNARDIN Q BUCKS
CDNAHAN MD, THDS J LUZERNE
CDNAWAY MD, HDRACE B PHILADELPHIA
CDNCILUS MD, FRANK ALLEGHENY
CDNDDN MD, RDBERT H DELAWARE
CDNDRDN MD, BRIAN P LANCASTER
CDNE MD, ALEXANDER S ALLEGHENY
CDNGEDD MD, CARDL Z ALLEGHENY
CDNGER MD, KYRIL B PHILADELPHIA
CDNKLIN MD, JAMES E ALLEGHENY
CDNKLIN MD, STANLEY D BRADFDRD
CDNLEY MO, JAMES P ALLEGHENY
CDNLIN MD, EDWARD F MERCER
CDNLDN MD, FRANCIS W ALLEGHENY
CDNLY JR MD, SAML S PHILADELPHIA
CDNN MD, HDWARD F FAYETTE
CDNN MD, RDSS S WESTMDRELAND
CDNN MD, S HALL PHILADELPHIA
CDNN MD, WM V ALLEGHENY
CDNNAUGHTDN MD, JAMES F PHILAOELPHIA
CDNNAUGHTDN MO, PATRICK N LANCASTER
CONNELL MO, JANET T PHILAOELPHIA
CONNELLY MO, JEHUE R FAYETTE
CDNNELLY MD, MICHAEL E MERCER
CONNER MO, GED H LEBANON
CONNER MD, J HUBERT OELAWARE
CDNNER MD, KENNETH B OAUPHIN
CONNOLE MO, JOHN F BLAIR
CONNOLLY DO, WILLIAM S SCHUYLKILL
CONNDLLY JR MD, JOHN M BUCKS
CDNNOLLY MO, OAVIO P ALLEGHENY
CONNDR OO, JANETTA V PHILAOELPHIA
CDNNOR DO, JDSEPH P PHILAOELPHIA
CDNNOR MO, EOWARO H CRAWFORD
CONNOR MD, ROBT W MDNTGOMERY
CONNORS JR MO, EARL K BUCKS
CONRAD MO, DONALO C OAUPHIN
CDNRAD MO, JAMES L BUCKS
CDNRAO MD, JOE E SCHUYLKILL
CDNRAD MO, PAUL L ALLEGHENY
CONRADY MD, WM E BEAVER
CONROY OD, JAMES F PHILAOELPHIA
CONRDY MO, JOHN J YORK
CDNROY MO, JOS V PHILAOELPHIA
CDNSTABLE MO, G RDBERT DELAWARE
CONSTANTINO JR MO, ABRAHAM A ALLEGHENY
CONTE MO, ANTHONY A BEAVER
CONTE MD, ROBT R WESTMORELAND
CONTI MD, EUGENE A ALLEGHENY
CONTRACTOR MD, FARHAO M ALLEGHENY
CONWAY 3RO MO, JOHN W ALLEGHENY
CONWAY MO, CYRIL F LYCOMING
CONWELL JR MD, FRANCIS L JEFFERSON
CDNWELL MD, QUENTIN R BUCKS
CDODLEY MD, EUGENE L PHILAOELPHIA
CDUK MD, DAVID R ALLEGHENY
CDDK MD, DDNALD H DELAWARE
CDDK MD, RALPH W FAYETTE
CDDK MD, WM L DELAWARE
CDDKE JR MD, ALFRED J LANCASTER
CDDLIDGE MO, WM A TIDGA
COUNEL MO, PAULINE PHILADELPHIA
CDDPER JR MD, E NEWBDLD DELAWARE
CDDPER JR MD, HERBERT K LANCASTER
CDDPER JR MD, PAUL N ALLEGHENY
CDDPER MO, BARRY R MDNTGDMERY
CDDPER MD, DAVID R MDNTGDMERY
CUDPER MD, DONALD R PHILADELPHIA
CUDPER MD, EDWARD I PHILAOELPHIA
CDDPER MD, EDWARD S PHILADELPHIA
CDDPER MD, EMMETT M LANCASTER
CDUPER MD, HARDLD B SCHUYLKILL
CDDPER MD, HELEN C LUZERNE
CDDPER MD, HDMI S ERIE
CDDPER MD, JEANNE A ALLEGHENY
CDDPER MD, JDS E LUZERNE
CDDPER MD, JDS H DELAWARE
CDDPER MD, KENNETH L LYCDMING
CDDPER MD, MARTIN PHILADELPHIA
CDDPER MD, MAX M PHILADELPHIA
CDDPER MD, MURRAY S MDNTGDMERY
CDDPER MD, WM M ALLEGHENY
CDDPERMAN MD, GERTRUDE PHILADELPHIA
CDDPERMAN MO, MICHAEL T PHILADELPHIA
CDDRAY MD, CHARLES N ALLEGHENY
CDPE MD, CDNSTANTIN PHILADELPHIA
CDPE MD, DAVID A BERKS
CDPE MD, EDWIN S CARBDN
CUPE MD, FREDERICK T YDRK
COPE MD, JDHN R WESTMDRELAND
CDPE MD, WALTER B INDIANA
CDPELAN MD, HERBERT W PHILADELPHIA
CDPELAND MD, ADRIAN D PHILADELPHIA
CDPELAND MD, CHAS E ALLEGHENY
CDPELAND MD, JAY S ALLEGHENY
CDPELAND MD, NATHANIEL H PHILADELPHIA
CDPELAND MD, SDLKIN C PHILADELPHIA
CDPPES MD, CHAS D PHILADELPHIA
CDPPDLIND MD, JDHN F PHILADELPHIA
CDPPDLD MD, BERNARD L ELK-CAMERDN
CDPPULA MD, RDBERT J WASHINGTDN
CDRAZZA MD, LED J LUZERNE
CDRBA MD, JOS S ALLEGHENY
CDRBET MD, RDLAND H VENANGD
CDRCIND JR MD, BALTAZAR L CLEARFIELD
CDRCDRAN MO, ALBERT W ALLEGHENY
CDRCDRAN MO, JDHN J LANCASTER
CDRDERD MD, EDGAR C ALLEGHENY
CDRDDBA MD, DIEGD R ARMSTRDNG
CDREN MD, GARY S PHILADELPHIA
CDREY MD, PETER J LUZERNE
CDREY MD, WILLIAM T CAMBRIA
CDRFF MD, MEYER PHILADELPHIA
CDRKHILL JR MD, ERIC A MDNTGDMERY
CDRMAN MO, LEV A PHILADELPHIA
CDRMAN MD, PAUL M CENTRE
CDRNELIUS III MD, CHALMERS E MONTGDMERY
CDRNER JR MD, GED W BRADFDRD
CDRNES MD, CLEDN L ALLEGHENY
CDRNESKY MD, AGNES T ALLEGHENY
CDRNFIELD MD, DENNIS B PHILADELPHIA
CDRNISH MD, JAMES W MDNTGDMERY
CDRNMAN 3RD MD, HENRY D MDNTGDMERY
CDRDNADD MD, RIZALIND H DAUPHIN
CURPUS JR MD, EDUARDD T NDRTHAMPTDN
CORPUZ JR MD, MARCELD B ALLEGHENY
CDRRADD JR MD, ALBERT V ALLEGHENY
CDRRADD JR MD, CATALDD F FAYETTE
CDRRADU MD, CATALDD FAYETTE
CDRRAL MD, CELESTIND F ALLEGHENY
CDRRIGAN MD, LAWRENCE F LUZERNE
CDRSELLD MD, GUY R ALLEGHENY
CURSELLD MD, WHITNEY C ALLEGHENY
CDRSDN MD, BARRY MDNTGDMERY
CDRSDN MD, GEDFFREY A DAUPHIN
CDRSDN MD, HAMPTDN P CAMBRIA
CDRSDN MD, JDS K PHILADELPHIA
CDRSDN MD, STEPHEN L PHILADELPHIA

CDRSDN MD, THDS C	CDLUMBIA	CRUZ MD, RDGELID A	ERIE	DANYD MD, JDHN J	YDRK
CDRTES JR MD, CANDIDD T	CRAWFDRD	CRUZ MD, TRINIDAD T	GREENE	DANZI MD, JDSEPH T	BRADFDRD
CDRTEZA MD, BENJAMIN A	CDLUMBIA	CRYSTAL MD, HARRY	BERKS	DANZIS DD, JEFFREY J	BUCKS
CDRWIN MD, DDUGLAS T	WASHINGTDN	CRYSTLE MD, C DEANS	LANCASTER	DARBY MD, WALTER S	MDNTGDMERY
CDRWIN MD, JAMES D	WASHINGTDN	CSIR MD, FLDYD M	ERIE	DARKES MD, WM F	SCHUYLKILL
CDSME MD, EDGAR Z	WESTMDRELAND	CUBE MD, HENRY M	SDMERSET	DARNELL MD, RICHARD I	BUCKS
CDSTA MD, EUGENE E	WASHINGTDN	CUBLER MD, EDWARD W	SCHUYLKILL	DARSIE MD, LEIGH L	ALLEGHENY
CUSTA MD, FRANK	ALLEGHENY	CUCINDTTA MD, DDMENICD	PHILADELPHIA	DAS MD, JAGANNATH	FAYETTE
CDSTAMAGNA MD, HECTDR H	ALLEGHENY	CUCINDTTA MD, SALVATDRE	PHILADELPHIA	DASCHER JR MD, JDHN J	MDNTGDMERY
CDSTANZA MD, AGATHA H	NDRTHAMPTDN	CUDDEBACK MD, THDS J	ALLEGHENY	DASHE MD, MYER M	BERKS
CDTLER MD, JERDME M	PHILADELPHIA	CUDDY MD, VINCENT D	BEAVER	DASTUR MD, KHURSHED J	ALLEGHENY
CDTTER MD, RALPH E	ALLEGHENY	CUDKDWICZ MD, LEDN	PHILADELPHIA	DATTA MD, TAPAN D	ALLEGHENY
CUTTINGTON MD, GDRDDN M	BUTLER	CUISDN MD, NAVDRA	PHILADELPHIA	DATTILD MD, JAMES T	ALLEGHENY
CDTTLE MD, BETTY L	BLAIR	CUISDN MD, SERGID Q	PHILADELPHIA	DATTNER MD, HERMAN B	LUZERNE
CDTTLE MD, HARDLD R	BLAIR	CULBERTSDN MD, CLAYTDN E	WASHINGTDN	DAUE JR MD, EDWIN D	DAUPHIN
CDTTDNE MD, BENJ J	LACKAWANNA	CULF MD, NDRRIS K	PHILADELPHIA	DAUGHTRIDGE MD, TRUMAN G	PHILADELPHIA
COTTRELL MD, DAVID C	PHILADELPHIA	CULLEN MD, ESKER W	CENTRE	DAURIA MD, THDS M	FAYETTE
CDTTRELL MD, JDHN C	BERKS	CULLEN MD, MILTDN L	PHILADELPHIA	DAVENPURT MD, ARTHUR B	WYDMING
CDUCH MD, F BDYD	WESTMDRELAND	CULLEY MD, ANDREW W	BEAVER	DAVENPURT MD, RICHARD E	BERKS
CUULSUN MD, DAVID B	ALLEGHENY	CULUTTA MD, DDMINIC A	BUCKS	DAVID MD, MITCHELL	PHILADELPHIA
CDULTER MD, BDNNA B	YDRK	CUMMINGS MD, CLARENCE W	ALLEGHENY	DAVIDES MD, KYRIAKDS C	ALLEGHENY
CDULTER MD, CLINTDN R	CLARIDN	CUNIN MD, HARRY L	LEHIGH	DAVIDSDN MD, JAY H	PHILADELPHIA
CDURI MD, EDGARD	ALLEGHENY	CUNNINGHAM MD, JAMES G	ALLEGHENY	DAVIDSDN MD, PAUL R	LANCASTER
CDURSIN MD, DAVID B	LANCASTER	CUNNINGHAM MD, JDHN D	PHILADELPHIA	DAVIDSUN MD, STEVEN J	PHILADELPHIA
CDURTER MD, MDNTE H	LANCASTER	CUNNINGHAM MD, WM L	WASHINGTDN	DAVIDSDN MD, WALLACE L	MDNTGDMERY
CDURTNEY MD, DREW E	LEBANDN	CUDZZD MD, ALFDNSO	MDNTGDMERY	DAVIE MD, FRANK M	WESTMDRELAND
CDURTNEY MD, WM B	WESTMDRELAND	CUPPLE MD, PETER P	LACKAWANNA	DAVIE MD, JDHN H	PHILADELPHIA
CDUSDUNIS MD, GERRY T	PHILADELPHIA	CURANZY MD, RAYMDND R	LEBANDN	DAVIES MD, RDBT H	ALLEGHENY
CDVALESKY MD, VICTDR J	LACKAWANNA	CURCID MD, MARY R	PHILADELPHIA	DAVIES MD, THDS E	TIDGA
COVALLA MD, GED C	CLEARFIELD	CURRAN MD, MARILYN R	MDNTGDMERY	DAVIS JR MD, EDWARD T	BEAVER
CDVERDALE III MD, EDWARD J	BUCKS	CURRIE MD, PHILIP W	WESTMDRELAND	DAVIS JR MD, RDBT V	LACKAWANNA
CDVERDALE MD, EDWARD J	BUCKS	CURRIE MD, RICHARD J	PHILADELPHIA	DAVIS JR MD, RDLLIN V	ALLEGHENY
CDVERDALE MD, PAUL J	BUCKS	CURRY JR MD, WM D	MDNTDUR	DAVIS MD, ARNDLD V	BERKS
CDVEY MD, JDHN K	CENTRE	CURRY MD, JOS L	NDRTHAMPTDN	DAVIS MD, C NELSDN	PHILADELPHIA
COWAN MD, THOMAS W	ALLEGHENY	CURRY MD, SAML D	DAUPHIN	DAVIS MD, DAVID	LEHIGH
COWITZ MD, BERNARD	PHILADELPHIA	CURRY MD, STEPHEN L	DAUPHIN	DAVIS MD, DAVID M	MDNTGDMERY
CDWLEY MD, ALLEN W	DAUPHIN	CURRY MD, THOMAS A	SCHUYLKILL	DAVIS MD, DONALD D	ALLEGHENY
CDWNIE MD, DDUGLAS H	DELAWARE	CURTIN MD, EUGENE A	LACKAWANNA	DAVIS MD, EARLE R	ALLEGHENY
COX MD, DANA D	LACKAWANNA	CURTIN MD, JEROME E	WESTMDRELAND	DAVIS MD, EDWARD W	MDNTGOMERY
COX MD, JAMES L	PHILADELPHIA	CURTIN MD, JDHN J	PHILADELPHIA	DAVIS MD, EZER H	ALLEGHENY
COX MD, PAUL A	CUMBERLAND	CURTIS JR MD, ARTHUR W	MERCER	DAVIS MD, GED B	LUZERNE
COX MD, RALPH L	FAYETTE	CURTIS MD, JAMES L	MDNTDUR	DAVIS MD, GRDVER T	BEAVER
COX MD, SUSAN E	PHILADELPHIA	CUSHING MD, WM J	ALLEGHENY	DAVIS MD, H RDBERT	CUMBERLAND
COYER MD, HDWARD A	DAUPHIN	CUSICK MD, RICHARD J	LEHIGH	DAVIS MD, HARRIET J	BUCKS
CDYLE MD, JDHN J	LUZERNE	CUSTER MD, RICHARD P	PHILADELPHIA	DAVIS MD, IRENE B	LANCASTER
CDYLE MD, PATRICK J	PHILADELPHIA	CUSTUDID MD, EDGARDD C	LEHIGH	DAVIS MD, J LAMAR	SCHUYLKILL
COYLE MD, RDBT M	ALLEGHENY	CUTHBERT MD, KATHARINE B	MDNTGDMERY	DAVIS MD, J MOSTYN	NORTHUMBERLAND
CDYLE MD, SDPHIE J	ALLEGHENY	CUTLER MD, IRVIN	PHILADELPHIA	DAVIS MD, JAMES H	YDRK
COYLE MD, WM A	DELAWARE	CUTLER MD, JACK	PHILADELPHIA	DAVIS MD, JAMES K	CAMBRIA
COYNE MD, RICHARD J	PHILADELPHIA	CUTLER MD, NEIL	PHILADELPHIA	DAVIS MD, JAMES S	ALLEGHENY
CDYNE MD, VERDNICA Z	BUCKS	CUTLER MD, RDBT S	CHESTER	DAVIS MD, JDAN L	DELAWARE
CDZZA JR MD, MICHAEL R	ALLEGHENY	CUTRY MD, JDSEPH J	PDTTER	DAVIS MD, JDHN C	CRAWFDRD
CUZZAKELLI MD, JAMES D	MDNTGDMERY	CUTULY MD, EUGENE	ALLEGHENY	DAVIS MD, JDHN G	ALLEGHENY
CRAGD MD, H RDBERT	MERCER	CWIK MD, JDHN C	CAMBRIA	DAVIS MD, JDHN W	PHILADELPHIA
CRAIG MD, PAUL C	BERKS	CYNN MD, WDN S	PHILADELPHIA	DAVIS MD, LAWRENCE W	PHILADELPHIA
CRAIN MD, RICHARD H	BEAVER	CZARNECKI MD, CASIMIR	PHILADELPHIA	DAVIS MD, MURRAY C	TIDGA
CRAM MD, RDBT H	PHILADELPHIA	CZARNECKI MD, DDRDTHY G	PHILADELPHIA	DAVIS MD, NDRMAN	ALLEGHENY
CRAMER MD, BERNARD S	PHILADELPHIA	CZARNECKI MD, NANCY S	PHILADELPHIA	DAVIS MD, RAYMDND C	SUSQUEHANNA
CRAMER MD, GED E	ALLEGHENY			DAVIS MD, RICHARD A	PHILADELPHIA
CRAMER MD, LESTER M	PHILADELPHIA			DAVIS MD, RDBT E	ALLEGHENY
CRAMP MD, LLOYD L	BERKS			DAVIS MD, RDBT M	YDRK
CRAMTUN MD, DAVID C	LUZERNE			DAVIS MD, SIDNEY	UNION
CRANE MD, A REYNDLDS	PHILADELPHIA			DAVIS MD, THDS P	FRANKLIN
CRANE MD, JACDB F	WARREN			DAVIS MD, TDYE G	CHESTER
CRANE MD, NATHAN	DELAWARE			DAVIS MD, WILLIAM C	YDRK
CRAVETZ MD, HDWARD	MONTGOMERY	D		DAVIS MD, WM S	DAUPHIN
CRAWFDRD MD, DDNALD G	DAUPHIN	DABBACK MD, DEWITT T	CHESTER	DAVISDN MD, FRANCIS W	MONTDUR
CRAWFDRD MD, JDSEPH A	ALLEGHENY	DACKD MD, DDUGLAS M	ALLEGHENY	DAVISDN MD, WM R	CAMBRIA
CREECH MD, RICHARD H	PHILADELPHIA	DACOSTA MD, JDAD B	ALLEGHENY	DAVITCH MD, LEDNARD S	PHILADELPHIA
CREIGHTDN JR MD, DANL K	MIFFLIN-JUNIATA	DAGDSTINO, FRANK J	NDRTHAMPTDN	DAW MD, WM J	LUZERNE
CRELLIN MD, JACDB A	PHILADELPHIA	DAGDSTIND MD, VALENTINO	PHILADELPHIA	DAWSDN MD, REESE E	ALLEGHENY
CRESSDN MD, SAML L	PHILADELPHIA	DAHLKE MD, MIRIAM B	PHILADELPHIA	DAWSDN MD, WILLIAM N	ALLEGHENY
CRETEKDS MD, CDNSTANTINE J	ALLEGHENY	DAILEY MD, EDWARD G	DAUPHIN	DAY MD, JAMES H	ALLEGHENY
CRETELLA MD, THDS S	CDLUMBIA	DAILEY MD, HARRY R	ALLEGHENY	DAYTON MD, DAVID A	LYCDMING
CRETZMEYER MD, CHAS H	PHILADELPHIA	DAINIUS MD, ALFDNSAS	LUZERNE	DCRUZ MD, JDSEPH F	BLAIR
CREW MD, RDBT S	PHILADELPHIA	DAIT MD, JDSE E	CARBDN	DE MD, NIRMAL K	PHILADELPHIA
CRIBBS MD, DELMAS L	BUTLER	DAITER MD, DDNALD	PHILADELPHIA	DEACH MD, RDBT A	BERKS
CRICHLDW MD, PHILMDRE H	ALLEGHENY	DAJANI MD, TAMER A	ARMSTRDNG	DEAN MD, PHILIP W	ALLEGHENY
CRIDEN MD, LDUIS E	DELAWARE	DAKIN MD, THEDDDRA P	WESTMDRELAND	DEAN MD, RDBT J	ALLEGHENY
CRIDER MD, DDNALD B	BLAIR	DALE II MD, LEDNARD E	TIDGA	DEARDDRFF MD, CHAS L	LANCASTER
CRIEP JR MD, LED H	ALLEGHENY	DALE MD, ANTHDNY D	PHILADELPHIA	DEARDDRFF MD, JDHN E	CENTRE
CRIEP MD, LED H	ALLEGHENY	DALE MD, H THDMPSDN	CENTRE	DEAVER MD, JDSHUA M	PHILADELPHIA
CRILL MD, NDRMAN C	LANCASTER	DALEY MD, MARVIN C	LANCASTER	DEBARTDLD JR MD, HANSEL M	MDNTDUR
CRILLMAN MD, GED P	DELAWARE	DALLABRIDA MD, MARGUERITE R	NDRTHUMBERLAND	DEBBAS MD, JDS N	PHILADELPHIA
CRISANTI MD, JDHN W	CLINTDN	DALDNZD MD, WALTER A	PHILADELPHIA	DEBENEDICTIS MD, KENNETH J	BERKS
CRISPEN MD, JAMES F	DAUPHIN	DALRYMPLE MD, W HDWARD	DELAWARE	DEBERARDINIS MD, CAMILLD T	PHILADELPHIA
CRIST MD, GUY C	DAUPHIN	UALSIMER MD, WALTER D	PHILADELPHIA	DEBLASID MD, SILVID H	ALLEGHENY
CRISTDL MD, DAVID S	PHILADELPHIA	DALTDN MD, JDHN R	PHILADELPHIA	DEBDNIS MD, CHAS S	LUZERNE
CRISWELL MD, SAML W	LEHIGH	DALTDRID MD, RDNALD A	ALLEGHENY	DECAESTECKER MD, JACQUES E	DELAWARE
CRITCHLDW MD, RDBT J	DELAWARE	DALY JR MD, JAMES F	DAUPHIN	DECARD MD, JDS A	DELAWARE
CRITS MD, HARRY J	MDNTGDMERY	DALY JR MD, MICHAEL J	PHILADELPHIA	DECASPERIS MD, ANTHDNY J	PHILADELPHIA
CRITTENDEN MD, DDNALD W	BUCKS	DALY MD, JAMES W	PHILADELPHIA	DECASTRD MD, NIEVES D	PHILADELPHIA
CRITTENDEN MD, GED B	ERIE	DALY MD, THDS W	PHILADELPHIA	DECESARE DD, RAYMDND C	MDNRDE
CRITTENDEN MD, JAMES D	ALLEGHENY	DAMAID MD, SAMUEL L	LANCASTER	DECHERNEY MD, WM A	PHILADELPHIA
CROCKETT MD, BARBARA A	DELAWARE	UAMAZD MD, ELPIDID D	BEAVER	DECHTER MD, JDS M	ALLEGHENY
CROLEY MD, JAMES T	SCHUYLKILL	DAMAZD MD, NATIVIDAD S	BEAVER	DECINA MD, LDUIS J	PHILADELPHIA
CROLL MD, MILLARD N	PHILADELPHIA	DAMESHEK MD, H LEE	ALLEGHENY	DECK JR MD, RDY	LANCASTER
CROMPTON MD, RICHARD E	LUZERNE	DAMIANO MD, RDBT E	CHESTER	DECKER MD, JDHN P	PHILADELPHIA
CRONIN MD, DENNIS W	PHILADELPHIA	DAMSKER MD, JEFFREY I	PHILADELPHIA	DECLEMENT MD, FREDERICK A	PHILADELPHIA
CRONLUND MD, PHILIP R	MDNTGDMERY	DANA JR MD, ALAN S	PHILADELPHIA	DECOLLI MD, JDS A	CHESTER
CROSS JR MD, SAML	ARMSTRDNG	DANCA MD, ALFRED F	LUZERNE	DECURTIS MD, GED M	LUZERNE
CROSS MD, ALBERT J	LACKAWANNA	DANDREA MD, RAYMDND L	CAMBRIA	DEE MD, CECILID C	MC KEAN
CROTEAU MD, J RUSSELL	DAUPHIN	DANEHOWER MD, WM F	PHILADELPHIA	DEE MD, WM F	ALLEGHENY
CROTHERS MD, W GIFFDRD	DELAWARE	DANIELE MD, JDS Q	ERIE	DEEB MD, RAMDN J	LEHIGH
CROUSE MD, GED W	WESTMDRELAND	DANIELEWSKI MD, GED L	PHILADELPHIA	DEES-PDRCH MD, FRANCES	DELAWARE
CROVATTD MD, ARTHUR C	YDRK	DANIELS MD, DAN	JEFFERSDN	DEFRANCD MD, JDS M	ERIE
CROWLEY MD, PATRICIA A	ALLEGHENY	DANIELS MD, RDGER B	PHILADELPHIA	DEGENNARD MD, LDUIS P	LACKAWANNA
CROYLE MD, RAY W	WESTMDRELAND	DANIELSDN MD, CARL L	BUTLER	DEGENNARD MD, PATRICK J	LUZERNE
CROZIER MD, DAVID J	BEAVER	DANIS MD, MARTHA J	PHILADELPHIA	DEGREGORY DD, THDMAS R	WESTMDRELAND
CROZIER MD, PHYLLIS A	ALLEGHENY	DANISHANKD MD, ALBERT G	LUZERNE	DEGUZMAN MD, ELSA A	DELAWARE
CRUCIANI JR MD, DDMINICK A	LACKAWANNA	DANKMYER MD, FREDERICK L	SCHUYLKILL	DEGUZMAN-CAM MD, BRIGIDA	PHILADELPHIA
CRUFT MD, GED E	PHILADELPHIA	DANKO MD, EUGENE T	ALLEGHENY	DEHAAS MD, DAVID R	WASHINGTDN
CRUM MD, GED E	ALLEGHENY	DANN MD, HERBERT A	VENANGD	DEHDRATIUS MD, RAPHAEL F	PHILADELPHIA
CRUMAY MD, HUGH M	DAUPHIN	DANNEKER MD, DALE A	CENTRE	DEIBERT MD, EDWARD B	NORTHAMPTDN
CRUMRINE MD, NDRMAN R	BEAVER	DANNENBURG MD, ARTHUR M	PHILADELPHIA	DEICHELMANN MD, STEPHEN J	MDNTGDMERY
CRUMRINE MD, RICHARD S	BEAVER	DANOFF MD, DAVID M	MDNTGDMERY	DEICHERT MD, RDBT G	MDNRDE
CRUZ JR MD, MDISES B	PDTTER	DANOFF MD, MIKE	ALLEGHENY	DEICHLER MD, JDHN W	PHILADELPHIA
CRUZ MD, ALEXANDER C	MDNTGDMERY	DANDWSKI MD, THADDEUS S	ALLEGHENY	DEILY MD, RAYMDND E	NDRTHAMPTDN
CRUZ MD, ALICE M	GREENE	DANTINI JR MD, DANL C	ALLEGHENY	DEIMEL MD, JDSEPH F	ERIE
		DANTDNID MD, JAMES A	ALLEGHENY		

DEININGER MD, ARTHUR G	CRAWFORD	DETUERK MD, JOHN J	PHILADELPHIA	DIXON MD, RICHARD H	CENTRE
DEININGER MD, JOHN T	PHILADELPHIA	DETULLID MD, ANTHONY E	PHILADELPHIA	DIXON MD, ROBT E	MIFFLIN-JUNIATA
DEISHER MD, SAML W	YORK	DEUTCHMAN MD, SANDRA S	PHILADELPHIA	DJERASSI MD, ISAAC	PHILADELPHIA
DEITCH MD, BERNARD	PHILADELPHIA	DEUTSCH JR MD, E THOMAS	CHESTER	DLIN MD, BARNEY M	PHILADELPHIA
DEITRICK JR MD, GED A	NORTHUMBERLAND	DEUTSCH MD, JOEL	PHILADELPHIA	DLUTOWSKI MD, BERNARD J	PHILADELPHIA
DEITRICK MD, RICHARD E	ALLEGHENY	DEUTSCH MD, MELVIN	ALLEGHENY	DLUZANSKY MD, JAMES J	BLAIR
DEITZ 3RD MO, GED W	MONTGOMERY	DEVAN MD, W TODD	YORK	DOBELBOWER JR MD, RALPH	PHILADELPHIA
DEITZLER MD, MARGARET M	PHILADELPHIA	DEVINCENT MD, HENRY G	BUCKS	DOBISH MD, MICHAEL J	YORK
DEJESUS JR MD, RDMAN Y	BEAVER	DEVINE MD, JEAN K	PHILADELPHIA	DOBLER MD, JAMES C	ALLEGHENY
DEJOSEPH MD, ROBT L	DAUPHIN	DEVINE MD, MICHAEL F	MONTGOMERY	DUBLER MD, LEE C	ALLEGHENY
DEKKER MD, ANDREW	ALLEGHENY	DEVINE MD, PETER J	PHILADELPHIA	DUBUSH MD, GED A	NORTHAMPTON
DEKONING MD, JOHANNES L	BLAIR	DEVINEY MD, JOHN P	MONTGOMERY	DOBROTA MD, JOHN S	BUCKS
DEKRUIF MD, HENDRIK	CRAWFORD	DEVITA MD, MICHAEL L	MIFFLIN-JUNIATA	DOCKTOR MD, JOHN W	YORK
DELACRUZ MO, APOLINAR D	MONTGOMERY	DEVITTDRID MD, ARMOND A	JEFFERSON	DODD MD, STEPHEN I	MIFFLIN-JUNIATA
DELACRUZ MD, EMMANUEL A	LACKAWANNA	DEVLIN MD, ALBERT E	JEFFERSON	DODDS MD, HAROLD T	DELAWARE
DELACRUZ MD, RAFAEL A	MONTGOMERY	DEVLIN MD, JOS T	PHILADELPHIA	DODGE MD, HERBERT C	PHILADELPHIA
DELAITES MD, LORETTA M	DELAWARE	DEVRIES MD, JAN R	SOMERSET	DODIES MD, LOUIS A	PHILADELPHIA
DELANEY JR MD, JOHN F	ALLEGHENY	DEWAR MD, WM R	WAYNE-PIKE	DOEFF MD, JAN W	MONTGOMERY
DELANEY MD, JAMES H	ERIE	DEWEES MD, ERNEST J	PHILADELPHIA	DOENECKE MO, ARTHUR L	LANCASTER
DELASALAS MD, ERNESTO M	BEDFORD	DEX MD, WALTER J	LEHIGH	DOERING MD, ANDREW A	MONTGOMERY
DELAURENTIS MD, DOMINIC A	PHILADELPHIA	DEYDUNG MD, EDWARD M	PHILADELPHIA	DOHERTY JR MD, HENRY J	MONTGOMERY
DELAVEGA MD, SOFRONIO B	ALLEGHENY	DHAND MO, SANDEEP	PHILADELPHIA	DOHERTY MD, JOHN H	LACKAWANNA
DELCASTILLO MD, JUAN J	NORTHUMBERLAND	DHAWER MD, VIRENDER P	CAMBRIA	DOHERTY MO, JOS C	WESTMORELAND
DELED MD, ANTHONY G	ALLEGHENY	DIAMOND MD, B FRANKLIN	MONTGOMERY	DOLAN III MD, JAMES J	CLINTON
DELED MD, CAESAR A	LACKAWANNA	DIAMOND MD, DANIEL L	ALLEGHENY	DOLFMAN MD, VICTOR	PHILADELPHIA
DELED MD, NICHOLAS V	LACKAWANNA	DIAMOND MD, HERBERT	PHILADELPHIA	DOLINSKAS MD, CAROL A	PHILADELPHIA
DELEON MD, MANUEL R	ALLEGHENY	DIAMOND MD, SIDNEY J	DELAWARE	DOLPHIN MD, JOHN M	PHILADELPHIA
DELERME MD, AUGUSTO N	BLAIR	DIAZ MD, FILADELFO T	MONTGOMERY	DOMALESKI MO, ALFRED F	POTTER
DELGADO MD, JUAN F	NORTHUMBERLAND	DIAZ MD, FLORIEL P	CARBON	DOMAN MD, ROBT J	DELAWARE
DELGRIPPO MD, GERARD A	CLINTON	DIAZ MD, RENATO T	MONTOUR	DOMANSKI MD, JOHN J	PHILADELPHIA
DELGUERCIO MD, EDMUND T	DELAWARE	DIBAGNO MD, GENO J	WESTMORELAND	DOMBROSKI MD, WALTER J	PHILADELPHIA
DELICH MD, JOHN P	ELK-CAMERON	DIBELLO MD, ANGELO M	PHILADELPHIA	DOMJANCIC MD, JOHN T	BEAVER
DELLEVIGNE MD, WILLIAM M	CHESTER	DIBERT MD, LAWRENCE W	BLAIR	DOMULKY MD, MARIANNE	ALLEGHENY
DELLINGER MD, WOODROW S	YORK	DICKENS MD, HELEN D	PHILADELPHIA	DOMON MD, CHAS M	PHILADELPHIA
DELOGLOS MD, GUST	ALLEGHENY	DICKEY MD, ROBT F	MONTOUR	DONAGHUE MD, ADRIAN H	PHILADELPHIA
DELONE JR MD, CHAS A	DAUPHIN	DICKINSON MD, JOHN T	ALLEGHENY	DONAGHUE MD, GED L	NORTHAMPTON
DELONG II MD, DONALD H	LANCASTER	DICKINSON MD, ROBT J	ELK-CAMERON	DONAHOE MD, MICHAEL T	FRANKLIN
DELOZIER MD, JOS W	YORK	DICKSON JR MO, THOS B	LEHIGH	DONALD MD, OELMAR J	MONTGOMERY
DELOZIER MO, NEIL H	BLAIR	DICKSON MO, GLENN S	PHILADELPHIA	DONALDSON MO, DAVID H	ALLEGHENY
DELP JR MO, CHAS W	MONTGOMERY	DICKSON MO, JAMES A	FRANKLIN	DONALDSON MD, JAMES B	PHILADELPHIA
DELP MO, CHAS W	SCHUYLKILL	DICKSUN MO, ROBERT L	PHILADELPHIA	DONALDSON MD, JAMES D	BUTLER
DELP MD, WM T	YORK	DICKSTEIN MO, BENJ	PHILADELPHIA	DONALDSON MD, JOHN S	ALLEGHENY
DELROSARIO MD, VIVENCIO G	DAUPHIN	DICOLA MO, NANCY M	ALLEGHENY	DONALDSON MO, MILTON H	PHILADELPHIA
DELROSSI MD, ANTHONY J	PHILADELPHIA	DICUCCIO MO, NICHOLAS W	CLINTON	DONALDSON MO, WM F	ALLEGHENY
DELSERONE MD, EUGENE W	ALLEGHENY	DICUCCIO MD, WILLIAM A	BUTLER	DONAN MO, ANDERSON W	MERCER
DELUCA MO, CHARLES Q	PHILADELPHIA	DIODLE MO, KENNETH W	WESTMORELAND	DONATO MO, ROBT A	PHILADELPHIA
DELVECCHIO MD, LEONARD M	BERKS	DIOID MD, FRANCESCO P	PHILADELPHIA	DONCASTER MO, RICHARD M	WESTMORELAND
DEMARCO MD, CARLO M	PHILADELPHIA	DIEHL MD, GILBERT H	MERCER	DONEKER MO, THOS G	NORTHAMPTON
DEMARCO MO, JOHN J	ERIE	DIEHL MO, WM H	LEBANON	DONER OD, IVAN A	PHILADELPHIA
DEMARCO MO, JOS F	MONTGOMERY	DIEMER JR MO, LOUIS M	PHILADELPHIA	DONGELL JR MD, ROBT J	BLAIR
DEMARCO MO, SALVATORE G	NORTHAMPTON	DIENER MD, IAN L	MONTGOMERY	DONIO MO, DOMINIC A	LEHIGH
DEMARTINO DOS, BRUCE K	PHILADELPHIA	DIENHART MO, KARL J	BRADFORD	DONLY MD, DONOVAN L	BERKS
DEMASI MO, PANTALEONE	PHILADELPHIA	DIESS MO, ROBT G	BUTLER	DONMOYER MO, THEODORE L	LEHIGH
DEMASI MO, ROCCO J	YORK	DIETEMAN MO, DAVID F	ERIE	DONNELLY JR MD, JOS C	PHILADELPHIA
DEMEDIO MO, GABRIEL A	ALLEGHENY	DIETRICH OD, LEONARD M	BERKS	DONNELLY MO, CELESTE C	PHILADELPHIA
DEMICHELE MD, JOS	PHILADELPHIA	DIETRICH MD, C WALLACE	ALLEGHENY	DONNELLY MO, KENNETH L	SCHUYLKILL
DEMING MD, MARGERY V	PHILADELPHIA	DIETRICH MO, WARREN C	NORTHAMPTON	DONNER MO, WM T	MONTGOMERY
DEMIRANDA MO, EDWARD G	CHESTER	DIETRICH MO, WM S	DAUPHIN	DONOFRIO MO, PATSY A	WESTMORELAND
DEMKO MO, JOS N	LACKAWANNA	DIETRICK MD, RONALD A	BLAIR	DONUFRIO MD, ROMEO R	CHESTER
DEMMY MD, MERLYN R	BERKS	DIETTINGER MD, FRANK G	ALLEGHENY	DONOVAN JR MO, JOHN A	UNION
DEMOURA MD, JAMILO B	PHILADELPHIA	DIEZ MD, CHAS M	ALLEGHENY	DONOVAN MO, FRANCIS C	ALLEGHENY
DEMPSEY MO, EUGENE C	PHILADELPHIA	DIGIACOMO MD, ALFREO M	DELAWARE	DONOVAN MO, JOHN J	ALLEGHENY
DEMPSEY MO, JAMES G	LACKAWANNA	DIGIACUMO MO, OSCAR P	PHILADELPHIA	DONOVAN MO, ROBT J	PHILADELPHIA
DEMPSHER MO, JOHN	CHESTER	DIGIACOMO MO, PAUL R	LEBANON	DONOVAN MO, ROBT J	ALLEGHENY
DEMUTH JR MD, WM E	CUMBERLAND	DIGILID MD, VICTOR A	PHILADELPHIA	DONOVAN MD, ROBT S	BERKS
DENARI MO, GREGORY A	CENTRE	DIGIUIA MD, ROMEO M	ALLEGHENY	DOO MD, GERALD K	ADAMS
DENBY MO, ROBT A	BERKS	DIGIOVANNI MO, ALPHONSE J	PHILADELPHIA	DOODLEY MO, MICHAEL B	CHESTER
DENCH JR MD, EDWARD H	PHILADELPHIA	DIGIOVANNI MO, ANTHONY J	DELAWARE	DOORLY MO, THOMAS J	CUMBERLAND
DENGLER JR MO, ROBT E	BERKS	DIGIOVANNI MD, ROBT J	DELAWARE	DORASAVAGE MD, WM C	SCHUYLKILL
DENGLER MD, ERNEST H	MONTGOMERY	DIIENNU MO, JOS A	PHILADELPHIA	DORAZIO MO, DOMINICK J	LANCASTER
DENIZARO MO, CARL E	PHILADELPHIA	DILANGALEN MD, DATUKAN G	ALLEGHENY	DORAZIO MO, EDWARD A	PHILADELPHIA
DENK MO, MARY W	LACKAWANNA	DILCHER MO, ROBT H	LEHIGH	DORFMAN MO, MURRAY L	DELAWARE
DENLINGER MD, JOHN K	DAUPHIN	DILEO MO, FRANK J	LEHIGH	DORIAN MO, ALAN L	MONTGOMERY
DENNEHY MO, JOHN J	MONTOUR	DILED MO, LUSCIAN W	LEHIGH	DORKO MO, CARL J	DAUPHIN
DENSMORE MO, MARGARET E	DELAWARE	DILIBERTO OD, THOMAS A	DELAWARE	DORMAN MO, FRANKLIN L	ALLEGHENY
DENT MO, ALAND C	FAYETTE	DILL JR MO, JAMES N	ALLEGHENY	DORMAN MO, GORDON	PHILADELPHIA
DENTON MD, CLARENCE	PHILADELPHIA	DILLON MO, OANL J	ALLEGHENY	DORNBLASER MD, GEO B	LUZERNE
DEOL MD, JASBIR S	NORTHAMPTON	DILLON MO, RICHARD S	MONTGOMERY	DORNENBURG MO, JAMES R	ALLEGHENY
DEORSAY MD, RALPH H	DELAWARE	DIMARCO MO, BEATRICE	PHILADELPHIA	DORNSTEIN MO, PERRY I	PHILADELPHIA
DEPASQUALE MO, SAM C	LUZERNE	DIMEOIU MO, JOS A	DELAWARE	DORRANCE MO, WILLIAM L	MONTGOMERY
DEPAULA MO, CARL J	PHILADELPHIA	DIMICK MD, OEAN F	LEHIGH	DORSCH JR MD, RAYMOND M	LEBANON
DEPRUPHETIS MD, NINO	DELAWARE	DIMILILER MD, ISMAIL	NORTHUMBERLAND	DORSEY MO, JAMES T	LEHIGH
DEPROPHETIS MO, ROCCO I	DELAWARE	DIMINU OO, JOSEPH M	MONTGOMERY	DORTCH MO, JOSEPH	PHILADELPHIA
DEQUEVEDO MO, DONALD G	LACKAWANNA	DIMITSUPULOS MO, DIMITRI	ALLEGHENY	DORWART MO, BONNIE B	PHILADELPHIA
DEQUEVEDO MO, NESTOR G	LACKAWANNA	DIMLING MO, CARSON S	ALLEGHENY	DOSHI MO, KIRTI K	PHILADELPHIA
DEQUEVEDO MO, ROBT F	MONROE	DIMMICK MO, EDGAR L	LACKAWANNA	DOSHI MO, NARENDRA S	ALLEGHENY
DERASSE MO, ALAIN R	NORTHAMPTON	DIMOIA MD, FRANK	BUCKS	DOSSETT MO, JOHN H	DAUPHIN
DERENZO MO, AURELIO G	PHILADELPHIA	DIMDIA MO, MARGARET M	BUCKS	DOTD JR MO, JOS B	PHILADELPHIA
DEREZIN MO, MARVIN	PHILADELPHIA	DIMUN MO, MICHAEL F	ALLEGHENY	DOTSEY MD, MICHAEL T	CLEARFIELD
DERHAM MO, ROBT J	PHILADELPHIA	DINEEN MO, FRANCIS A	ALLEGHENY	DOTTERWAY MO, BLANCHE E	WESTMORELAND
DERIENZO MD, UMBERTO A	WASHINGTON	DINEEN MO, THOS G	PHILADELPHIA	DOUDS MD, H EUGENE	BEAVER
DERIVAS MO, CARMELA F	MONTGOMERY	DINICOLA MO, ARTHUR N	SCHUYLKILL	DOUDS MO, HOWARD N	ALLEGHENY
DERONDE MD, MARGARET	PHILADELPHIA	DINMAN MO, BERTRAM D	ALLEGHENY	DOUGHERTY MO, EDWARD S	LUZERNE
DERUY MO, MAYER S	ALLEGHENY	DINUN MO, LOUIS R	PHILADELPHIA	DOUGHERTY MD, FRANCIS M	SCHUYLKILL
DERR MD, FREDERICK S	UNION	DINSMORE MO, HARRY H	JEFFERSON	DOUGHERTY MO, JOS J	CARBON
DERR MD, RUSSELL H	LANCASTER	DINULDS MO, BALTAZAR T	LEBANON	DOUGHERTY MO, JOSEPH C	LACKAWANNA
DERSH MO, JEROME	BERKS	DIUN MD, HARRY S	PHILADELPHIA	DOUGHERTY MO, MALVIN J	PHILADELPHIA
DERSHAW MO, SAML	PHILADELPHIA	DIORID MO, JOS A	PHILADELPHIA	DOUGHERTY MD, MICHAEL J	DELAWARE
DERSTINE MO, RALPH L	MONTGOMERY	DIORIU MO, NORINA M	LUZERNE	DOUGHERTY MO, RALPH N	ALLEGHENY
DESAI MO, AJIT M	PHILADELPHIA	DIPALMA MD, JOS R	PHILADELPHIA	DOUGHERTY MO, WILSON	ALLEGHENY
DESAI MD, JITENORA M	ALLEGHENY	DIPASQUALE OO, URBAN O	MONTGOMERY	DOUGLAS MO, E LORENZO	PHILADELPHIA
DESAI MD, SARLA M	ALLEGHENY	DIPPERY MO, LEE M	INDIANA	DOUGLASS JR MD, WM T	DAUPHIN
DESANCTIS JR MD, JOS J	BERKS	DIPRIMIO MO, JOS V	ALLEGHENY	DOUGLASS MO, PAUL H	YORK
DESANTES MO, FRANK A	BLAIR	DIRIENZO MD, ENRICO J	BUCKS	DOUPE MD, OAVIO W	ERIE
DESANTIS MD, ARCHIE J	ERIE	DIRNBERGER OO, THOMAS J	SCHUYLKILL	DOUWES MO, KAREL	PHILADELPHIA
DESANTIS MD, DONALD	DELAWARE	DIROCCO MO, VINCENT P	PHILADELPHIA	DOVEY MO, WM C	FRANKLIN
DESANTIS MO, PETER L	MERCER	DISALVO MO, EUGENE I	NORTHAMPTON	DOWELL MO, PAUL J	MERCER
DESHMUKH MD, NARAYAN	BRAOFURO	DISALVO MO, ISIDORE	LYCOMING	DOWLING MD, JOHN J	PHILADELPHIA
DESHPANDE MO, ASHA S	ERIE	DISHART MO, PAUL W	ALLEGHENY	DOWNES MO, JOHN J	PHILADELPHIA
DESHPANDE MO, SHARADCHANDRA	ERIE	DISHMAN MO, LEONARD	CHESTER	DOWNEY MO, JOS E	WASHINGTON
DESIATO MO, NICOLA	PHILADELPHIA	DISILVESTRO JR MO, JOHN M	PHILADELPHIA	DOWNEY MO, THOS R	BRADFORD
DESILVERIO MO, ROBT V	PHILADELPHIA	DISILVESTRO MO, HELEN E	PHILADELPHIA	DOWNIE MO, ROBERT W	LEHIGH
DESIMONE MO, JOHN S	WESTMORELAND	DISILVIO MO, DOMINIC N	ALLEGHENY	DOWNS OO, CAROLYN R	BUCKS
DESJARDINS JR MO, GEORGE P	BERKS	DISTEFANO MD, BERARDINO	ERIE	DOWRAY MD, RAMESH	PHILADELPHIA
DESJARUINS MO, GEO P	BERKS	DISTEFANO MO, GRIMALDO C	PHILADELPHIA	DOYLE MO, ALBERT F	CAMBRIA
DESSEN MO, EDGAR L	LUZERNE	DITTMAR MO, STUART W	FRANKLIN	DOYLE MO, ALFREO P	ALLEGHENY
DESSEN MO, EDWARD	PHILADELPHIA	DITUNNO JR MD, JOHN F	PHILADELPHIA	DOYLE MO, FAYE R	CHESTER
DESTEFANO MO, ALBERT P	ALLEGHENY	DIWAN MD, KANTA	MONTGOMERY	DOYLE MO, ROBT	DELAWARE
DETREVILLE MO, ROBERT T	ALLEGHENY	DIX JR MO, ROBT C	UNION	DOYLE MD, RUSSELL G	CHESTER

DOYLE MD, THEDDDRE D	DAUPHIN
DRACDS MD, FRANK J	MDNRDE
DRAGANDSKY MD, EUGENE A	BUCKS
DRAGD MD, JDSEPH	DAUPHIN
DRAKE JR MD, WILLARD M	TIDGA
DRANDV MD, JDNATHAN	CENTRE
DRAPER MD, NELLE E	PHILADELPHIA
DRAPIEWSKI MD, JDHN F	LUZERNE
DRAPIEWSKI MD, VINCENT A	LUZERNE
DRASKDCZY MD, STEVEN P	BLAIR
DRATCH MD, MICHAEL B	PHILADELPHIA
DRATMAN MD, MARY B	PHILADELPHIA
DRATMAN MD, MITCHELL L	PHILADELPHIA
DRAUCH MD, EUGENE W	LEHIGH
DRAYER MD, BURTON P	ALLEGHENY
DRAYER MD, CALVIN S	PHILADELPHIA
DREHER MD, RDBT H	NDRTHAMPTDN
DREIBELBIS MD, WM H	CENTRE
DREIFUS MD, LEDNARD S	PHILADELPHIA
DREISBACH MD, PHILIP B	LANCASTER
DRENNEN JR MD, JAMES K	BUTLER
DREW MD, FRANCES L	ALLEGHENY
DREWERY MD, RDBT E	CLINTDN
DREZNER MD, MALCDLM E	BUCKS
DRINKER MD, HENRY M	PHILADELPHIA
DRISCDLL DD, RDBERT W	MDNTGDMERY
DRISCDLL MD, GENEVRA Z	MDNTGDMERY
DRISCDLL MD, RDBERT A	ERIE
DRUCKEMILLER MD, WM H	ERIE
DRUCKMAN MD, STEPHEN M	LEBANDN
DRUFFNER JR MD, LEWIS C	LACKAWANNA
DRUFFNER MD, CHAS R	LACKAWANNA
DRUMHELLER MD, JDHN F	ERIE
DRY MD, FREDERICK A	LEHIGH
DSILVA MD, HENRY I	PHILADELPHIA
DUANE MD, JULIA M	BUCKS
DUANE MD, THDS D	NDRTHAMPTDN
DUBB MD, JEFFREY W	PHILADELPHIA
DUBBS MD, ALFRED W	LEHIGH
DUBEY MD, SARDJ K	ERIE
DUBLIN MD, GEORGE J	PHILADELPHIA
DUBNANSKY MD, JDHN E	WESTMDRELAND
DUCA MD, PETER R	PHILADELPHIA
DUCHIN MD, HARVEY E	PHILADELPHIA
DUCKETT JR MD, JDHN W	PHILADELPHIA
DUDA MD, ANDREW M	BERKS
DUDECK MD, CARL R	BUTLER
DUDEK MD, WM C	PHILADELPHIA
DUDENHDEFER MD, FREDERICK J	ERIE
DUDICH MD, MICHAEL S	MDNTGDMERY
DUERKSEN MD, RDGER L	ALLEGHENY
DUFFY MD, CLYDE F	ALLEGHENY
DUFFY MD, FREDERICK C	ALLEGHENY
DUFFY MD, RUTH E	CHESTER
DUFFY MD, SCDTT S	BERKS
DUFNER MD, MARY E	PHILADELPHIA
DUGAN MD, RDBT B	ERIE
DUGAN MD, THDS M	CAMBRIA
DUGGAN JR MD, FRANCIS J	DAUPHIN
DUKE MD, BRUCE E	CAMBRIA
DUKER MD, DANL G	ALLEGHENY
DUKES MD, JOHN L	PHILADELPHIA
DULABDN MD, GED M	ALLEGHENY
DULL MD, JAMES A	WESTMDRELAND
DUMAS MD, PETER A	PHILADELPHIA
DUMEYER MD, WM H	BLAIR
DUNBAR MD, DAVID M	WASHINGTDN
DUNBAR MD, JDHN C	ALLEGHENY
DUNCAN MD, GARFIELD G	PHILADELPHIA
DUNCAN MD, JAMES R	ALLEGHENY
DUNCAN MD, JDHN J	PHILADELPHIA
DUNCAN MD, THEDDDRE G	PHILADELPHIA
DUNEGAN MD, LAWRENCE A	ALLEGHENY
DUNFIELD MD, ANTHDNY H	PHILADELPHIA
DUNKELBERGER MD, JDHN A	ADAMS
DUNKLE MD, DAVID B	BUCKS
DUNKLE MD, NEIL F	LYCDMING
DUNMIRE MD, LESTER A	ALLEGHENY
DUNN MD, CEDRIC E	BEAVER
DUNN MD, DAVID D	ERIE
DUNN MD, DAVID W	CRAWFDRD
DUNN MD, JAMES W	DELAWARE
DUNN MD, JERDME	LEHIGH
DUNN MD, JDS P	VENANGD
DUNN MD, PHILIP F	HUNTINGDDN
DUNN MD, RDBERT E	CAMBRIA
DUNNE MD, GAY D	CENTRE
DUNNE MD, JAMES H	CENTRE
DUNNING MD, E RUTH	MDNRDE
DUNSKY MD, ELLIDTT H	MDNTGDMERY
DUNSMDRE MD, LILLIAN D	CHESTER
DUNSMDRE MD, RICHARD A	CHESTER
DUPLER MD, DDNALD A	PHILADELPHIA
DURAN MD, TDMAS A	LUZERNE
DURBECK MD, DDNALD C	DAUPHIN
DURBIN MD, JDHN P	BEAVER
DURGIN MD, BERNICE E	CENTRE
DURKAN MD, GERALD P	FAYETTE
DURKIN MD, EDWARD C	MDNTGDMERY
DURKIN MD, MARTIN J	MDNTGDMERY
DURNING MD, CLIFTDN M	CHESTER
DURDCHER MD, FRANCES A	BRADFDRD
DURDCHER MD, JDHN R	PHILADELPHIA
DURRWACHTER MD, RDBT J	LYCDMING
DURSCHINGER MD, GEDRGE M	BEAVER
DUSCKAS MD, GED J	ERIE
DUSINBERRE MD, RDBERT Y	TIDGA
DUSTER MD, AMIL M	BUTLER
DUTLINGER MD, RDBT P	DAUPHIN
DVDRCHAK MD, GED E	CAMBRIA
DVDRKIN MD, DANIEL	CHESTER
DWYER MD, JDHN H	ALLEGHENY
DWYER MD, JDHN M	CLINTDN
DY MD, VICTDR C	NDRTHAMPTDN
DYDEYES MD, TERESITA R	MC KEAN
DYE MD, RDBT E	DAUPHIN
DYKYJ MD, RDMAN	PHILADELPHIA
DYNAN MD, JAMES E	MDNTGDMERY
DYREYES MD, RDBERTD R	LEBANDN
DYSDN MD, WM L	PHILADELPHIA
DZMURA MD, THDS L	CHESTER
DZUREK MD, WM V	SCHUYLKILL
DZWDNCZYK JR MD, JDHN	PHILADELPHIA

E

EAGER MD, J MICHAEL	BERKS
EAGLE MD, PERRY A	YDRK
EARICK MD, MICHAEL E	ERIE
EARLES MD, GDRDDN H	LUZERNE
EARLEY MD, MDRTDN J	CAMBRIA
EARLEY MD, SAML L	CLEARFIELD
EARNEST MD, TAMAR D	LEHIGH
EASBY MD, MARY H	PHILADELPHIA
EASLER MD, RICHARD E	ALLEGHENY
EASTLAND JR MD, THEDDDRE W	LEHIGH
EASTLAND MD, THEDDDRE W	BERKS
EASTMAN MD, GED	ALLEGHENY
EASTMAN MD, LAURA B	ALLEGHENY
EATER JR MD, CHAS L	MIFFLIN-JUNIATA
EATDN MD, DAVID A	NDRTHAMPTDN
EATDN MD, EDWARD H	DAUPHIN
EATDN MD, HAMBLEN C	DAUPHIN
EATDN MD, WM R	ALLEGHENY
EBERSDLE MD, JDHN H	LANCASTER
EBERZ MD, DENNIS A	ALLEGHENY
ECHENBERG MD, MAX	LUZERNE
ECHENBERG MD, RDBT J	NDRTHAMPTDN
ECHIKSDN MD, EDWARD H	MDNTGDMERY
ECKBERG MD, JDHN J	ERIE
ECKENRDDE MD, JAMES A	CAMBRIA
ECKENRDDE MD, JDS L	LANCASTER
ECKER JR MD, HERBERT A	DAUPHIN
ECKER MD, HERBERT A	LYCDMING
ECKER MD, MALCDLM L	PHILADELPHIA
ECKERT MD, RDBT T	BUTLER
ECKRDTH MD, RICHARD N	LEBANDN
EDBERG MD, SANFDRD H	ALLEGHENY
EDDINGER MD, LED C	LEHIGH
EDEIKEN MD, JACK	PHILADELPHIA
EDELL DD, STEVEN L	PHILADELPHIA
EDELMAN MD, MEYER	MDNTGDMERY
EDELSTEIN MD, ABE J	CAMBRIA
EDELSTEIN MD, NDRMAN L	ALLEGHENY
EDELSTEIN MD, SDL S	ALLEGHENY
EDGAR JR MD, FRANK D	WESTMDRELAND
EDINGTDN MD, JDHN M	PHILADELPHIA
EDMISTDN MD, RDBT B	DAUPHIN
EDMUNSTDN MD, GED F	ARMSTRDNG
EDMUNDDWICZ MD, ALPHDNSE C	DAUPHIN
EDMUNDS JR MD, L HENRY	PHILADELPHIA
EDMUNDS MD, ELIZABETH H	LUZERNE
EDWARDS MD, GED E	DAUPHIN
EDWARDS MD, JDHN W	ALLEGHENY
EDWARDS MD, MARY D	ALLEGHENY
EFFINGER MD, GERDLD J	BUCKS
EFTAIHA MD, MDHAMED S	ALLEGHENY
EFTYCHIADIS MD, ANGELA S	CHESTER
EGAN MD, RDBT F	BLAIR
EGBERT MD, E WAYNE	DELAWARE
EGER MD, SHERMAN A	PHILADELPHIA
EGERMAN MD, LEDNARD E	ALLEGHENY
EGLESTDN MD, L ALAN	ALLEGHENY
EGLICK MD, PAUL G	PHILADELPHIA
EHLER MD, JDAN G	ALLEGHENY
EHLY MD, GED W	CUMBERLAND
EHRHART MD, JDS W	LUZERNE
EHRHART MD, KENNETH W	YDRK
EHRLER MD, AUGUST H	ERIE
EHRLICH MD, ALEXANDER E	PHILADELPHIA
EHRLICH MD, GED E	PHILADELPHIA
EICHELBERGER MD, ELI	YDRK
EICHER MD, WENDELL P	LEHIGH
EICHLER MD, GED R	NDRTHAMPTDN
EICHMAN MD, JDS C	PHILADELPHIA
EICHMAN MD, MARY R	PHILADELPHIA
EICHMILLER MD, JDHN P	ALLEGHENY
EICHNER MD, LAMBERT G	DELAWARE
EILER MD, WM A	ALLEGHENY
EIMAN MD, JDHN W	PHILADELPHIA
EINHDRN MD, JERZY	ALLEGHENY
EISAMAN MD, JOSIAH R	ALLEGHENY
EISEMAN JR MD, PAUL C	WESTMDRELAND
EISEN MD, HDWARD B	ALLEGHENY
EISENBEIS JR MD, CARL H	ALLEGHENY
EISENBERG MD, H GRANT	BERKS
EISENBERG MD, RICHARD B	ERIE
EISENHARDT DD, BRUCE T	MUNRDE
EISENHDWER MD, CHAS E	YDRK
EISLER MD, RDBERT L	MDNTDUR
EISLER MD, WM L	BUTLER
EISMAN MD, SYLVAN H	PHILADELPHIA
EISNER MD, ABRAHAM G	LACKAWANNA
EISNER MD, CLARENCE A	ALLEGHENY
EISNER MD, HENRY	PHILADELPHIA
EISNER MD, JDEL W	CHESTER
EISTER MD, DDNALD H	NDRTHUMBERLAND
EKBERG MD, NDRMAN L	MDNTDUR
EKSTRAND MD, JDHN P	ALLEGHENY
ELATTAR MD, ANAS A	ALLEGHENY
ELATTAR MD, MDHAMD A	ALLEGHENY
ELATTRACHE MD, SELIM	WESTMDRELAND
ELCDCK MD, CLAUDIUS A	PHILADELPHIA
ELDAIEF MD, SAMIR F	PHILADELPHIA
ELDER JR MD, WM W	VENANGD
ELDER MD, ELDDN G	NDRTHAMPTDN
ELFMAN MD, LDUIS K	PHILADELPHIA
ELIADES MD, WM	PHILADELPHIA
ELIAS MD, SELIM A	VENANGD
ELIAS MD, STANTDN B	ALLEGHENY
ELICKER MD, CHAS R	MDNTGDMERY
ELICKER MD, JDHN E	DELAWARE
ELIGATUR MD, JULIAN	WESTMDRELAND
ELLEN MD, STEPHEN J	PHILADELPHIA
ELLENBERGER JR MD, CARL	DAUPHIN
ELLENSWEIG MD, MDRRIS S	FAYETTE
ELLER MD, RICHARD W	PHILADELPHIA
ELLIN MD, VICTDR B	BUCKS
ELLIUTT MD, CDNSTANTINE D	NDRTHAMPTDN
ELLIDTT MD, FRANK A	PHILADELPHIA
ELLIS JR MD, LEANDER T	PHILADELPHIA
ELLIS MD, DAVID M	MDNTGDMERY
ELLIS MD, H LENWDDD	PHILADELPHIA
ELLIS MD, LAWRENCE D	ALLEGHENY
ELLIS MD, MICHAEL D	MDNTGDMERY
ELLIS MD, RICHARD A	PHILADELPHIA
ELLIS MD, SAML	PHILADELPHIA
ELLIS MD, WM	PHILADELPHIA
ELLISDN JR MD, RICHARD T	MDNTGDMERY
ELLISDN MD, ERVIN	LANCASTER
ELLISDN MD, JULIUS	PHILADELPHIA
ELLDSD MD, CIPRIAND A	PHILADELPHIA
ELLDSD MD, MARGARITA F	PHILADELPHIA
ELLSDN MD, JDHN V	DELAWARE
ELLSWEIG MD, BRUCE A	YDRK
ELMALEH MD, MIRIAM K	PHILADELPHIA
ELMER MD, EDWARD M	ALLEGHENY
ELSTNER MD, HDWARD L	ALLEGHENY
ELVIR MD, RAMDN	WARREN
ELZENEINY MD, ISMAIL H	NDRTHAMPTDN
EMANUEL MD, ABRAHAM	BEAVER
EMANUEL MD, E STEPHEN	DELAWARE
EMERSDN MD, JDHN A	VENANGD
EMERY MD, RDBERT C	NDRTHAMPTDN
EMES MD, WM R	CHESTER
EMKEY MD, KENNETH D	BERKS
EMKEY MD, RUNALD D	BERKS
EMMERLING MD, JDHN F	ALLEGHENY
EMMDLD MD, ALFDNSE A	VENANGD
ENCKE MD, TED K	ALLEGHENY
ENDRES MD, WARREN H	LEHIGH
ENERSDN MD, DANL M	ALLEGHENY
ENGEL MD, GILSDN C	PHILADELPHIA
ENGEL MD, MILTDN I	ERIE
ENGINEER MD, ERACH H	PHILADELPHIA
ENGLAND MD, KENNETH B	BLAIR
ENGLAND MD, KENTDN B	ALLEGHENY
ENGLE MD, HAROLD H	LEBANDN
ENGLE MD, JDHN E	DAUPHIN
ENGLE MD, JDS H	FRANKLIN
ENGLE MD, JDS H	VENANGD
ENGLE MD, RDWLAND B	PHILADELPHIA
ENGLISH JR MD, WALTER E	CLINTDN
ENGLISH MD, CARRDLL A	MDNTGDMERY
ENGLISH MD, JAMES B	BLAIR
ENGLISH MD, JDS G	LYCDMING
ENGLISH MD, LENA M	MERCER
ENGLISH MD, D SPURGEDN	PHILADELPHIA
ENGLISH MD, RICHARD B	LUZERNE
ENGLISH MD, RDBERT S	FAYETTE
ENGSTRUM MD, PAUL F	MDNTGDMERY
ENNIS MD, MICHAEL F	ALLEGHENY
ENSMINGER MD, CHALMERS D	YDRK
ENTERLINE MD, HDRATID T	PHILADELPHIA
ENTINE MD, JDS H	PHILADELPHIA
ENTWISTLE MD, NELSDN L	DAUPHIN
ENYEART MD, HARVEY F	WESTMDRELAND
EPERJESSY MD, ERNEST Z	CAMBRIA
EPISCUPID MD, JDSEPH V	NDRTHAMPTDN
EPPINGER MD, MARY A	ALLEGHENY
EPPLE MD, WALTER D	PHILADELPHIA
EPSTEIN MD, HERMAN	PHILADELPHIA
EPSTEIN MD, ISADDRE S	PHILADELPHIA
EPSTEIN MD, NATHAN	DELAWARE
ERB JR MD, WM H	DELAWARE
ERDMAN 2ND MD, WM J	PHILADELPHIA
ERDMAN MD, RDBT M	NDRTHUMBERLAND
ERHARD MD, DANL T	MDNTGDMERY
ERHARD MD, ELMD E	CLEARFIELD
ERHARD MD, LDRAINE H	CLEARFIELD
ERICKSEN MD, ARTHUR N	BERKS
ERICKSUN MD, ELMER W	ALLEGHENY
ERICKSUN MD, ERIC R	ALLEGHENY
ERICKSDN MD, JAMES C	PHILADELPHIA
ERICKSDN MD, RAY B	CLARIDN
ERICSSDN MD, FRANCIS S	WARREN
ERINC MD, A ILHAN	ALLEGHENY
ERLICHMAN MD, I FULTDN	BUCKS
ERMULD MD, DDNALD R	BERKS
ERSLEV MD, ALLAN J	PHILADELPHIA
ERSNER MD, JACK S	PHILADELPHIA
ERSDZ MD, CLARA J	ALLEGHENY
ERSUZ MD, NAMIK	ALLEGHENY
ERVIN II MD, JAMES F	DAUPHIN
ERVIN MD, CARL E	DAUPHIN
ERVIN MD, LAWRENCE M	BLAIR
ERWAY MD, PRESTDN M	TIDGA
ERWIN MD, HENRY K	NDRTHAMPTDN
ESBENSHADE II MD, JDHN H	LANCASTER
ESCARD MD, DANILD U	YDRK
ESCARTE MD, DEDGRACIAS E	PHILADELPHIA
ESCDBAR MD, EDGAR	PHILADELPHIA
ESCDBAR MD, MAURICID A	MDNTGDMERY
ESCDLL MD, PHILIP J	PHILADELPHIA
ESGRD MD, PHILIP J	DELAWARE
ESHLEMAN MD, D RDHRER	LANCASTER
ESHLEMAN MD, S KENDRICK	LANCASTER
ESKENAZI MD, MARKD M	PHILADELPHIA
ESKIN MD, BERNARD A	PHILADELPHIA
ESKIN MD, DAVID J	MDNTGDMERY
ESLER JR MD, JAMES W	LEHIGH
ESPARRAGUERA MD, FRANCISCD	VENANGD
ESPINU MD, SHIRLEY C	PHILADELPHIA
ESPINDSA MD, MANUEL H	NDRTHAMPTDN
ESPDSITD MD, FRANCIS A	ALLEGHENY
ESPDSITD MD, JDHN C	DELAWARE
ESQUIVEL MD, HECTDR F	SCHUYLKILL
ESTACID MD, RESTITUTD N	PHILADELPHIA
ESTERHAI JR MD, JDHN L	PHILADELPHIA
ESTIDKD MD, MANUEL R	PHILADELPHIA
ETEZADY MD, M HDSSEIN	PHILADELPHIA
ETTELSDN MD, LAWRENCE N	PHILADELPHIA
ETTENGER MD, MDRRIS S	PHILADELPHIA

ETTER MO, LEWIS E ALLEGHENY
ETTER MO, RUSSEL H YORK
ETTINGER MO, JEFFREY B PHILADELPHIA
ETZEL MO, CONRAD A DELAWARE
ETZL MD, MICHAEL M PHILADELPHIA
EULIAND JR MO, JOHN J ERIE
EULIAND MD, JOHN J ERIE
EVANGELISTA MO, BENILDA P BEAVER
EVANGELISTA MO, JESUS S WASHINGTON
EVANGELISTA MO, PRISCD T BEAVER
EVANGELISTA MO, SIMPLICIO E MONTGOMERY
EVANS JR MO, MILTON M LACKAWANNA
EVANS MO, AUDREY E PHILADELPHIA
EVANS MO, BARBARA J PHILADELPHIA
EVANS MO, CHARLES M LANCASTER
EVANS MO, DAVID B CUMBERLAND
EVANS MO, HAROLD H UNION
EVANS MD, HAYDEN O MONTGOMERY
EVANS MO, HILARY CAMBRIA
EVANS MD, JOHN J CARBON
EVANS MO, JOS B PHILADELPHIA
EVANS MO, RICHARD S ALLEGHENY
EVANS MO, ROBT J BUCKS
EVANS MO, THOS M ALLEGHENY
EVANS MO, WM G INDIANA
EVERETT MO, HAROLD E LEHIGH
EVERETT MO, WM G ALLEGHENY
EVERHART MO, WILSON C DAUPHIN
EVERLOF MO, SHERMAN W DELAWARE
EVERS MD, WILLIAM PHILADELPHIA
EVERTS MD, GLENN S PHILADELPHIA
EVERTS SUAREZ MO, ERICH A PHILADELPHIA
EVES MO, JOHN H BUCKS
EWING MD, AGNEW R CHESTER
EWING MO, CHAS H MONTGOMERY
EWING MD, FRED L CRAWFORD
EWING MO, JAMES H PHILADELPHIA
EYERLY MD, ROBT C MONTOUR
EYLER MO, J ALBERT BEDFORD
EYLER MO, MARGARET V LANCASTER
EYLER MO, PAUL W LANCASTER
EYMUNTT MO, MICHAEL J PHILADELPHIA
EYSTER MO, M ELAINE DAUPHIN
EZAKI MD, TOSHIO LEHIGH
EZICKSON MD, WM J PHILADELPHIA

F

FABER MD, FREDERICK S DAUPHIN
FABER MD, KALMAN PHILADELPHIA
FABI MD, MARIO N LACKAWANNA
FABIAN MD, RALPH G ALLEGHENY
FABIANI MO, JOS A PHILADELPHIA
FABINYI MD, GEZA T BLAIR
FABRY MD, EDWARD I ALLEGHENY
FACKLER MD, EMERSON F DAUPHIN
FADEN MO, GERSON CAMBRIA
FADIL MO, ALEXANDER E DELAWARE
FAGER MD, CHAS B DAUPHIN
FAGER MD, JOS S DAUPHIN
FAGIOLETTI MD, ROBT J WASHINGTON
FAHL MO, JAMES C MONROE
FAILLA MD, JACK P ALLEGHENY
FAIR MO, JACOB C ARMSTRONG
FAIRFIELD MD, JAMES C LANCASTER
FAIRWEATHER MO, JACK L UNION
FALBO MD, SANTO J LACKAWANNA
FALCO MD, FRANK G BUCKS
FALCONE MD, DOMENICO LEHIGH
FALGUERA MD, DOMINADOR Q DELAWARE
FALK JR MD, RUBT B LANCASTER
FALK MD, ARTHUR E MONTGOMERY
FALK MD, EDWARD C MERCER
FALKENBERG MD, K JORG BRADFORD
FALKENSTEIN MO, SHELDON J PHILADELPHIA
FALKOWSKI MD, WALTER S DELAWARE
FALL MD, MICHAEL H BLAIR
FALLAH-NEJAD MD, MANOUCHER PHILADELPHIA
FALOR MO, STANLEY L GREENE
FALUDI MD, GEORGIANA PHILADELPHIA
FALVO MO, ERNEST A ALLEGHENY
FAMURCA MD, FLORENTINO P LYCOMING
FAN MU, YOUNG C VENANGO
FANFERA MO, FRANCIS J CHESTER
FANNIN MO, THOS S BUCKS
FARACE MD, JOS L NORTHAMPTON
FARAGALLA MD, RAMSES I FRANKLIN
FARB MD, STANLEY N MONTGOMERY
FARBER MD, DAVID N BERKS
FARBER MO, EMANUEL P PHILADELPHIA
FARBER MD, HAROLD I BERKS
FARELL MD, DAVID M PHILADELPHIA
FARIES JR MO, GEORGE B DAUPHIN
FARIS MD, SAML S MONTGOMERY
FARIVAR MD, SIRUS ALLEGHENY
FARKAS MD, ROBT W YORK
FARMATI MD, OSCAR CRAWFORD
FARMER DO, EDWARD K ALLEGHENY
FARMER MO, HAROLD E MONTGOMERY
FARMER MD, JOHN L LANCASTER
FARMER MD, LENORE ALLEGHENY
FARMER MD, RODNEY A MONTGOMERY
FARNEY MD, ESTHER S ALLEGHENY
FARQUHAR MD, JOHN D PHILADELPHIA
FARR MD, JAMES CARBON
FARR MD, NASSER A BUCKS
FARRAR JR MD, GEO E PHILADELPHIA
FARRELL MO, EDWARD L ALLEGHENY
FARRELL MD, HARRY L PHILADELPHIA
FARRELL MD, PETER E LEHIGH
FARRELL MO, ROBERT E LACKAWANNA
FARRELL MD, WM J LACKAWANNA
FASU MD, JOS M ERIE
FASI MO, WILLIS B BUCKS
FATEMI MO, JALAL B LUZERNE
FATULA MO, GEO M JEFFERSON
FAUNCE III MD, JAMES G BUCKS
FAUST MD, DONALD S BERKS
FAUST MD, ELIZABETH B DELAWARE
FAUST MO, HERBERT A CHESTER
FAVAZZA MD, FRANK W NORTHAMPTON
FAVINI MO, JOSEPHINE L LACKAWANNA
FAVINI MO, M PETER LACKAWANNA
FAVINO MO, C JAMES MONTOUR
FAWCETT MD, JAMES L ALLEGHENY
FAZEKAS MD, JOHN T MONTOUR
FAZIO MO, ANTHONY N LACKAWANNA
FEAR MO, JESSE G COLUMBIA
FEBBRARO MD, ANTHONY A MONTGOMERY
FECZKO MD, WM A ALLEGHENY
FEDERICI MD, VALERIO J PHILADELPHIA
FEDERMAN MO, JAY L DELAWARE
FEDORIW MO, PETRO PHILADELPHIA
FEE JR MD, WM H VENANGO
FEE MO, EUGENE A MONTGOMERY
FEENEY MO, ROBT A LEHIGH
FEES JR MO, ARCH W BLAIR
FEES MD, ARCHIBALD W CAMBRIA
FEGLEY MO, N ALBERT SCHUYLKILL
FEICK MO, RALPH H BERKS
FEIG MD, STEPHEN A PHILADELPHIA
FEIGENBAUM MO, LLOYD J PHILADELPHIA
FEIGHTNER MD, FRANCIS W WESTMORELAND
FEIGLEY MO, DONALD M BUCKS
FEIN DO, HOWARD K MONTGOMERY
FEINBERG MD, DAVID H NORTHAMPTON
FEINSTEIN MO, MICHAEL A MONTGOMERY
FEIR MD, TERENCE C CENTRE
FELDER MD, HERMAN ALLEGHENY
FELDERMAN MO, EUGENE S MONTGOMERY
FELDMAN MO, ALAN J MONTGOMERY
FELDMAN MO, JACK A PHILADELPHIA
FELDMAN MD, JULIAN O PHILADELPHIA
FELEPPA MO, VIRGINIA B UNION
FELIX MO, DIONISIO PHILADELPHIA
FELLERMAN MO, HERBERT LUZERNE
FELMAN MO, ISRAEL ALLEGHENY
FELTWELL JR MD, PETER M ALLEGHENY
FENCEL MO, RICHARD M DAUPHIN
FENLIN JR MD, JOHN M PHILADELPHIA
FENN MO, PATRICIA A MONTGOMERY
FENNER MD, HENRY E LEHIGH
FENSTERMACHER MD, ROBT P LEHIGH
FENTON MD, IVOR D SCHUYLKILL
FED MD, LOUIS G PHILADELPHIA
FERDERBER MD, MURRAY B ALLEGHENY
FERER MO, WALTER C CRAWFORD
FERGUSON JR MD, ALBERT B ALLEGHENY
FERGUSON JR MD, GUERRANT H PHILADELPHIA
FERGUSUN JR MO, THEODORE J ALLEGHENY
FERGUSUN MO, DONALD G ALLEGHENY
FERGUSON MD, EMANUEL R PHILADELPHIA
FERGUSON MD, IRENE D ALLEGHENY
FERGUSUN MO, ROGER J ALLEGHENY
FERGUSUN MO, THOS G ALLEGHENY
FERGUSSON MD, R LAURENCE MONTGOMERY
FERLAN MD, LAWRENCE ALLEGHENY
FERNANDEZ MO, EDUARDO I LYCOMING
FERNANUEZ MD, JUAN J MONTGOMERY
FERNANUEZ MO, OSCAR V LYCOMING
FERNANDO MD, NEVILLE A ERIE
FERRARA MD, VINCENT L PHILADELPHIA
FERRARO MD, PATRICK J LACKAWANNA
FERREIRA MD, ARTURO J PHILADELPHIA
FERRENCE MO, JOHN A MONROE
FERRI MO, HENRY G ALLEGHENY
FERRIER MD, MELVIN C CENTRE
FERRIGNO JR MD, CARMEN J COLUMBIA
FERRONI MO, JOSEPH S MONTGOMERY
FERRY MD, PHILIP J LUZERNE
FESCINA MD, JOS V LUZERNE
FETCHKO MD, ALEXANDER M ALLEGHENY
FETCHO MO, CAROLE L MONTGOMERY
FETTER MO, FERDINAND PHILADELPHIA
FETTERHOFF MO, KENNETH I ALLEGHENY
FETTERMAN MO, GEO H ALLEGHENY
FETTERMAN MO, HENRY H LEHIGH
FETTERMAN MO, LOUIS G DAUPHIN
FETZER MD, ARTHUR E LEHIGH
FEUDALE MD, RICHARD F SCHUYLKILL
FICKE MO, J RONALD PHILADELPHIA
FIDELER MD, RICHARD DAUPHIN
FIEDLER MO, HOWARD T LEHIGH
FIEGLER MD, JAMES J PHILADELPHIA
FIEDLER MD, ROY W ALLEGHENY
FIEL MD, STANLEY B PHILADELPHIA
FIELD MO, HAROLD C BUCKS
FIELU MD, HOWARD L PHILADELPHIA
FIELO MO, JOHN M DAUPHIN
FIELOS MD, HARRY PHILADELPHIA
FIEMER MD, ROBT R DAUPHIN
FIERRO MD, FRANK E LACKAWANNA
FIGUERUA MD, WM G PHILADELPHIA
FIGURA MO, JUDITH H ALLEGHENY
FIKRI MO, ERDEN CAMBRIA
FILE MD, JAMES C MERCER
FILIP MD, JOHN H MONTGUMERY
FILIPEK MD, WALTER J NORTHAMPTON
FILLMAN MD, JOHN B HUNTINGDON
FILMYER JR MD, EDWARD A PHILADELPHIA
FILUSA MO, ROBERT J MONTGOMERY
FINCH MD, ALBERTA M MONROE
FINE MO, DANL ALLEGHENY
FINE MD, EDWARO M CRAWFORD
FINE MD, ERIC W PHILADELPHIA
FINE MD, JOSEPH ALLEGHENY
FINE MU, RAYMOND M PHILADELPHIA
FINEBERG MD, CHAS PHILADELPHIA
FINEGOLD MD, AARON N ALLEGHENY
FINEGOLD MD, JOS ALLEGHENY
FINEGOLO MD, RICHARO A ALLEGHENY
FINEGOLO MD, WILFRED J ALLEGHENY
FINESTONE MO, ALBERT J PHILADELPHIA
FINESTONE MD, ISRAEL PHILADELPHIA
FINESTONE MD, STEPHEN C ALLEGHENY
FINGERET MO, ARNOLO E ALLEGHENY
FINGERUT MO, JERALD C MONTGOMERY
FINGO MO, ALBERT J MONTGOMERY
FINK JR MO, HOWARD E DAUPHIN
FINK MD, ALBERT H ALLEGHENY
FINK MD, GORDON B PHILADELPHIA
FINK MO, JACK W MONTGOMERY
FINKBINER MD, ROOMAN B DELAWARE
FINKELHOR MD, HOWARD B ALLEGHENY
FINKELSTEIN MO, DAVID PHILADELPHIA
FINKELSTEIN MO, GARY S MONTGOMERY
FINKELSTEIN MO, HERMAN LYCOMING
FINKEN MO, WALTER S WARREN
FINKLESTEIN MO, LEAH S PHILADELPHIA
FINLAY MO, JAMES W ALLEGHENY
FINN MD, DAVID R LYCOMING
FINN MO, JOS L PHILADELPHIA
FINNEGAN MO, JAMES D PHILADELPHIA
FINNEGAN MD, WALTER J LEHIGH
FINNESON MO, BERNARO E DELAWARE
FINO MO, JULIUS A WARREN
FIRPO JR MO, JOHN J DELAWARE
FIRST MO, ARTHUR PHILADELPHIA
FIRST MO, HOWARO E PHILADELPHIA
FIRST MO, STEWART E PHILADELPHIA
FISCHBACH MO, MAX W PHILADELPHIA
FISCHER JR MO, CARL R PHILADELPHIA
FISCHER JR MO, HERMAN A LUZERNE
FISCHER MO, CARL C PHILADELPHIA
FISCHER MO, EDWARD C BERKS
FISCHER MO, H KEITH PHILADELPHIA
FISCHER MO, ROLF H SCHUYLKILL
FISCHER MO, SHARON P PHILADELPHIA
FISCHER MO, STEVEN W DELAWARE
FISCHL MO, EDWIN C ALLEGHENY
FISH MO, HENRY LACKAWANNA
FISH MO, SYLVAN M PHILADELPHIA
FISHBACK MO, DAVID B PHILADELPHIA
FISHER JR MO, JOS W NORTHAMPTON
FISHER MO, ALVIN H MONTGOMERY
FISHER MO, BERNARO ALLEGHENY
FISHER MD, ODN L ALLEGHENY
FISHER MD, EDWARD J CUMBERLAND
FISHER MO, GEO R PHILADELPHIA
FISHER MD, GILBERT E YORK
FISHER MD, HAROLD YORK
FISHER MD, JOHN A CHESTER
FISHER MD, JOHN T CENTRE
FISHER MD, LAWRENCE C YORK
FISHER MD, LUTHER I NORTHAMPTON
FISHER MD, MARY S PHILADELPHIA
FISHER MD, NORMAN J MONTGOMERY
FISHER MO, ROBT A DAUPHIN
FISHER MD, ROBT M MONTGOMERY
FISHER MO, ROSCOE L YORK
FISHER MD, SETH M PHILADELPHIA
FISHER MD, STANLEY E ALLEGHENY
FISHER MD, STEPHEN N ALLEGHENY
FISHER MD, WM K CRAWFORD
FISHKIN MD, HYMEL ALLEGHENY
FISHMAN MO, AARON E PHILADELPHIA
FISHMAN MD, ALFRED P PHILADELPHIA
FISSEL MD, GEO E LYCOMING
FISTER MD, FREDERICK D LEHIGH
FITE MD, FRANKLIN K PHILADELPHIA
FITTI MD, REGINA M MONTGOMERY
FITTING JR MD, GEO M ALLEGHENY
FITTS JR MO, WM T PHILADELPHIA
FITZGERALO MD, JAMES L LEHIGH
FITZGERALO MD, RICHARD P DAUPHIN
FITZMAURICE MD, JOHN W DELAWARE
FITZPATRICK MD, FRANCIS T BUCKS
FITZPATRICK MO, MARCIA A DELAWARE
FITZSIMMONS MD, WM R BUTLER
FLACCO MD, ALBERT J BUCKS
FLAHERTY MO, JANICE M INDIANA
FLAMBERG MD, IRA W MERCER
FLANAGAN MD, H FRANKLIN PHILADELPHIA
FLANAGAN MO, JOHN E ERIE
FLANAGAN MD, JOHN V NORTHUMBERLAND
FLANAGAN MD, JOS C DELAWARE
FLANDERS MO, ELWOOD P YORK
FLANIGAN JR MD, JOHN L SCHUYLKILL
FLANNERY MD, WILBUR E LAWRENCE
FLEAGLE MD, GENEVRA S CENTRE
FLEAGLE MO, SAML B CENTRE
FLECK JR MO, ROLAND F LUZERNE
FLEEGLER MD, SAUL M WESTMORELAND
FLEISCHMAJER MD, RAUL PHILADELPHIA
FLEISHMAN DO, LEON PHILADELPHIA
FLEMING MD, ARTHUR W ALLEGHENY
FLEMING MD, BURTON A PHILADELPHIA
FLEMING MO, GEORGE E BLAIR
FLEMING MD, RICHARD M ALLEGHENY
FLEMING MD, WM H BUTLER
FLETCHER MD, LOUIS PHILADELPHIA
FLETCHER MD, THOS F OAUPHIN
FLICK SR MD, JOHN B PHILADELPHIA
FLICKINGER MD, FREDERICK W PHILADELPHIA
FLICKINGER MO, HAVILAND MONTGOMERY
FLINKMAN MD, LEONARD PHILADELPHIA
FLINN MD, JAMES E ALLEGHENY
FLINT MD, DOROTHY J PHILADELPHIA
FLUM MO, OAVID M ALLEGHENY
FLUUD MD, JAMES M BRADFORD
FLOR MD, FRANK S NORTHAMPTON
FLORA MD, WM K CAMBRIA
FLOREK MD, FLORIAN F ERIE
FLORENTIN MD, HERIBERTO M WESTMORELAND
FLORES MD, ALBERTO C LANCASTER
FLORES MD, MARIA L DELAWARE
FLURO MD, CLARD N PHILADELPHIA
FLURY MD, RAY H MIFFLIN-JUNIATA
FLOWERS MD, PETER B LEBANON
FLURKEY MO, EMERSON C DAUPHIN
FUCHLER MD, FRANCIS J BLAIR
FUCHT MD, JOHN A BERKS
FODERARO MD, JOHN PHILADELPHIA

FDIGHT MD, JEAN R	ALLEGHENY	FREEDMAN MD, JACDB J	PHILADELPHIA	GABRIEL MO, ALBERT H	LUZERNE
FDLDES MD, JULIUS	LUZERNE	FREEDMAN MD, LAWRENCE T	MDNTGDMERY	GABRIEL MD, FREDERICK R	MC KEAN
FDLDES MD, STEVEN I	PHILADELPHIA	FREEDMAN MD, LESTER M	ALLEGHENY	GABRIEL MO, LDUIS T	SCHUYLKILL
FDLDES MD, VERDNIKA M	PHILADELPHIA	FREEDMAN MD, LOUIS J	PHILADELPHIA	GABRIEL MO, LUZ G	BUTLER
FOLDES RDTH MD, ELISABETH	BERKS	FREEMAN MD, ALBERT W	FRANKLIN	GABRIEL MD, PETE	ALLEGHENY
FDLEY JR MD, EDWARD L	WASHINGTDN	FREEMAN MD, JDS T	PHILADELPHIA	GABRIELE MD, AUGUST A	YDRK
FDLK MD, RDBERT L	MDNTDUR	FREEMAN MD, LED C	CHESTER	GABROY MD, ALLEN S	DELAWARE
FDLLMER MD, DDN C	NDRTHAMPTDN	FREEMAN MD, WM A	FRANKLIN	GABRDY MD, HARRY K	DELAWARE
FDLLWEILER MD, RDBERT A	SCHUYLKILL	FREIWALD MD, MILTDN J	PHILADELPHIA	GABUZDA MD, THDS G	PHILADELPHIA
FONG MD, JAKE	WESTMDRELAND	FREMER MD, ABRAHAM	MONTGDMERY	GADBDIS MD, WILLIAM F	NDRTHAMPTDN
FONDROFF MD, DAVID L	ALLEGHENY	FRENCH MD, TRAVIS A	LAWRENCE	GAFFNEY MD, EDMUND J	MDNTGDMERY
FONTANA MD, ARMAND L	ALLEGHENY	FRESHMAN MD, JDHN R	DAUPHIN	GAFFNEY MD, HELEN P	PHILADELPHIA
FONTANA MD, FRANK L	ALLEGHENY	FREYMAN MD, LEDN	MDNTGDMERY	GAFFNEY MD, JDHN J	LACKAWANNA
FDNTANILLA MD, ROODLFO C	PHILADELPHIA	FRICK MD, WILLIS G	MDNTGOMERY	GAFFNEY MD, PAUL C	ALLEGHENY
FDDTERMAN MD, HARDLD	ALLEGHENY	FRICKE MD, DAVID W	DAUPHIN	GAGLIAROI MD, JDSEPH M	PHILADELPHIA
FDRBES MD, THOMAS W	ALLEGHENY	FRIDAY MD, DANL M	BLAIR	GAIA MD, JUAN D	LUZERNE
FDRCE MD, THDS B	PHILADELPHIA	FRIDAY MD, GILBERT A	ALLEGHENY	GAILEY JR MD, HERMAN A	YORK
FDRCEY MD, CLARKE M	CENTRE	FRIDAY MD, JDHN R	ALLEGHENY	GAIN MD, THDS B	PHILAOELPHIA
FORCEY MD, LLDYD R	LYCDMING	FRIDAY MD, RUPERT H	ALLEGHENY	GAISFORO MD, JOHN C	ALLEGHENY
FDRD MD, JDHN J	CHESTER	FRIEDBERG MD, MILTDN J	LEHIGH	GAISIN MD, ALLEN	PHILADELPHIA
FORD MD, RDBT W	ALLEGHENY	FRIEDENBERG MD, ZACHARY B	PHILADELPHIA	GAITHER MD, HERBERT	DAUPHIN
FDRD MD, WM B	ALLEGHENY	FRIEDLANDER MD, MILTDN A	DAUPHIN	GALAMAGA MO, D PETER	CHESTER
FDRO MD, WM T	LYCDMING	FRIEDLANDER MD, MYRON	ALLEGHENY	GALANIS MD, SDTIRE	LANCASTER
FOREJT MO, JDS M	FAYETTE	FRIEDMAN MD, ADELE K	PHILADELPHIA	GALANTE MD, JAMES G	LUZERNE
FOREMAN MD, JDS	PHILADELPHIA	FRIEDMAN MD, DONALD	DELAWARE	GALBRAITH MD, DAVID J	CAMBRIA
FDRKEK MD, THDS	LEBANDN	FRIEDMAN MD, ELLIS F	BERKS	GALE MD, TRISTAN M	CRAWFDRD
FORMAN MD, HARRIS	PHILADELPHIA	FRIEDMAN MD, HARFORD W	ALLEGHENY	GALGON MD, JDHN P	LEHIGH
FDRMAN MD, HARVEY R	PHILADELPHIA	FRIEDMAN MD, HENRY B	LUZERNE	GALIA MD, JDS H	DELAWARE
FDRMAN MD, IRWIN H	LANCASTER	FRIEDMAN MD, JERALD N	NDRTHAMPTDN	GALIETTA MD, MARYANN C	BUCKS
FDRMAN MD, JOS E	PHILADELPHIA	FRIEDMAN MD, LEDN	NORTHAMPTON	GALLA MD, STEPHEN J	ALLEGHENY
FDRMAN MD, KENNETH J	PHILADELPHIA	FRIEDMAN MD, LDUIS L	ALLEGHENY	GALLAGHER MD, A CDRNELIUS	LEHIGH
FDRMAN MD, MYRDN	PHILADELPHIA	FRIEDMAN MD, MILTON L	PHILAOELPHIA	GALLAGHER MD, DANL B	MERCER
FDRMAN MD, SAML	PHILADELPHIA	FRIEDMAN MD, PAUL S	PHILADELPHIA	GALLAGHER MD, DDNALD I	DELAWARE
FDRNASIER MD, LDUIS S	DELAWARE	FRIEDMAN MD, PHILLIP	BUCKS	GALLAGHER MD, DDRIS B	MDNTGDMERY
FDRNWALT MD, GED R	DELAWARE	FRIEDMAN MD, RDNALD H	PHILADELPHIA	GALLAGHER MD, HENRY G	LUZERNE
FDRNWALT MD, HELEN L	PHILADELPHIA	FRIEDMAN MD, SIDNEY	PHILADELPHIA	GALLAGHER MD, HUGH S	LEHIGH
FDRSE JR MD, DAVID P	BLAIR	FRIEDMAN MD, STEVEN A	DELAWARE	GALLAGHER MD, JDHN E	ARMSTRDNG
FDRSTER JR MD, H WALTER	PHILADELPHIA	FRIEDMAN MD, SUMNER H	DAUPHIN	GALLAGHER MD, RDBT J	DELAWARE
FDRSYTH MD, ALICE J	BUCKS	FRIEDMAN MD, ZVI	DAUPHIN	GALLEN MD, JDHN H	BERKS
FDRSYTHE MD, PATRICK D	DAUPHIN	FRIEDMANN DD, DANIEL V	PHILADELPHIA	GALLETTA MD, ANTHDNY S	WASHINGTDN
FDRTI MD, WILLIAM P	DAUPHIN	FRIEDMANN MD, ELIHU	LACKAWANNA	GALLIA MD, FRANCIS J	DAUPHIN
FDRINUM MD, WALTER G	BUCKS	FRIEDRICH MD, JDACHIM F	YDRK	GALLIGAN MO, WM J	PHILADELPHIA
FORTUNA MO, JDSEPH A	BEAVER	FRIEMAN MD, HERMAN	PHILADELPHIA	GALLD MD, EDUARDD F	PHILADELPHIA
FDRTUNATD MD, JAMES J	ALLEGHENY	FRIES MD, GENE T	LYCOMING	GALLUCCI MD, CHAS L	CAMBRIA
FOSS MD, OAVIO E	ALLEGHENY	FRIGNITD MD, NICHDLAS G	PHILAOELPHIA	GAMBESCIA MD, JDS M	PHILADELPHIA
FDSTER DO, ODNALO B	FRANKLIN	FRISHMUTH MO, GERTRUDE J	PHILADELPHIA	GAMBDNE MO, VICTDR E	PHILADELPHIA
FOSTER MO, HDWARO K	ALLEGHENY	FRITCHEY JR MO, JDHN A	DAUPHIN	GAN MO, WALTER S	PHILADELPHIA
FUSTER MD, WALTER D	WESTMDRELAND	FRITCHEY MD, THOS J	OAUPHIN	GANOY DD, DANIEL R	LYCDMING
FDSTER MD, WALTER R	ALLEGHENY	FRITZ JR MD, KARL J	WARREN	GANGEMI MO, CDLUMBUS R	PHILADELPHIA
FUTIAOIS MD, ION G	ALLEGHENY	FRITZ MD, ELMER M	ALLEGHENY	GANIBAN MO, JUSTINIAND S	PHILADELPHIA
FDULGER MD, MARGARET P	PHILADELPHIA	FRITZ MO, HERBERT H	MDNTGDMERY	GANIME MD, PETER D	MDNTGDMERY
FDULK JR MD, MDRRIS	DELAWARE	FRITZINGER MO, GED O	CARBDN	GANNDN MD, REYNALDD T	CAMBRIA
FOUST MD, TILMAN H	DAUPHIN	FRDBESE MD, ALFRED S	PHILADELPHIA	GANNON MD, RDBT P	ALLEGHENY
FOUST MD, WILSON A	LANCASTER	FRDOEY MD, RAYMOND J	ALLEGHENY	GANSMAN MD, DAVID H	PHILADELPHIA
FDWLE MD, LESTER P	MONTOUR	FRDEHLICH MD, ARTHUR D	DAUPHIN	GANZ MO, MICHAEL A	BUCKS
FOX IV MD, JAMES W	PHILADELPHIA	FRDIO MD, GREGDRY F	DELAWARE	GARABEOIAN MO, JDSEPH A	MDNTGOMERY
FDX MD, CHAS F	ARMSTRONG	FRDMME MD, KENNETH L	DAUPHIN	GARBAK MD, FRANK	PHILADELPHIA
FOX MD, CHAS R	LEHIGH	FRDNCZEK MD, WM M	ALLEGHENY	GARBEN MD, ALLAN C	ERIE
FOX MD, DONALD C	BUTLER	FRDNOUTI MD, LUCIAN J	WESTMDRELAND	GARBER JR MD, MILES D	DAUPHIN
FDX MD, JAMES M	OAUPHIN	FRDNOUTI MD, RDBT L	ALLEGHENY	GARBER MD, OALE W	PHILADELPHIA
FOX MO, JOHN L	OELAWARE	FRONEFIELD MD, HELEN P	PHILADELPHIA	GARBER MO, J HDFFMAN	DAUPHIN
FOX MD, RDGER E	DELAWARE	FROOZAN MD, HDMAYDDN	LACKAWANNA	GARBES MD, ARCHIMEDES D	MDNTDUR
FOX MD, WESLEY B	DELAWARE	FRDST MD, STEPHEN S	LEHIGH	GARCIA MD, ALFREDD J	BUTLER
FOX MO, WM F	LEHIGH	FRUMIN MD, ABRAHAM M	PHILADELPHIA	GARCIA MO, CELSD R	PHILADELPHIA
FOXX MD, WM F	CHESTER	FRY MD, CHLOE D	DAUPHIN	GARCIA MO, OIDSDAOD A	ALLEGHENY
FDY MO, JAMES H	LACKAWANNA	FRY MD, RDBT L	FRANKLIN	GARCIA MD, DDMINADDR I	CHESTER
FRABLE MD, OEAN G	SCHUYLKILL	FRYCZYNSKI MD, THADDEUS P	ERIE	GARCIA MD, DDMINGD A	FRANKLIN
FRAILEY JR MD, WM W	LEHIGH	FUCHS MD, BERNARD	BEAVER	GARCIA MD, JDSE A	OAUPHIN
FRAIRE MO, ARMANDD E	BLAIR	FUERST MD, NICHOLAS E	WASHINGTDN	GARCIA MO, JDSE C	PHILADELPHIA
FRALEY MD, HENRY W	ARMSTRDNG	FUGARD DO, ANTHDNY J	PHILADELPHIA	GARCIA MD, JDSE F	BEAVER
FRANCE MD, LAURENCE W	LANCASTER	FUGATE JR MD, HDWARO	JEFFERSDN	GARCIA MO, LAUREAND P	PHILADELPHIA
FRANCIS MD, GEO J	ALLEGHENY	FUGATE MD, HDWARD	JEFFERSDN	GARCIA MD, MARIAN	CENTRE
FRANCIS MD, PAUL	ERIE	FUGATE MD, JAMES K	JEFFERSDN	GARCIA MD, THEDODRE A	MDNTGDMERY
FRANCO MO, ALEXANDER	CENTRE	FUGAZZOTTD MO, PASQUALE J	LEHIGH	GARDENER MD, RALPH	ALLEGHENY
FRANCO MD, FRANK A	BERKS	FUJIMAGARI MO, TAK	LAWRENCE	GARDNER DO, MARSHALL K	PHILADELPHIA
FRANCDS MD, CHAS G	LANCASTER	FUKUI MD, PAUL T	CHESTER	GARDNER MD, ALAN M	CHESTER
FRANGIPANE MD, LEO G	DELAWARE	FULLER MO, HARRY B	OELAWARE	GARONER MD, GED E	YDRK
FRANK MO, BARBARA B	DELAWARE	FULLER MD, VIRGINIA S	ALLEGHENY	GARONER MD, HARRY W	MIFFLIN-JUNIATA
FRANK MO, HERBERT L	OAUPHIN	FULTDN MD, HARRY C	LANCASTER	GARONER MD, JAMES L	LAWRENCE
FRANK MD, LEDNARO A	MDNTGDMERY	FULTDN MD, LOUIS C	ALLEGHENY	GARDNER MD, ROBT S	ALLEGHENY
FRANK MO, MARTIN N	MONTGOMERY	FULTON MD, WILLIAM D	YORK	GARONER MD, THDS A	VENANGD
FRANK MD, PATRICK J	LEBANDN	FUMA MD, JDHN F	PHILADELPHIA	GARDNER MD, VINCENT E	PHILADELPHIA
FRANK MO, PAUL E	MDNTGDMERY	FUNCH MD, RDBT B	PHILADELPHIA	GAREIS MD, JDHN W	LANCASTER
FRANK MD, REUBEN	MDNTGOMERY	FUNCH MD, RDSS S	PHILADELPHIA	GAREY MD, HERMAN S	LACKAWANNA
FRANK MD, RDBT L	MDNTGDMERY	FUNK JR MD, FREOERICK C	LYCDMING	GARFIELD MD, SAML J	PHILADELPHIA
FRANKE MO, FREOERICK R	ALLEGHENY	FUNK MO, ELMER H	PHILAOELPHIA	GARFINKEL MD, MARC E	ALLEGHENY
FRANKEL MD, DDNALO S	PHILADELPHIA	FUNKE MD, ALVIN H	CDLUMBIA	GARFINKLE MD, WM B	PHILADELPHIA
FRANKEL MD, LEON A	PHILADELPHIA	FUNKHDUSER MD, GED R	MDNTDUR	GARLICHS MO, RICHARD W	OELAWARE
FRANKENFIELD MO, BRUCE A	LEHIGH	FUNKHDUSER MD, JAY L	BEAVER	GARMAN MD, RAY F	BRADFDRD
FRANKENSTEIN MD, HERBERT	ALLEGHENY	FUREY JR MD, CHARLES A	PHILADELPHIA	GARNER MO, BLAINE R	BUCKS
FRANKLIN MO, DONALD S	FAYETTE	FUREY MD, SANOY A	LACKAWANNA	GARNER MD, VAUGHN C	PHILADELPHIA
FRANKLIN MD, HUGH R	MIFFLIN-JUNIATA	FURGIUELE MO, FRANCIS P	PHILADELPHIA	GARNER MO, WM J	ALLEGHENY
FRANKLIN MD, IRVIN D	MDNTGDMERY	FURIA MD, FREDERICK A	DELAWARE	GARNET MD, JAMES D	PHILAOELPHIA
FRANKLIN MD, JOHN W	ALLEGHENY	FURIGAY MD, ROODLFD L	CAMBRIA	GAROFALO MD, CARL A	FAYETTE
FRANKLIN MO, MDRRIS	PHILADELPHIA	FURMAN MD, DDNALD J	WARREN	GARDFALD MD, RALPH F	FAYETTE
FRANKLIN MD, SIONEY N	PHILAOELPHIA	FURMAN MD, HARDLD B	MDNTGDMERY	GARDFDLA MO, JDHN H	LANCASTER
FRANKDVITCH MD, KARL F	ERIE	FURMAN MD, LESLEY P	ALLEGHENY	GAROFDLI MO, CAESAR A	ALLEGHENY
FRANTZ MO, ALFRED S	FRANKLIN	FURNARY MD, JAMES S	CAMBRIA	GARRETT JR MD, WM S	ALLEGHENY
FRANTZ MO, RDBT C	BERKS	FURR MO, CHARLES M	ERIE	GARRETT MD, JDHN C	MDNTDUR
FRANTZ MD, RDBT R	CARBON	FUSCDRIPKA MD, GIDVANNA D	BERKS	GARRETTSDN MD, JAMES A	INDIANA
FRATTALI MD, AUGUST	LACKAWANNA	FUSIA JR MD, DDNALD A	WESTMDRELAND	GARRIDTT, JOHN C	MERCER
FRAUNFELDER MD, JOHN A	NDRTHAMPTON	FUSIA MD, JDS F	ALLEGHENY	GARRISDN MO, JDHN M	ERIE
FRAWLEY MD, RICHARD K	VENANGD	FUSIA SR MD, DDNALO A	ALLEGHENY	GARRITY MO, GENE C	ALLEGHENY
FRAYER MD, WM C	PHILADELPHIA	FUST MD, JDHN A	ERIE	GARRDTT MD, JDHN W	ARMSTRDNG
FRAZIER II MD, JDHN E	ALLEGHENY	FUTCHER MD, PALMER H	PHILADELPHIA	GARSDN MD, WARFIELO	ALLEGHENY
FRAZIER MO, THOMAS G	MDNTGDMERY			GARILAND MO, JDHN J	PHILADELPHIA
FRAZIER MO, WM D	PHILADELPHIA			GARTNER JR MD, WM S	DELAWARE
FREOA MD, RICHARO N	INOIANA			GARTNER MD, WM S	DELAWARE
FREDERICK MO, DAVIO W	LANCASTER			GARVER MD, KENNETH L	ALLEGHENY
FREDERICK MD, PAUL L	ARMSTRONG			GARVEY MD, WM P	ERIE
FREOERICKS MD, LILLIAN E	PHILAOELPHIA			GARVIN MD, EUGENE J	PHILADELPHIA
FREDERICKSDN MD, HDWARO N	YDRK			GASCDN MD, PERLA G	PHILAOELPHIA
FREDRICKSDN MO, VICTDR J	BUCKS	G		GASH MD, RICHARD M	PHILAOELPHIA
FREEBORN MD, WM P	BUCKS	GAARY MD, ALVIN E	DELAWARE	GASKINS MO, ALBERT L	PHILADELPHIA
FREEDBERG MO, LAWRENCE E	WESTMDRELAND	GABALA MD, JDHN M	NORTHUMBERLAND	GASPAR MD, VICTDRIA S	PHILADELPHIA
FREEDMAN MD, ABRAHAM	PHILADELPHIA	GABLE MD, JDS E	BERKS	GASSAWAY MD, FRANKLYN O	ALLEGHENY
FREEDMAN MD, ALAN R	MDNTGOMERY	GABDR MD, A STEPHEN	NDRTHAMPTDN	GASTINEAU MO, RDBERT M	ALLEGHENY
FREEDMAN MO, DDNALD B	DAUPHIN	GABDS MD, CHAS W	ALLEGHENY	GASTINGER MO, JOSEPH W	LEHIGH
FREEOMAN MD, E FANNIE	PHILADELPHIA	GABOS MO, PAUL F	ALLEGHENY	GASULL JR MD, H RDBERT	CUMBERLAND
		GABRESKI MD, THADDEUS S	VENANGD		

GATES MD, RDBT P	ALLEGHENY	GIAMBER MD, SAMUEL R	NDRTHAMPTDN	GLDWACKI MD, PETER	MDNTGDMERY
GATES MD, THOS N	BUCKS	GIAMPETRO MD, ANTHONY M	PHILADELPHIA	GLUCKMAN MD, STEPHEN J	PHILADELPHIA
GATSKI MD, RDBT L	MONTDUR	GIANAKDN MD, HARRY G	PHILADELPHIA	GD JR MD, WILLIAM C	MERCER
GATTER MD, CARL W	ALLEGHENY	GIANNDPDULDS MD, PETER H	CHESTER	GD MD, JDSEPHINE L	DELAWARE
GATTER MD, RDBT A	MDNTGDMERY	GIANUPDULDS MD, PATRICK L	CENTRE	GD MD, WELLES P	PHILADELPHIA
GATTI MD, DDMINIC L	PHILADELPHIA	GIBBONS MD, RICHARD E	PHILADELPHIA	GDBEL MD, REGINALD T	YORK
GATTI MD, JDS W	INDIANA	GIBBONS MD, ROBT J	LUZERNE	GDCHDCD MD, JACINTO J	YORK
GATTO MD, FRANK M	ALLEGHENY	GIBBONS MD, WM P	BLAIR	GDDUARD JR MD, JAMES E	LANCASTER
GAUDIO MD, JDHN C	LUZERNE	GIBBS MD, WINFIELD S	NORTHUMBERLAND	GDDUARD MD, KATHARINE E	PHILADELPHIA
GAUDIO MD, RALPH	ALLEGHENY	GIBSON MD, F CLAY	WESTMDRELAND	GUDINEZ-CEJUDD MD, JDRGE A	PHILADELPHIA
GAUGHAN MD, JDS F	ERIE	GIBSON MD, GLEN G	PHILADELPHIA	GDDSHALL MD, RICHARD W	BUCKS
GAUKLER MD, RDBT J	PHILADELPHIA	GIBSON MD, WILLIAM S	ALLEGHENY	GDDSHALL MD, STANLEY M	LANCASTER
GAULIN MD, J CLAUDE	NDRTHAMPTDN	GIBSON MD, WM B	DELAWARE	GDEBEL JR MD, HENRY	NDRTHAMPTDN
GAULT MD, JAMES H	LANCASTER	GIBSON MD, WM E	ALLEGHENY	GUEBERT MD, HERBERT W	CHESTER
GAVIN MD, J RDBERT	LACKAWANNA	GIBSON MD, WM S	MONTDUR	GDEDECKE MD, JDHN B	DAUPHIN
GAY MD, THOMAS C	ALLEGHENY	GICK MD, STEPHEN A	WESTMDRELAND	GDEHRING MD, DDNALD E	BUTLER
GAYDDS MD, ANNA E	PHILADELPHIA	GIERING MD, JDHN F	LUZERNE	GDEHRING MD, WALTER D	ALLEGHENY
GAYDDS MD, JDHN D	BEAVER	GIGLIDTTI MD, ERNEST P	JEFFERSDN	GDEPP MD, CARLA E	PHILADELPHIA
GAYDDS MD, THDS L	NDRTHAMPTDN	GILANDI MD, ROBT J	CRAWFDRD	GDERINGER MD, C FRED	MDNTGDMERY
GAYLDR MD, DDNALD H	LEHIGH	GILBERT DD, MAX	PHILADELPHIA	GDESER MD, EUGENE	DELAWARE
GAYNDR MD, WM B	LANCASTER	GILBERT JR MD, EARL B	WESTMDRELAND	GDGGIN MD, LEDN D	BEAVER
GAZEK MD, MIGUEL G	CHESTER	GILBERT MD, ROBT P	PHILADELPHIA	GDHEL MD, VIJAYSINH K	PHILADELPHIA
GAZMEN MD, CANDDNINO C	LACKAWANNA	GILBERTI MD, FRANK F	ALLEGHENY	GDLD MD, ALAN	ALLEGHENY
GAZDWSKI MD, THDS E	LUZERNE	GILBERTI MD, MICHAEL V	ALLEGHENY	GDLD MD, ALLAN	PHILADELPHIA
GEADAH MD, FDUAD A	DAUPHIN	GILCHER MD, RDNALD D	ALLEGHENY	GDLD MD, ARNDLD Z	VENANGO
GEARHART MD, LYSTER M	LEHIGH	GILDA MD, HERMAN A	FRANKLIN	GDLD MD, ESTELLE M	PHILADELPHIA
GECKELER MD, EDWIN D	PHILADELPHIA	GILDEA MD, JAMES E	DAUPHIN	GDLD MD, GDRDDN R	ALLEGHENY
GECZY MD, MARIA	PHILADELPHIA	GILETTD MD, BASIL J	PHILADELPHIA	GDLD MD, HENRY J	PHILADELPHIA
GEDULDIG MD, MICHAEL M	DAUPHIN	GILFILLAN MD, A GEORGE	BERKS	GDLD MD, HERMAN	DELAWARE
GEE MD, WILLIAM	LEHIGH	GILL III MD, THDS J	ALLEGHENY	GDLD MD, JACK	ERIE
GEER MD, FRANK D	LAWRENCE	GILL MD, DDNALD J	DELAWARE	GDLD MD, JEROME A	PHILADELPHIA
GEETTER MD, PHILIP H	BUCKS	GILL MD, JDHN J	LUZERNE	GDLD MD, MICHAEL J	PHILADELPHIA
GEFTER MD, LDUIS P	PHILADELPHIA	GILL MD, ROBT J	PHILADELPHIA	GDLDBACHER JR MD, LAWRENCE R	PHILADELPHIA
GEFTER MD, WARREN B	PHILADELPHIA	GILLEN MD, DENNIS R	BUCKS	GDLDBERG DD, MURRAY	PHILADELPHIA
GEGWICH MD, FRANK	LUZERNE	GILLESPIE MD, HARRY K	WESTMDRELAND	GDLDBERG DD, MURRAY E	CHESTER
GEGWICH MD, JDSEPH F	CDLUMBIA	GILLESPIE MD, PATRICK J	LUZERNE	GDLDBERG MD, BARRY B	PHILADELPHIA
GEHL MD, RICHARD	ALLEGHENY	GILLESPY MD, WM G	LAWRENCE	GDLDBERG MD, HARRY	PHILADELPHIA
GEHMAN MD, MILTON J	BERKS	GILLEY MD, AURORA G	DAUPHIN	GDLDBERG MD, HARVEY E	BUCKS
GEHRINGER JR MD, EDWARD J	WASHINGTON	GILLIGAN MD, FRANK P	DELAWARE	GDLDBERG MD, LDUIS	MDNTGDMERY
GEHRIS MD, JAMES C	NDRTHUMBERLAND	GILLINGER MD, WM A	ALLEGHENY	GDLDBERG MD, SDLDMDN	ALLEGHENY
GEHRIS MD, LEROY A	BERKS	GILLIS MD, ROBT T	ALLEGHENY	GDLDBERG MD LTD, RICHARD E	PHILADELPHIA
GEHRDN JR MD, WM H	LYCDMING	GILLUM MD, DAVID F	TIOGA	GDLDBERGER MD, ARNDLD	PHILADELPHIA
GEIGLE MD, CARL F	ERIE	GILMAN MD, EDWARD	ALLEGHENY	GDLDBLATT MD, SIDNEY A	CAMBRIA
GEIST MD, DDNALD C	PHILADELPHIA	GILMORE JR MD, HUGH R	DAUPHIN	GDLDBLUM MD, ABRAHAM D	ALLEGHENY
GELEHRTER MD, JDS	PHILADELPHIA	GILMORE JR MD, JAMES L	ALLEGHENY	GDLDBLUM MD, HARDLD L	ALLEGHENY
GELET MD, THEDDRE R	ALLEGHENY	GILMORE MD, FREDERICK R	CLEARFIELD	GDLDBLUM MD, JACDB	FAYETTE
GELFAND MD, DAVID	PHILADELPHIA	GILMURE MD, GED H	ALLEGHENY	GDLDBLUM MD, RAYMDND W	ALLEGHENY
GELFDND MD, DAVID B	PHILADELPHIA	GILMORE MD, IRVIN W	BERKS	GDLDBURGH MD, WARREN P	PHILADELPHIA
GELLER MD, EDWARD I	LEHIGH	GILROY MD, ROBERT C	DAUPHIN	GDLDEN MD, JEAN D	MONROE
GELLER MD, JDS	PHILADELPHIA	GINCHEREAU MD, EUGENE H	ALLEGHENY	GDLDEN MD, MAND R	MDNTGDMERY
GELLER MD, REUVEN A	ALLEGHENY	GINGRICH JR MD, RUSSELL L	LEBANON	GDLDEN MD, MICHAEL F	CHESTER
GELPI MD, JDSE A	YORK	GINGRICH MD, KERRY H	LEBANON	GDLDENBERG MD, EDWARD M	PHILADELPHIA
GEMIL MD, CDRAZON G	CHESTER	GINIECZKI MD, CHESTER J	PHILADELPHIA	GDLDFARB MD, ALVIN F	PHILADELPHIA
GEMMILL MD, NORMAN H	YORK	GINLEY MD, THDMAS H	PHILADELPHIA	GDLDFARB MD, DANIEL D	LEHIGH
GEMMILL MD, REGINALD B	YORK	GINSBERG MD, DAVID K	PHILADELPHIA	GDLDFARB MD, HARDLD J	LEHIGH
GEMMILL MD, WALTER D	WASHINGTON	GINSBERG MD, GENE H	LEHIGH	GDLDFARB MD, I WILLIAM	ALLEGHENY
GEMMILL MD, WILLIAM P	WESTMDRELAND	GINSBERG MD, JDS E	LAWRENCE	GDLDFEDDER MD, PHILLIP	DELAWARE
GENATD MD, JAIME M	WESTMDRELAND	GINSBURG MD, ABRAHAM	PHILADELPHIA	GDLDFINE MD, ALAN	CHESTER
GENC MD, SALIM	MIFFLIN-JUNIATA	GINSBURG MD, HARRY H	BLAIR	GDLDFINE MD, HARRY A	PHILADELPHIA
GENNARELLI MD, THOMAS A	PHILADELPHIA	GINSBURG MD, HDWARD H	PHILADELPHIA	GDLDFINE MD, JDS D	PHILADELPHIA
GENNARIA MD, C REED	NDRTHUMBERLAND	GINSBURG MD, ISADDRE W	PHILADELPHIA	GDLDIN MD, RALPH J	LANCASTER
GENNARD MD, ANTHONY R	PHILADELPHIA	GINSBURG MD, JDHN L	UNION	GDLDING MD, IRVIN M	ALLEGHENY
GENDVESE MD, MARIO C	ALLEGHENY	GINSBURG MD, NATHAN N	LAWRENCE	GDLDMAN MD, ARNDLD D	PHILADELPHIA
GENS MD, RDBT D	DAUPHIN	GINSBURG MD, RDBERT	PHILADELPHIA	GDLDMAN MD, ARTHUR	DELAWARE
GENTILE MD, ANTHONY F	ALLEGHENY	GINSBURG MD, SILAS J	MONTGOMERY	GDLDMAN MD, DUANE C	LANCASTER
GENTILE MD, ANTHONY J	LACKAWANNA	GINTER JR MD, GEO C	LYCDMING	GDLDMAN MD, IRVING S	ALLEGHENY
GENTZLER II MD, RICHARD D	LANCASTER	GIUMBETTI MD, JDS J	LACKAWANNA	GDLDMAN MD, LEE M	LUZERNE
GEDRGE MD, JACDB	ALLEGHENY	GIDRDANO MD, ANTHONY J	DELAWARE	GDLDMAN MD, LEDNARD I	PHILADELPHIA
GEDRGE MD, JAMES M	ALLEGHENY	GIDRDANO MD, AUGUSTIN T	PHILADELPHIA	GDLDMAN MD, MARVIN	PHILADELPHIA
GEDRGE MD, JDHN J	ALLEGHENY	GIDRDANO MD, LDRRAINE M	PHILADELPHIA	GDLDMAN MD, RICHARD J	DELAWARE
GEDRGE MD, JDHN D	BEDFDRD	GIRARDU MD, SALVATORE P	PHILADELPHIA	GDLDMAN MD, SIDNEY S	PHILADELPHIA
GEDRGE MD, RDBT N	ALLEGHENY	GIRDANY MD, BERTRAM R	ALLEGHENY	GDLDMAN MD, STANLEY R	DAUPHIN
GEDRGETSON MD, JAMES M	POTTER	GIRUNE MD, JDS A	BUCKS	GDLDMANN MD, DAVID R	PHILADELPHIA
GEDRGIU MD, VIRGIL	LACKAWANNA	GIRDUX MD, ARTHUR S	VENANGO	GDLDSCHMIDT MD, HERBERT	MDNTGDMERY
GEDRGY MD, FARDUK M	LYCDMING	GIRSH MD, LEDNARD S	PHILADELPHIA	GDLDSMITH MD, CHAS P	LEHIGH
GERBER MD, HARRIS S	PHILADELPHIA	GISLASDN MD, G JDHN	PHILADELPHIA	GDLDSMITH MD, DDNALD P	BUCKS
GERBER MD, MICHAEL L	ALLEGHENY	GITTINGS MD, PAUL E	ALLEGHENY	GDLDSMITH MD, HARRY S	PHILADELPHIA
GERBER MD, PAUL	PHILADELPHIA	GIUDICE MD, VIRGINIO J	PHILADELPHIA	GDLDSTEIN MD, ARTHUR M	PHILADELPHIA
GERBER MD, PHILIP	PHILADELPHIA	GIUFFRE MD, JAMES C	PHILADELPHIA	GDLDSTEIN MD, BERNARD	PHILADELPHIA
GERCHMAN MD, LEROY B	LEHIGH	GIULIAN MD, BERTRAND B	DAUPHIN	GDLDSTEIN MD, EARL H	ALLEGHENY
GERDES JR MD, JDSEPH H	DAUPHIN	GIULIAN MD, KARL A	PHILADELPHIA	GDLDSTEIN MD, ELLIDTT J	ALLEGHENY
GERDES MD, JDS H	DAUPHIN	GIUNTA DD, LEDNARD C	CHESTER	GDLDSTEIN MD, FRANZ	PHILADELPHIA
GERENYI MD, ANDREW G	ALLEGHENY	GIVEN MD, GEO G	PHILADELPHIA	GDLDSTEIN MD, JACDB	PHILADELPHIA
GERFIN MD, ERNEST R	WYDMING	GIVEN MD, KENNETH M	PHILADELPHIA	GDLDSTEIN MD, JEROME	PHILADELPHIA
GERGEN MD, WERNER A	BRADFDRD	GIVENS MD, FREDERICK T	DAUPHIN	GDLDSTEIN MD, MARIDN Z	ALLEGHENY
GERHART MD, GEO R	BERKS	GIZDAVCIC MD, BARTDL	PHILADELPHIA	GDLDSTEIN MD, MILTON J	LACKAWANNA
GERHART MD, RDBT P	MONRDE	GLADDING MD, RICHARD M	CARBON	GDLDSTEIN MD, MDRTDN L	ALLEGHENY
GERMAN MD, ANTDNIO I	ERIE	GLADSTONE MD, JULIAN L	DELAWARE	GDLDSTEIN MD, NDRMAN A	CHESTER
GERMAN MD, TERRY M	MONTGOMERY	GLADSTUNE MD, LEDNARD G	PHILADELPHIA	GDLDSTEIN MD, NDRMAN S	PHILADELPHIA
GERNER MD, P CALVIN	PHILADELPHIA	GLAH JR MD, HENRY J	LANCASTER	GDLDSTEIN MD, SAML	ALLEGHENY
GERNETH MD, GEO J	ALLEGHENY	GLANZBERG MD, PAULINE	MDNTGDMERY	GDLDSTUNE MD, HARRY A	WASHINGTON
GERRITSEN MD, ROY W	MONTGOMERY	GLASER MD, BARRY L	MONTGOMERY	GDLDSTUNE MD, SHELDDN B	LACKAWANNA
GERSHENFELD MD, MARVIN A	PHILADELPHIA	GLASKIN MD, ALLEN	PHILADELPHIA	GDLDSTRDHM MD, RDBT G	INDIANA
GERSDN MD, IRVIN M	MONTGOMERY	GLASS MD, DDRDTHEA D	PHILADELPHIA	GDLDWEIN MD, MANFRED I	PHILADELPHIA
GERSDN MD, LERDY T	PHILADELPHIA	GLASS MD, PHILLIP	PHILADELPHIA	GDLINGER MD, RDNALD C	ALLEGHENY
GERSTBREIN MD, HARRY L	ALLEGHENY	GLASSBURN MD, EDWARD M	ALLEGHENY	GDLLUB MD, MDRTDN J	PHILADELPHIA
GERSTLEY 3RD MD, LDUIS	PHILADELPHIA	GLASSBURN MD, JDHN R	PHILADELPHIA	GDLDMB MD, MILTON W	ALLEGHENY
GESENSWAY MD, DANL B	PHILADELPHIA	GLASSMAN MD, SDLDMDN	PHILADELPHIA	GDLDMB MD, NDRMAN G	WASHINGTON
GESSNER MD, THOMAS P	WESTMDRELAND	GLASSD MD, LDUIS C	ALLEGHENY	GDLSHAN MD, KAZEM	BRADFDRD
GETSDN MD, DAVID	PHILADELPHIA	GLAUDEL MD, STANLEY F	PHILADELPHIA	GDMBAR MD, EDWARD F	LACKAWANNA
GETSDN MD, MAURICE	PHILADELPHIA	GLAUSER MD, ELINDR M	PHILADELPHIA	GDMEZ MD, BLANCA M	MDNTGDMERY
GETTE MD, WARREN A	FRANKLIN	GLAUSER MD, FELIX E	DAUPHIN	GDMEZ MD, JAIRD	PHILADELPHIA
GETTEMY MD, RALSTDN D	BLAIR	GLAUSER MD, FRANK	PHILADELPHIA	GDMEZ MD, PEDRD F	MDNTGDMERY
GETTES MD, NANCY J	PHILADELPHIA	GLAUSER MD, STANLEY C	PHILADELPHIA	GDMEZ-DUMARAN MD, DELFA	MDNTGDMERY
GETTINGS MD, THDS H	WARREN	GLAZER MD, ROBERT M	PHILADELPHIA	GDNICK MD, PAUL	PHILADELPHIA
GETTY MD, THDS B	PHILADELPHIA	GLEASDN MD, GEO E	ALLEGHENY	GDNNELLA MD, JDS S	PHILADELPHIA
GETZ DD, HARRY D	PHILADELPHIA	GLEESDN MD, GEO L	DAUPHIN	GDNZALES MD, ALBERT	BUCKS
GETZ MD, WM B	PHILADELPHIA	GLENNEY MD, WILTDN R	SCHUYLKILL	GDNZALES MD, FERNANDD Q	ALLEGHENY
GEVJAN MD, ARMEN H	DELAWARE	GLICK MD, ABRAHAM	PHILADELPHIA	GDNZALEZ MASD MD, GUILLERMD E	PHILADELPHIA
GHANDDNI MD, SIDN	ALLEGHENY	GLICK MD, HARDLD M	ALLEGHENY	GDNZALEZ MD, ALEJANDRD R	ALLEGHENY
GHATAK MD, PARIMAL K	NDRTHAMPTDN	GLICKMAN DD, NEIL P	PHILADELPHIA	GDNZALEZ MD, CARLDS F	PHILADELPHIA
GHATE MD, SHARAD B	ALLEGHENY	GLICKMAN DD, SHELDDN C	PHILADELPHIA	GDNZALEZ MD, HUMBERTD J	SCHUYLKILL
GHDSH MD, SURESH C	PHILADELPHIA	GLICKMAN MD, MURRAY	PHILADELPHIA	GDDD MD, DANIEL C	LANCASTER
GHDSH MD, TARIT K	MDNTDUR	GLDCKER MD, RUDDLPH K	MDNTGDMERY	GDDD MD, HARRY S	LEHIGH
GHDSHHAJRA MD, KALYANMAY	ALLEGHENY	GLDECKNER MD, M LDUISE	MDNTGDMERY	GDDD MD, MILTON S	LANCASTER
GIACCIA MD, AMATD	BERKS	GLDRIDSD MD, JDS J	ALLEGHENY	GDDD MD, RALPH D	CRAWFDRD
GIACDBBD MD, JDHN N	PHILADELPHIA	GLDSSER MD, WM E	BERKS	GDDD MD, RDBT F	ALLEGHENY
GIACDBINE MD, JAMES W	ALLEGHENY	GLDTFELTY MD, EARL	FRANKLIN	GDDDLDE MD, SAMUEL L	ALLEGHENY
GIALAMAS MD, ANTDNID	ALLEGHENY	GLDWACKI MD, FRANCIS L	VENANGO	GDDDMAN MD, BRUCE	DAUPHIN

GDODMAN MD, CARL R	MDNTGDMERY	GRAY MD, DAVID W	UNION	GROSS MD, MICHAEL A	LYCOMING
GDODMAN MD, DAVID B	FAYETTE	GRAY MD, FRIEDA G	PHILAOELPHIA	GROSS MD, PAUL	ALLEGHENY
GDODMAN MO, DAVID H	PHILAOELPHIA	GRAY MD, HERBERT M	BEAVER	GROSS MO, PAUL K	LEHIGH
GDODMAN MD, DDRIS	PHILADELPHIA	GRAY MD, JERRY L	SDMERSET	GROSS MD, PAUL R	PHILADELPHIA
GDUOMAN MD, ELLIDTT L	PHILADELPHIA	GRECO MD, JDS F	NDRTHUMBERLAND	GROSS MD, RICHARD H	CHESTER
GDODMAN MD, GERALO A	BERKS	GRECO MD, TDBY A	PHILADELPHIA	GROSS MD, S WARREN	DELAWARE
GDODMAN MD, HARRY	PHILADELPHIA	GRECO MD, VICTOR F	LUZERNE	GROSS MD, SAML	LACKAWANNA
GDODMAN MD, LDUIS	ALLEGHENY	GREEN 3RD MD, JDS E	CUMBERLAND	GROSSMAN MD, CHARLES B	DAUPHIN
GDODMAN MD, SANFDRD M	MDNTGDMERY	GREEN JR MO, WM T	ALLEGHENY	GROSSMAN MD, CHAS C	ALLEGHENY
GDODMAN MO, WM H	DELAWARE	GREEN MD, ALAN J	ALLEGHENY	GROSSMAN MD, ERIC J	PHILADELPHIA
GDODNER MD, DAVID M	PHILADELPHIA	GREEN MD, ARTHUR H	BEAVER	GROSSMAN MD, GILBERT	PHILADELPHIA
GDODWIN MD, ANOREW W	VENANGD	GREEN MD, BARRY P	MDNTGDMERY	GROSSMAN MD, JOS N	PHILADELPHIA
GDODWIN MD, MAX H	YDRK	GREEN MO, BRADFDRD	BUCKS	GROSSMAN MD, JDS N	PHILADELPHIA
GDODWIN MD, RDBERT S	MONTGOMERY	GREEN MO, GEDRGE R	MDNTGDMERY	GROSSMAN MD, LARRY B	DAUPHIN
GDODWIN MD, STANLEY L	BUCKS	GREEN MD, JDS E	CUMBERLAND	GROSSMAN MD, PERRY	CHESTER
GDODWDRTH MD, JDHN H	ALLEGHENY	GREEN MD, LELAND J	MDNTGDMERY	GROSSMAN MD, RDNALD M	DAUPHIN
GDPLERUD MD, ELIZABETH J	CARBDN	GREEN MD, M EDWIN	OAUPHIN	GROSSMAN MD, WM K	LUZERNE
GDPPELT MD, JDHN W	MDNTGDMERY	GREEN MD, MARY H	ALLEGHENY	GRDTZINGER MD, PAUL J	PHILADELPHIA
GDRACCI MD, ARMANDD	PHILADELPHIA	GREEN MD, MAYER A	ALLEGHENY	GRDVE JR MD, OALE A	NDRTHAMPTDN
GDRBY MD, CHAS K	DELAWARE	GREEN MD, RICHARD L	ALLEGHENY	GRDVE MD, BRUCE A	YDRK
GURDNER JR MD, JESSE W	MDNTDUR	GREEN MO, RDBERT M	ALLEGHENY	GRDVE MD, DANL D	PHILADELPHIA
GURDON DD, DANIEL S	JEFFERSDN	GREEN MD, RDBT L	PHILAOELPHIA	GRDVE MD, GLENN P	YDRK
GURDON DO, SANFDRD A	ALLEGHENY	GREEN MD, RDY C	SCHUYLKILL	GRDVE MD, RUSSELL E	YDRK
GDRDDN JR MO, JDHN W	FAYETTE	GREEN MD, RUSSELL P	BUCKS	GRDVE MD, WM K	YDRK
GDRDDN JR MD, KENNETH H	MDNTGDMERY	GREEN MO, STANLEY	MDNTGDMERY	GRDVER MD, SUKHDEV S	ALLEGHENY
GDRDDN MD, ARTHUR E	MDNTGDMERY	GREEN MD, THDS J	CUMBERLAND	GRDVERMAN MD, LESTER J	DELAWARE
GURDDN MD, BURGESS L	PHILADELPHIA	GREEN MD, WM	PHILADELPHIA	GRDW MD, DAVID V	LUZERNE
GURDDN MO, CHARLES A	LEHIGH	GREEN MO, WM H	DELAWARE	GRUBB MD, RDBT A	NDRTHUMBERLAND
GURDDN MD, ELIZABETH H	ALLEGHENY	GREENAWALD MD, HENRY A	DAUPHIN	GRUBB MD, WILLARD Y	BERKS
GDRDDN MD, HARDLD E	WESTMDRELAND	GREENAWALT MD, RDBT G	FRANKLIN	GRUBBS MD, RDBT M	ALLEGHENY
GDRDDN MD, ISADDRE	CHESTER	GREENBAUM MD, CHAS H	PHILADELPHIA	GRUBER MD, HEINZ K	PHILADELPHIA
GURDDN MD, JACDB S	PHILADELPHIA	GREENBAUM MD, JAMES K	ARMSTRDNG	GRUBER MD, JDHN W	BERKS
GDRDDN MD, JAMES K	BEOFDRD	GREENBERG MD, HARRY H	PHILAOELPHIA	GRUMET MO, BERNARD A	ALLEGHENY
GDRDDN MD, JDHN F	PHILADELPHIA	GREENBERG MD, JACK O	PHILADELPHIA	GRUNBERG MD, RDBT W	LEHIGH
GURDDN MD, JDS	PHILADELPHIA	GREENBERG MD, LEDNARO F	PHILADELPHIA	GRUNT MO, RICHARD F	PHILADELPHIA
GURDON MD, JDS S	DELAWARE	GREENBERG MD, MARVIN	PHILADELPHIA	GRUSZKA MO, FRANCIS A	MDNRDE
GDRDDN MD, MICHAEL E	BERKS	GREENBERG MO, MARVIN S	PHILADELPHIA	GRYCZKD MD, GERALD A	LACKAWANNA
GDRDDN MD, MICHAEL J	LEHIGH	GREENBERG MD, MICHAEL R	CLINTON	GRYNKEWICH MD, SERGE E	CARBDN
GURDON MD, MILTDN S	WESTMORELAND	GREENBERG MD, SIGMUND R	MDNTGDMERY	GUANZDN MD, DANILD L	CRAWFDRD
GDRODN MD, PAUL E	PHILADELPHIA	GREENBERG MO, STEVEN M	CLARIDN	GUARINI MO, PASQUALE B	DELAWARE
GDRDDN MD, RDBT S	WESTMDRELAND	GREENBERG MD, WAYNE V	ALLEGHENY	GUBB MD, GEDFFREY W	ERIE
GDRDDN MD, STANLEY L	DAUPHIN	GREENBURG MO, MDRREN J	MERCER	GUEHL MD, JDHN J	ALLEGHENY
GDRDDN MD, WENDELL B	ALLEGHENY	GREENE MD, DDNALD H	PHILADELPHIA	GUELCHER MD, RDBT T	ERIE
GDRDDN MD, WM	PHILADELPHIA	GREENE MD, DDUGLAS W	PHILADELPHIA	GUENDN MD, WM A	FRANKLIN
GDRDDN MO, WM S	DAUPHIN	GREENE MO, LLDYD B	PHILADELPHIA	GUENTER MD, FRITZ E	MC KEAN
GDREN MD, STANLEY E	PHILADELPHIA	GREENE MD, LUCILLE T	BERKS	GUERRERD MD, JUAN R	PHILAOELPHIA
GDRMLEY MD, JAMES B	CDLUMBIA	GREENE MD, RICHARD J	BERKS	GUESON MD, EMERITA T	PHILADELPHIA
GURRY MD, JDHN D	OELAWARE	GREENE MO, RDBT F	INDIANA	GUILLARD MD, PETER M	CENTRE
GDSFIELD JR MO, EDWARD	PHILAOELPHIA	GREENFIELD MD, LAWRENCE S	MDNTOUR	GUINTO MD, JOSE C	ALLEGHENY
GDSHDRN MD, RDY W	BLAIR	GREENFIELD MO, SAML L	PHILADELPHIA	GUIRGUIS MD, MDRRIS F	DELAWARE
GDSZTONYI JR MD, RUDDLPH E	NDRTHAMPTON	GREENFIELD MD, VAL S	PHILADELPHIA	GUISER MD, LYNN G	MIFFLIN-JUNIATA
GUTLIEB MO, JERRY	MDNTGDMERY	GREENLEE MD, OANL P	GREENE	GUISTWITE MO, KENNETH R	CUMBERLAND
GDTTHEIL MO, EDWARD	PHILADELPHIA	GREENSPAN MD, HERBERT S	MONTGOMERY	GULARSKI MO, ALICE S	ALLEGHENY
GDTTLIEB DD, MARSHALL M	PHILADELPHIA	GREENSPAN MD, JACK	MDNTGOMERY	GULICK MD, THDMAS H	NDRTHAMPTDN
GDTTLIEB MD, GARY P	ALLEGHENY	GREENSPDN MD, SAML E	MDNTGDMERY	GUMERMAN MO, LEWIS W	ALLEGHENY
GDTTLIEB MD, HARRY	PHILAOELPHIA	GREENSTEIN MD, SIDNEY	PHILADELPHIA	GUMINA MD, GUISEPPE G	BERKS
GDTTLIEB MD, PHILIP M	PHILADELPHIA	GREENWALD MD, EARL F	PHILADELPHIA	GUMINA MD, THDS F	DELAWARE
GDTTLIEB MD, RDBT J	LANCASTER	GREENWALD MD, JDS	DELAWARE	GUMP MD, RDBT B	ALLEGHENY
GUTTLIEB MD, RONALD S	PHILADELPHIA	GREENWALD MD, STANLEY M	PHILADELPHIA	GUNDERSDN MD, RDBT L	LUZERNE
GTTLIEB MD, SAML	CRAWFDRD	GREENWDDD MD, GEO R	NORTHAMPTDN	GUNNET MD, OREN W	YDRK
GDTTLIEB MD, STANLEY	PHILAOELPHIA	GREENWDDD MD, STEVEN M	MDNTDUR	GUNSTER MD, GERALD D	LUZERNE
GTTSHALL MD, SAML C	BERKS	GREER III MD, RDBT B	OAUPHIN	GUPTA MD, GIRIWARLAL	PHILADELPHIA
DUGER MD, DALE B	BERKS	GREGG MD, FRANK J	ALLEGHENY	GUPTA MD, MAHESH C	BUCKS
DULD MD, RICHARD B	PHILADELPHIA	GREGG MD, GRACE S	ALLEGHENY	GUPTA MD, RAJENDRA P	ALLEGHENY
DULEY MD, BENJ A	PHILAOELPHIA	GREGG MD, JDHN S	ALLEGHENY	GUPTA MD, SANTOSH	PHILADELPHIA
DURGDUTIS MD, GEDRGE D	ERIE	GREGG MD, THDS S	BUTLER	GUPTA MD, SARV K	WARREN
DUW MD, CHRISTOPHER B	CARBDN	GREGD MD, J GREGORY	ALLEGHENY	GUPTA MD, VED P	PHILADELPHIA
DVI MD, JDS R	WESTMDRELAND	GREGDIRE MO, JAMES P	LANCASTER	GUPTA MO, VINDDINI	WARREN
DWOEY MD, M AGNES	PHILADELPHIA	GREGDRY MO, RDBT E	ALLEGHENY	GUREGHIAN MD, PATRICIA A	PHILADELPHIA
DWEN MD, GED F	MONTGDMERY	GREISSINGER MD, WALTER M	ALLEGHENY	GURGUN MD, MELIH	ALLEGHENY
DWING MD, JEAN	PHILADELPHIA	GREIZMAN MD, SAUL	WESTMDRELAND	GURKAYNAK MO, NECMI	PHILADELPHIA
DYNE MD, RUTH G	OELAWARE	GRENVIK MD, AKE N	ALLEGHENY	GURSON MD, HELEN W	ALLEGHENY
DZUM MD, CARMEN Z	NDRTHAMPTDN	GRESS MD, FRANCIS A	NDRTHAMPTDN	GUSTAITIS MD, JDS A	LACKAWANNA
RAB MD, EDMUNDD M	BLAIR	GRESS MD, GORDDN A	CAMBRIA	GUSTAVSDN MD, RDGER B	DAUPHIN
RABIAK MD, GREGDRY D	WESTMDRELAND	GRESS MD, WM W	CAMBRIA	GUSTIN MD, THDS A	ERIE
RABDWSKI MD, MARIE A	LUZERNE	GRESSLY MD, DDNALD W	BEAVER	GUTEKUNST MD, PAUL E	PHILADELPHIA
RACE MD, HELEN K	PHILADELPHIA	GREYBUSH MD, JDS N	LEHIGH	GUTHLEBEN MD, JDHN G	ERIE
RACE MD, JAMES J	SUSQUEHANNA	GRIBB MD, JDHN J	BUCKS	GUTHRIE MD, MARSHALL B	MDNTGDMERY
RACEY MD, JACK G	YDRK	GRIBB MD, JDS C	DAUPHIN	GUTHRIE MD, MICHAEL A	ALLEGHENY
RAD MD, CHARLES T	LACKAWANNA	GRIECD MD, VICTDR F	LYCOMING	GUTHRIE MD, WILLIAM J	MDNTGDMERY
RADY MD, JAMES W	CAMBRIA	GRIESBACK DD, RUSSELL	PHILADELPHIA	GUTIERREZ MD, EMMELINE P	PHILADELPHIA
RAF MD, DAVID F	WASHINGTDN	GRIESMER MD, PAUL D	LUZERNE	GUTIERREZ MD, LINA C	MDNTGDMERY
RAFF MD, HARDLD A	DELAWARE	GRIESS MO, ALFRED H	CENTRE	GUTMAKER MD, HYMAN R	PHILADELPHIA
RAHAM III MD, WM P	CUMBERLAND	GRIFF MD, LEONARD C	DAUPHIN	GUTNICK MD, MDRTDN	PHILADELPHIA
RAHAM MD, GARTH K	PHILADELPHIA	GRIFF MD, RDBERTA E	DAUPHIN	GUTSCHE MD, BRETT B	PHILADELPHIA
RAHAM MD, HDWARD D	BUCKS	GRIFFEN MD, HELEN S	VENANGD	GUTTA MD, VENKTAIAH	ALLEGHENY
RAHAM MD, MARSHALL W	WASHINGTDN	GRIFFEN MD, R HDWARD	VENANGD	GUTTERMAN MD, PAUL	LUZERNE
RAHAM MO, THDS F	DELAWARE	GRIFFIN MD, HERSCHEL E	ALLEGHENY	GUTTMANN MD, GAD G	PHILADELPHIA
RAHAM MD, THDS R	ALLEGHENY	GRIFFIN MD, PERCY W	BEAVER	GUYER MD, SAMUEL	MDNTGDMERY
RAHAM MD, TDBY D	ALLEGHENY	GRIFFIN MD, STEVE P	JEFFERSDN	GUYTON MD, WM L	FRANKLIN
RAMMES MD, CHAS F	MDNTOUR	GRIFFITH MD, CHAS Q	PHILADELPHIA	GUZEK MD, JDS T	LACKAWANNA
RANA MD, PHILIP C	BEDFORD	GRIFFITH MD, GLENN G	CAMBRIA	GUZMAN MD, JDSE G	NDRTHAMPTON
RANADDS MD, NICANDR G	BERKS	GRIFFITH MD, JDHN R	PHILADELPHIA	GUZZO MD, CARL P	PHILADELPHIA
RANADOS MD, SUZITA N	BERKS	GRIFFITH MD, JDS B	ALLEGHENY	GVUZDEN MD, RDBT	CAMBRIA
RAND MD, M GILBERT	ALLEGHENY	GRIFFITH MD, REYNDLD S	PHILADELPHIA	GYLFE MD, JULINA	MDNTGDMERY
RANDDN MD, RAYMDND C	DAUPHIN	GRIFFITHS MD, CHARLES W	BEDFDRD		
RANDWITZ MD, SAML P	ALLEGHENY	GRILL MO, WINFRED E	JEFFERSDN		
RANT MD, ALFRED A	WARREN	GRIM MD, MARK D	BERKS		
RANT MD, ALISTAIR M	LANCASTER	GRIMES MD, BERNARD J	ALLEGHENY		
RANT MD, BERNARD D	DELAWARE	GRIMES MD, CLARENCE W	GREENE		
RANT MD, JDHN J	ALLEGHENY	GRINAWAY MD, GED A	LUZERNE		
RANT MD, LEE B	ALLEGHENY	GRISWDLD MD, ARTHUR S	LANCASTER		
RASBERGER MD, JDS C	CHESTER	GRUFE MD, JERRDLD G	PHILADELPHIA		
RASLEY MD, WM C	CENTRE	GRUFF MO, HARVEY O	PHILADELPHIA		
RASMICK MO, ALBERT L	ADAMS	GRDH MD, JDHN R	LEBANDN		
RASSE JR MD, JDHN M	LANCASTER	GRDLL MD, MICHAEL	MDNTGDMERY		
RASSI MD, MICHAEL D	PHILADELPHIA	GROLMAN MD, DENNIS M	YDRK		
RASSO MD, CDND M	PHILADELPHIA	GROMIS MD, RDBERT M	ALLEGHENY		
RATCH MD, ISAAK	LANCASTER	GRDSH MD, JDHN L	LANCASTER		
RATCH MD, MICHAEL	LANCASTER	GRDSH MD, JDS W	LANCASTER		
RATZ OO, IRWIN	PHILADELPHIA	GRDSH MD, JULIETA D	PHILADELPHIA		
RATZ MD, M MDRTDN	MONTGDMERY	GRDSH MD, PAUL R	LANCASTER		
RAUEL JR MD, THEDDDRE A	LAWRENCE	GRDSH MO, WILLIAM B	LANCASTER		
RAVES JR MD, BEVERLY	PHILADELPHIA	GROSH MD, WM K	LANCASTER		
RAY III MD, SAML	ALLEGHENY	GRDSKY MD, MURRAY B	LEBANDN		
RAY JR MD, FRANK D	PHILADELPHIA	GRDSS MO, BENJ A	PHILADELPHIA		
RAY JR MD, GED H	ALLEGHENY	GRDSS MD, CHARLES N	ALLEGHENY		
RAY MD, CDRNELL G	YDRK	GRDSS MO, DANL J	MDNTGDMERY		
RAY MO, CYNTHIA A	ALLEGHENY	GROSS MD, DDNALD R	YDRK		

H

HAAS MD, CHARLES M	YDRK
HAAS MD, FREDERICK M	LEHIGH
HAASE MD, GUNTER R	PHILADELPHIA
HAAZ MO, WILLIAM S	PHILADELPHIA
HABBDUSHE MD, FAWZI P	PHILADELPHIA
HABECKER MD, ELIZABETH T	LEBANON
HABER MD, ARTHUR S	LUZERNE
HABER MO, RICHARD E	ALLEGHENY
HABERERN MD, EDWARD J	LEHIGH
HABERMAN MD, JACK	MONTGDMERY
HACKETT JR MD, JAMES L	ELK-CAMERDN
HACKETT MD, JAMES L	ELK-CAMERON
HADDAD MD, GED R	BEAVER
HADDEN MD, SAML B	PHILADELPHIA
HADDDN JR MD, HARRY H	FRANKLIN
HADFIELD JR MD, WM A	DELAWARE
HADLEY MD, JAMES E	VENANGD

HADLEY MD, MATTHEW R	ALLEGHENY
HADRA MD, ELLINDR S	MDNTGDMERY
HADUCK MD, LEDNARD A	BLAIR
HAEBERLE MD, WM A	PHILADELPHIA
HAECKLER MD, WM S	BUCKS
HAENTZE MD, FREDERICK E	PHILADELPHIA
HAFF MD, DONALD W	LEHIGH
HAFT MD, HARDLD	PHILADELPHIA
HAGAN JR MD, EUGENE P	PHILADELPHIA
HAGAN MD, EUGENE M	ALLEGHENY
HAGAN MD, PATRICK J	LUZERNE
HAGARTY MD, JDHN J	MDNTGDMERY
HAGER III MD, GEORGE W	MDNRDE
HAGERTY MD, FRED D	YDRK
HAGES MD, FDSTER	BEAVER
HAGGERTY MD, SALLY M	NDRTHAMPTDN
HAGLUND MD, RDDGER B	JEFFERSDN
HAGOPIAN MD, EDWARD R	DELAWARE
HAGUE MD, J BRUCE	VENANGD
HAHN MD, ADAM W	ALLEGHENY
HAHN MD, GED A	PHILADELPHIA
HAHN MD, KARL W	NDRTHAMPTDN
HAHN MD, KDN S	LACKAWANNA
HAIMDWITZ MD, SAML I	PHILADELPHIA
HAIN MD, HDWARD L	NDRTHAMPTDN
HAIN MD, SU C	PHILADELPHIA
HAINES MD, ALFRED J	ALLEGHENY
HAIRSTDN JR MD, JDHN C	ALLEGHENY
HAJI-DJAFARI MD, AZIZEH	VENANGD
HAKALA MD, THDMAS R	ALLEGHENY
HAKAS MD, JDS F	ALLEGHENY
HAKKARINEN MD, WM D	DAUPHIN
HALBERT MD, DAVID R	DAUPHIN
HALE MD, EDWARD H	ALLEGHENY
HALE MD, RAYMDND M	ADAMS
HALE MD, RDBERT H	BUCKS
HALE MD, RDBT G	MDNTGDMERY
HALE MD, THOS K	SCHUYLKILL
HALE MD, WAYNE A	WESTMDRELAND
HALEN MD, RDBT J	ALLEGHENY
HALL II MD, RDBERT F	YDRK
HALL JR MD, EDGAR M	CHESTER
HALL JR MD, JDHN H	WASHINGTDN
HALL MD, EDWARD L	ALLEGHENY
HALL MD, I MACDDNALD	MDNTGDMERY
HALL MD, JACK R	CRAWFORD
HALL MD, JDHN H	PHILADELPHIA
HALL MD, R NDRTDN	WESTMDRELAND
HALL MD, RDBT L	CENTRE
HALL MD, RDBT L	DELAWARE
HALL MD, VINCENT B	ALLEGHENY
HALL MD, VIRGINIA E	DAUPHIN
HALL MD, WM A	ALLEGHENY
HALLAHAN MD, JDHN D	DELAWARE
HALLAHAN MD, WM F	LEBANDN
HALLBDRG MD, RDBT B	LACKAWANNA
HALLETT MD, JDS W	PHILADELPHIA
HALLISEY MD, JDHN G	BEAVER
HALLDCK MD, MARGARET E	DAUPHIN
HALPERIN MD, MEYER A	MDNRDE
HALPERN MD, BARRY R	PHILADELPHIA
HALTRECHT DD, LEDNARD	DELAWARE
HAM MD, JAMES W	VENANGD
HAM MD, TDNG H	MERCER
HAMATY MD, RDNALD M	CAMBRIA
HAMBURG MD, ALLEN E	MDNTGDMERY
HAMDI MD, LDUISE D	PHILADELPHIA
HAMDI MD, TURGUT N	PHILADELPHIA
HAMIDI MD, JAFAR A	MC KEAN
HAMILTDN MD, ANGIE S	PHILADELPHIA
HAMILTDN MD, RALPH W	PHILADELPHIA
HAMILTDN MD, RDBT C	ALLEGHENY
HAMILTDN MD, RDBT W	DAUPHIN
HAMILTDN MD, WM L	PHILADELPHIA
HAMM MD, CHAS R	ALLEGHENY
HAMM MD, WM G	LYCDMING
HAMMAN MD, J SHUE	DAUPHIN
HAMME MD, ELMER G	YDRK
HAMMER MD, CARL	PHILADELPHIA
HAMMER MD, GLENN S	PHILADELPHIA
HAMMER MD, SAML F	BEAVER
HAMMERMAN MD, STEVEN	PHILADELPHIA
HAMMETT MD, JAMES H	ADAMS
HAMMETT MD, VANBUREN D	PHILADELPHIA
HAMMDND III MD, N LERDY	MDNTGDMERY
HAMMDND MD, CHAS P	LANCASTER
HAMMDND MD, JAMES M	DAUPHIN
HAMDY MD, ALICE G	CLEARFIELD
HAMDY MD, GEDRGE L	CLEARFIELD
HAMPSEY MD, JDHN A	NDRTHAMPTDN
HAMPSEY MD, JDS W	ALLEGHENY
HAMPTDN MD, JANET A	PHILADELPHIA
HAMPTDN MD, LDUIS J	YDRK
HAMSHER MD, C DAVID	MDNTGDMERY
HAMSHER MD, JAMES R	CRAWFDRD
HAMZAVI-ABEDI MD, SIAMAK	LACKAWANNA
HAN MD, CHDNG C	FRANKLIN
HAN MD, DALSDD	WESTMDRELAND
HAN MD, EUNG J	ALLEGHENY
HAN MD, SAMUEL I	BUTLER
HAN MD, SUM K	ALLEGHENY
HANACHE MD, JEANNE A	CHESTER
HANBY JR MD, W FDRWDDD E	MDNTGDMERY
HANCE MD, BURTIS M	NDRTHAMPTDN
HANCDCK MD, REGINALD A	ALLEGHENY
HANCDX MD, CECIL W	MDNTGDMERY
HAND MD, B MARVIN	PHILADELPHIA
HAND MD, HARDLD R	ADAMS
HAND MD, JDHN G	PHILADELPHIA
HAND MD, RDY H	MDNTGDMERY
HANDELSMAN MD, DLIVER	ALLEGHENY
HANDFDRD MD, H ALLEN	MDNTGDMERY
HANDLER MD, JAY J	PHILADELPHIA
HANES MD, KENNETH F	WESTMDRELAND
HANES MD, RDBT B	DELAWARE
HANG MD, NGDC N	PDTTER
HANGEN MD, NDRMAN M	BERKS
HANGEN MD, RUSSELL J	LUZERNE
HANHAUSEN JR MD, EDWARD H	MDNTGDMERY
HANISEK MD, WM F	NDRTHAMPTDN
HANKIN MD, SAML	MDNTGDMERY
HANLDN MD, JDHN J	CUMBERLAND
HANLON MD, PAUL A	LUZERNE
HANNA MD, CHAS M	PHILADELPHIA
HANNA MD, DWIGHT C	ALLEGHENY
HANNA MD, GED W	INDIANA
HANNA MD, HERBERT L	INDIANA
HANNA MD, RADUF E	LACKAWANNA
HANNA MD, ROBERT H	CHESTER
HANNA MD, SALAH G	WESTMDRELAND
HANNEN MD, ALLEN J	LYCDMING
HANNIGAN MD, MARTIN J	WASHINGTDN
HANNO MD, HARDLD A	PHILADELPHIA
HANNDN MD, JDHN W	WASHINGTDN
HANRAHAN MD, JAMES B	ALLEGHENY
HANSBERRY MD, JAMES T	LANCASTER
HANSELL MD, HENRY L	PHILADELPHIA
HANSEN MD, CARL A	BUCKS
HANSUN JR MD, CLARENCE W	PHILADELPHIA
HANSDN MD, TERESA S	CHESTER
HANZEL MD, GED D	CAMBRIA
HAPPEL MD, JDHN L	ALLEGHENY
HARADA MD, WM A	NDRTHAMPTDN
HARADIN MD, ANTHDNY R	ALLEGHENY
HARASYM JR MD, EMIL L	CDLUMBIA
HARBACH MD, HARRISDN F	ADAMS
HARDESTY MD, RDBERT L	ALLEGHENY
HARDIN MD, VIRGIL M	LEHIGH
HARDING MD, RDBT L	DAUPHIN
HARE MD, JEFFREY D	NDRTHAMPTDN
HARGLEROAD MD, JDHN A	CENTRE
HARGRAVE MD, HUGH J	LANCASTER
HARKCDM MD, RICHARD K	WASHINGTDN
HARKINS MD, FRANCIS A	CHESTER
HARKINS MD, HERBERT P	PHILADELPHIA
HARLAN MD, WM K	NDRTHAMPTDN
HARLEY MD, ROBISDN D	PHILADELPHIA
HARMAN MD, RDBT G	LEHIGH
HARMON MD, EDISDN H	ERIE
HARMDN MD, ELI B	MDNTGDMERY
HARMUTH MD, ARTHUR M	ALLEGHENY
HARNISH MD, DAVID M	LANCASTER
HARP MD, JAMES R	PHILADELPHIA
HARPER JR MD, JDHN J	WESTMDRELAND
HARPER MD, JAMES G	NDRTHAMPTDN
HARPER MD, JDHN B	MDNTGDMERY
HARPS MD, JAMES A	MDNRDE
HARRER JR MD, WM J	MERCER
HARRER MD, DANL C	PHILADELPHIA
HARRIGER MD, CLYDE E	CAMBRIA
HARRIGER MD, MILES D	LANCASTER
HARRING MD, MAYNARD L	SCHUYLKILL
HARRINGTDN MD, JDHN L	WARREN
HARRIS JR MD, JDHN H	CUMBERLAND
HARRIS MD, BARRY C	ALLEGHENY
HARRIS MD, CHESTER E	WESTMDRELAND
HARRIS MD, ELLWDDD G	PHILADELPHIA
HARRIS MD, FLDYD L	YDRK
HARRIS MD, H BYRDN	LUZERNE
HARRIS MD, HAROLD J	LUZERNE
HARRIS MD, HDWARD Y	LUZERNE
HARRIS MD, JAMES S	PHILADELPHIA
HARRIS MD, LAWRENCE K	BERKS
HARRIS MD, MARTIN E	BLAIR
HARRIS MD, MAX	DELAWARE
HARRIS MD, RICHARD H	MDNTGDMERY
HARRIS MD, RICHARD N	ALLEGHENY
HARRIS MD, STANLEY R	LEHIGH
HARRIS MD, WM T	BUCKS
HARRISDN JR MD, FRANCIS G	PHILADELPHIA
HARRISDN JR MD, FRANK S	MDNTGDMERY
HARRISDN JR MD, JDS	MDNTGDMERY
HARRISDN MD, ANTHDNY M	ALLEGHENY
HARRISDN MD, C SCDTT	DAUPHIN
HARRISDN MD, CYNTHIA	LANCASTER
HARRISDN MD, FRANK D	WESTMDRELAND
HARRISDN MD, JAMES L	LYCDMING
HARRISDN MD, PAUL D	ERIE
HARRISDN MD, TIMDTHY S	LEBANDN
HARRDP MD, DDNALD E	CHESTER
HARRY MD, HARRIET M	CENTRE
HARSHAW JR MD, EDWARD	DELAWARE
HARSHMAN MD, LERDY D	GREENE
HART MD, GED R	LAWRENCE
HART MD, PHILIP L	ALLEGHENY
HART MD, THDS M	YDRK
HARTER MD, ALAN C	ERIE
HARTER MD, EARL	ALLEGHENY
HARTER MD, LED	ALLEGHENY
HARTFORD MD, CHARLES E	DELAWARE
HARTFDRD MD, THDS B	BEAVER
HARTLE MD, JDHN E	BEDFDRD
HARTLEY MD, ARTHUR A	PHILADELPHIA
HARTMAN 2ND MD, SAML A	LEBANDN
HARTMAN MD, CHAS E	YDRK
HARTMAN MD, CLIFFORD C	ALLEGHENY
HARTMAN MD, CRAIG W	MDNTDUR
HARTMAN MD, H KING	WESTMDRELAND
HARTMAN MD, HARRY S	ALLEGHENY
HARTMAN MD, MICHAEL J	VENANGD
HARTMAN MD, NDRMAN A	ALLEGHENY
HARTMAN MD, OWEN W	FRANKLIN
HARTMAN MD, WM F	LANCASTER
HARTMANN JR MD, RICHARD W	CHESTER
HARTMANN MD, DAVID B	BUCKS
HARTNETT MD, RDBT W	CAMBRIA
HARTSDCK MD, RDBERT J	ALLEGHENY
HARTZ MD, LED M	LYCDMING
HARTZEL MD, DAVID L	CUMBERLAND
HARTZELL JR MD, GED W	LEHIGH
HARTZELL MD, DWIGHT J	PHILADELPHIA
HARVEY MD, EDITH E	PHILADELPHIA
HARVEY MD, HARVEY A	DAUPHIN
HARVEY MD, JAMES S	CENTRE
HARVEY MD, KENNETH L	LEHIGH
HARVEY MD, PAUL E	CLARION
HARVEY MD, RDLFE M	MDNTGDMERY
HARVEY MD, WM D	CENTRE
HARVEY MD, WM J	ALLEGHENY
HARWICK MD, RDBT D	PHILADELPHIA
HASABNIS MD, SUHAS P	BLAIR
HASAN MD, SAAD M	FRANKLIN
HASBUN MD, ELIAS	CAMBRIA
HASBUN MD, FRANKLYN A	PHILADELPHIA
HASELHUHN MD, DDNALD H	DAUPHIN
HASER MD, HEYWDDD A	ALLEGHENY
HASH MD, CECIL J	PHILADELPHIA
HASHMI MD, MAJID A	ALLEGHENY
HASKELL MD, BENJ	PHILADELPHIA
HASKIN MD, MARVIN E	PHILADELPHIA
HASKIN MD, MYRA R	MDNTGDMERY
HASSEL JR MD, CARL W	LANCASTER
HASSELBACHER MD, FRANK X	DAUPHIN
HASSEN MD, IRFAN W	BLAIR
HASSLER MD, CARL W	BERKS
HASTINGS JR MD, LEO J	LEHIGH
HASZ MD, RICHARD D	DAUPHIN
HATFIELD MD, CHARLES R	DAUPHIN
HATLEY MD, WALTER F	PHILADELPHIA
HATTDN MD, DUNCAN S	DELAWARE
HATTDUM MD, PITTAGDRE	WESTMDRELAND
HAUBER MD, CHAS A	ELK-CAMERDN
HAUCK MD, SAML M	LANCASTER
HAUER MD, MARLIN L	LEBANDN
HAUGER MD, HARDLD N	ALLEGHENY
HAUGHTDN MD, IRENA C	MDNTGDMERY
HAUK MD, WM L	ALLEGHENY
HAUPT JR DD, HARVEY R	BERKS
HAUPT MD, EARL D	SDMERSET
HAUPT MD, GED J	PHILADELPHIA
HAUPT MD, LAMAR E	BUCKS
HAUS MD, WM	ALLEGHENY
HAUSER MD, NDRMAN	MDNTGDMERY
HAUSER MD, RAYMDND J	BERKS
HAUSMAN MD, DAVID H	PHILADELPHIA
HAVENS JR MD, WALTER P	PHILADELPHIA
HAVER MD, PAUL M	BEAVER
HAVERTY DD, GARY F	JEFFERSDN
HAVRILLA MD, THDMAS R	ERIE
HAWK MD, BRAINARD D	ALLEGHENY
HAWK MD, DAVID L	YDRK
HAWKINS MD, JAMES G	ALLEGHENY
HAWKINS MD, WALTER D	DAUPHIN
HAWTHDRNE MD, HERBERT R	PHILADELPHIA
HAY MD, HARDLD S	SDMERSET
HAYASHI MD, T TERRY	ALLEGHENY
HAYES JR MD, ARTHUR H	DAUPHIN
HAYES JR MD, MARTIN F	PHILADELPHIA
HAYES MD, BRIAN L	PHILADELPHIA
HAYES MD, JAMES C	ALLEGHENY
HAYES MD, JAMES D	ALLEGHENY
HAYES MD, MARTIN F	PHILADELPHIA
HAYES MD, MERRILL B	DELAWARE
HAYES MD, WARREN H	LYCDMING
HAYESLIP MD, DAVID W	ALLEGHENY
HAYFDRD JR MD, HUGH	BLAIR
HAYLLAR MD, BENJ L	PHILADELPHIA
HAYMAN MD, HARRIS R	CHESTER
HAYMAN MD, HARRY B	BUCKS
HAYNICZ MD, PETER	MDNRDE
HAYS MD, E BLAINE	CUMBERLAND
HAYTHDRNTHWAITE MD, B MARY	CENTRE
HAZEN MD, S FRANK	CRAWFDRD
HAZLETT JR MD, WALTER S	WESTMDRELAND
HAZLETT MD, FRANK D	WASHINGTDN
HAZLETT MD, JANE	LUZERNE
HAZLETT MD, WM H	LUZERNE
HEADLEY MD, CHAUNCEY R	WASHINGTDN
HEAPS MD, KENNETH P	YDRK
HEARD MD, W DDN	BERKS
HEASLEY MD, KENNETH H	VENANGD
HEATH MD, ERLE M	ALLEGHENY
HEATH MD, RDBT D	MDNTDUR
HEATDN MD, VINCENT W	BLAIR
HEAZLETT MD, WM A	ALLEGHENY
HEBERLING MD, THDS P	LEBANDN
HECHLER MD, RDBT F	LUZERNE
HECHT MD, WARREN B	MDNTGDMERY
HECK MD, HARRY J	ALLEGHENY
HECKER MD, AUTHUR D	CHESTER
HECKLIN MD, DSCAR B	PHILADELPHIA
HECKSHER MD, RUDDLPH H	DELAWARE
HEDGES JR MD, THDMAS R	PHILADELPHIA
HEDRICK MD, GERALD W	BUCKS
HEDRICK MD, THDS A	CAMBRIA
HEERSINK MD, MARNIX E	PHILADELPHIA
HEFFERNAN MD, ANDREW H	LEHIGH
HEFFLEY MD, WM M	DAUPHIN
HEFFLIN MD, CHARLES M	ALLEGHENY
HEGARTY MD, FRANCIS A	ALLEGHENY
HEGGESTAD MD, GILMAN E	MDNTGDMERY
HEHN MD, ARTHUR C	PHILADELPHIA
HEIBEL MD, RICHARD H	ERIE
HEID MD, CHAS E	CLINTDN
HEIDENREICH MD, FRED P	ALLEGHENY
HEIDENREICH MD, H VINCENT	ALLEGHENY
HEILIGMAN MD, NATHAN H	LEHIGH
HEILMAN MD, HDWARD C	ARMSTRDNG
HEILMAN MD, JDHN D	ALLEGHENY
HEIM MD, HELEN L	FRANKLIN
HEIM MD, DSCAR E	PHILADELPHIA
HEIMAN MD, DDNALD F	PHILADELPHIA
HEIMBACH MD, GED Z	NDRTHAMPTDN
HEIMBACH MD, JAMES A	BLAIR
HEINBACH MD, RDBT A	NDRTHUMBERLAND
HEINBACH MD, WILFRED F	BERKS
HEINE MD, WM I	PHILADELPHIA
HEINEMAN JR MD, ARTHUR C	BEAVER
HEINEMAN MD, RICHARD W	ALLEGHENY
HEINKEL MD, HDWARD F	PHILADELPHIA
HEINLE JR MD, EDWARD W	BEAVER
HEINTZELMAN MD, GED W	LEHIGH
HEINZ MD, E RALPH	ALLEGHENY
HEISEY MD, JDHN C	BERKS
HEISEY MD, RDBT G	LEBANDN
HEISLEY MD, NELLIE CASSELL	WAYNE-PIKE
HEISTAND MD, LANDIS C	SCHUYLKILL

MEISTER MD, JDS B	WESTMORELAND	MESSION MD, HENRY M	PHILADELPHIA	MOFFMAN MD, CHAS M	LANCASTER
MEISTERKAMP III MD, CHAS A	LANCASTER	METHERINGTON MD, ARTHUR F	ALLEGHENY	MOFFMAN MD, CHAUNCEY	CAMBRIA
MELFFRICH MD, RICHARD S	BLAIR	METRICK MD, WM D	ALLEGHENY	MOFFMAN MD, DAVID J	YORK
MELFRICH MD, JOS A	BEAVER	METZLER MD, NORMAN A	BEAVER	MOFFMAN MD, FRANKLIN D	ALLEGHENY
MELFRICK MD, MARLIN W	MIFFLIN-JUNIATA	MEWSON MD, WM C	CHESTER	MOFFMAN MD, GILBERT M	NORTHAMPTON
MELLER MD, ALVIN G	PHILADELPHIA	MEY JR MD, E BERRY	BERKS	MOFFMAN MD, GLENN H	LEBANON
MELLER MD, ELWYN L	ALLEGHENY	MEYDT JR MD, ERNEST H	MONTGOMERY	MOFFMAN MD, MDWARD L	FRANKLIN
MELLER MD, HENRY K	NORTHAMPTON	MEYDT MD, STUART	MONTOUR	MOFFMAN MD, J DAVID	PHILADELPHIA
MELLER MD, MELVIN S	PHILADELPHIA	MEYL JR MD, FRANK E	ALLEGHENY	MOFFMAN MD, JAMES P	MONTGOMERY
MELLEK MD, RDBT S	PHILADELPHIA	MEYL MD, W MEREDITH	PHILADELPHIA	MOFFMAN MD, JOHN E	NORTHAMPTON
MELLMAN MD, LED A	MC KEAN	MIBBARD MD, ALANSON O	CRAWFORD	MOFFMAN MD, KELSE M	VENANGO
MELM JR MD, JOHN D	LANCASTER	MIBBS MD, JOHN B	FAYETTE	MOFFMAN MD, RICHARD R	YORK
MELM MD, ROBT C	LANCASTER	MICKEY JR MD, DANL	MONTGOMERY	MOFFMAN MD, RICHARD R	LEBANON
MELMBOLD MD, THEDDORE R	ALLEGHENY	MICKEY MD, ANDREW E	YORK	MOFFMAN MO, STANLEY A	PHILADELPHIA
MELMI MD, S MEHDI	ALLEGHENY	MICKEY MD, JOHN S	PHILADELPHIA	MOFFMAN MD, WM J	WESTMORELAND
MELMICK MD, WAYNE W	BEAVER	MICKOK JR MD, ROBERT L	PHILADELPHIA	MOFFMAN MD, WM W	LEHIGH
MELRICH MD, MARTIN	PHILADELPHIA	MICKOK MD, ROBT L	LACKAWANNA	MOFFMASTER MD, ALFRED L	LAWRENCE
MELWIG JR MD, JOHN	PHILADELPHIA	MIDALGO MD, MORACID A	BUCKS	MOFFMEIER MD, CHAS L	PHILADELPHIA
MELWIG MD, FRED G	LEHIGH	MIDAYAT MD, AHMED A	DELAWARE	MOFMAN MD, WALTER I	MONTGOMERY
MELZNER MD, RICHARD C	BUCKS	MIDLAY MD, RAYMOND G	LACKAWANNA	MOFMANN MD, JAMES W	YORK
MEMLER MD, PAUL M	DAUPHIN	MIEHLE MD, JOHN F	BERKS	MOFSTETTER MD, ALEXANDER M	ALLEGHENY
MEMMERLY MD, WM C	NORTHAMPTON	MIEMENZ MD, DONALD W	MONROE	MOHING MD, CHAS C	ALLEGHENY
MEMPHILL MD, RICHARD W	ALLEGHENY	MIGH MD, JOHN D	LYCOMING	MOHMAN MD, KARL V	WASHINGTON
MENDERSON MD, ELLSWORTH W	ERIE	MIGHBERGER MD, EDGAR S	WESTMORELAND	MOHMANN MO, THOS C	ALLEGHENY
MENDERSON MD, JONATHAN K	CLEARFIELD	MILAL MD, ELIAS Y	ALLEGHENY	MOJAT MD, SAIED M	FRANKLIN
MENDERSON MD, K WAYNE	LYCOMING	MILBERG MD, ROBT W	ALLEGHENY	MOKE JR MD, HUGH H	LANCASTER
MENDERSON MD, PETER B	ALLEGHENY	MILDEBRANDT MD, RICHARD J	DAUPHIN	MOLCOMBE JR MD, GUY T	CHESTER
MENDERSON MD, ROBT E	LAWRENCE	MILDRETH MD, EUGENE A	BERKS	MOLDER MD, ARTHUR J	LANCASTER
MENDERSON MD, RUGH A	DAUPHIN	MILE MD, H EUGENE	ALLEGHENY	MOLFELNER MD, EDWARD D	PHILADELPHIA
MENDERSON MD, SAMUEL G	ALLEGHENY	MILEMAN MD, JAMES D	ERIE	MOLFORD MD, FRED D	BERKS
MENDERSON MD, THEODORE A	MONTGOMERY	MILES MD, DAVID A	ALLEGHENY	MOLL MD, PAUL F	ALLEGHENY
MENDERSON MD, WM H	DELAWARE	MILL JR MD, RUSSELL W	DELAWARE	MOLLAND JR MD, WM T	CRAWFORD
MENDLER MD, BARRY H	PHILADELPHIA	MILL MD, DANL E	LYCOMING	MOLLAND MD, CLARENCE A	LEHIGH
MENDRICKS JR MD, GILBERT L	CENTRE	MILL MD, E MERTON	LEHIGH	MOLLAND MD, EDWARD F	YORK
MENDRICKS JR MD, WM C	ERIE	MILL MD, EDWARD	CAMBRIA	MOLLAND MD, MARK P	SCHUYLKILL
MENDRICKS MD, CHAS S	BLAIR	MILL MD, JOHN B	ALLEGHENY	MOLLAND MD, PAULINE M	ALLEGHENY
MENDRICKS MD, ROBT T	CRAWFORD	MILL MD, RDBT J	BLAIR	MOLLAND MD, PHILIP B	ALLEGHENY
MENDRICKSON MD, DONALD C	FRANKLIN	MILL MD, WALTER C	YORK	MOLLANDER MD, GEO	PHILADELPHIA
MENDRICKSON MD, FRANK D	DELAWARE	MILL MD, WM R	JEFFERSON	MOLLANDER MD, JOS L	PHILADELPHIA
MENDRY MD, STANLEY G	ALLEGHENY	MILLER JR MD, WALTER W	ALLEGHENY	MOLLEN MD, ROBT A	CUMBERLAND
MENNESSEY MD, MARK A	LACKAWANNA	MILLIG MD, JOHN E	BERKS	MOLLERAN MD, BERNARD L	LUZERNE
MENNIGAN MD, JOHN J	LACKAWANNA	MILLYER MD, PETER N	CHESTER	MOLLINGSWORTH MD, NORMAN B	PHILADELPHIA
MENNINGER MD, FRANK M	CENTRE	MILTON MD, ALEXANDER E	ALLEGHENY	MOLLIS MD, CHAS B	PHILADELPHIA
MENNINGER MD, JAMES M	ALLEGHENY	MILTON MD, STEPHEN A	ALLEGHENY	MOLLSTEIN MD, FRANK E	ALLEGHENY
MENNINGER MD, WM H	BERKS	MIMELFARB MD, MILLARD M	FRANKLIN	MOLM MD, ERIC K	CAMBRIA
MENNUN MD, DON L	ALLEGHENY	MIMES JR MD, RALPH F	BLAIR	MOLM MD, WM W	MONTGOMERY
MENNIQUES MD, ERROL O	CAMBRIA	MIMMELSTEIN MD, EUGENE	DELAWARE	MOLMAN MD, CHAS S	LACKAWANNA
MENRY JR MD, EDGAR S	ALLEGHENY	MINCHBERGER MD, PAUL A	BUTLER	MOLMBERG MD, DONALD E	MONTGOMERY
MENRY JR MD, LELAND T	ALLEGHENY	MINCHCLIFFE JR MD, JAMES H	PHILADELPHIA	MOLMES MD, JOHN J	LACKAWANNA
MENRY MD, LELAND T	ARMSTRONG	MINCHLIFFE MD, JDS G	ALLEGHENY	MOLMES MO, RDBT B	VENANGO
MENRY MD, WALTER J	MC KEAN	MINDERER MO, KENNETH H	ALLEGHENY	MOLMES MD, ROBT H	PHILADELPHIA
MENSEL MD, PHILIP K	DAUPHIN	MINEBAUGH JR MD, MAHLON C	PHILADELPHIA	MOLMES MD, WILLIAM F	MONTGOMERY
MENSTELL MD, PHILIP	LACKAWANNA	MINEMAN MD, MARQUIS W	BEAVER	MOLROYDE MD, CHRISTOPHER P	PHILADELPHIA
MENTHURNE MD, JOHN C	LAWRENCE	MINES MD, JDS F	LACKAWANNA	MOLST MD, HAZEL I	DELAWARE
MENTOSH MD, JOHN P	LEHIGH	MINGSON JR MD, RDBT A	ALLEGHENY	MOLST MO, ROBERT A	WESTMORELAND
MEPBURN MD, JAMES M	ALLEGHENY	MINKENS MO, GEO F	ALLEGHENY	MOLSTEIN MD, JAMES J	DELAWARE
MEPP MD, JDS A	ALLEGHENY	MINKLE DD, RICHARD S	MONTOUR	MOLT MD, ALLEN H	MERCER
MEPPENSTALL MD, RONALD B	PHILADELPHIA	MINMAN MD, LOUIS F	PHILADELPHIA	MOLT MD, GORDON P	PHILADELPHIA
MEPPNER MD, RICHARD L	ALLEGHENY	MINSMAN JR MD, JOHN A	BRADFORD	MOLT MD, JOHN E	ALLEGHENY
MERB MO, ROBERT W	ALLEGHENY	MINTON MD, DRURY	DELAWARE	MOLT MD, NANCY C	ALLEGHENY
MERBERT MD, ANITA J	MC KEAN	MIPOLITO MD, AURORA T	CLEARFIELD	MOLT MO, WILLIAM E	PHILADELPHIA
MERBISON MO, GERALD J	PHILADELPHIA	MIPOLITO MD, ERNESTO A	CLEARFIELD	MOLZINGER MD, ELMER J	ALLEGHENY
MERBST MO, BERNADETTE A	PHILADELPHIA	MIPP MD, THOMAS J	BUCKS	MOMA OD, DANIEL J	CRAWFORD
MERCEG MO, STEPHEN J	DAUPHIN	MIPPLE MD, MARY A	PHILADELPHIA	MOMILY MD, BLESSING	VENANGO
MERGESHEIMER MD, LESTER	PHILADELPHIA	MIPPLE MD, RANDALL F	LYCOMING	MOMMER JR MO, J SCOTT	BLAIR
MERING MO, NORTON	DELAWARE	MIPPS MO, JOHN G	ERIE	MONG MD, KEUMSOON	PHILADELPHIA
MERLEY MD, PAUL J	CHESTER	MIROKAWA MD, RONALD H	CAMBRIA	MONG MD, SOO W	LYCOMING
MERMAN MD, CARL O	PHILADELPHIA	MIRSCH MD, IRWIN L	LANCASTER	MONG MD, SUNG H	ALLEGHENY
MERMAN MD, CHARLES W	PHILADELPHIA	MIRSCH MD, JACK H	ERIE	MONGBARCO MD, PABLO	ALLEGHENY
MERMAN MD, HAROLD	PHILADELPHIA	MIRSCH MD, STANLEY A	ALLEGHENY	MONIGMAN MD, FREDERIC H	PHILADELPHIA
MERMAN MD, HARRY	PHILADELPHIA	MIRSCH MD, STUART D	ALLEGHENY	MOOBLER MD, JAMES L	CHESTER
MERMAN MD, JERRY H	PHILADELPHIA	MIRSCH MD, WM P	CAMBRIA	MOOD MD, HENRY L	MONTOUR
MERMAN MO, JULIUS	ALLEGHENY	MIRSH MD, HERMAN	PHILADELPHIA	MOON MD, WILLIAM L	ALLEGHENY
MERMAN MO, ROBT S	DAUPHIN	MIRSH MD, LEONARD F	PHILADELPHIA	MOOPER MD, JOSEPH R	YORK
MERMAN MD, ROMAN K	NORTHAMPTON	MIRSH MD, STEVEN L	PHILADELPHIA	MOOTMAN MD, BARRY D	ALLEGHENY
MERMAN MD, RONALD J	YORK	MIRST MD, JOHN C	PHILADELPHIA	MOOTMAN MD, J KENNETH	ALLEGHENY
MERMAN MD, STEPHEN P	VENANGO	MISRICH MD, GLENN D	WASHINGTON	MOOVER II MO, BENJAMIN A	YORK
MERMAN MD, WALTER M	PHILADELPHIA	MITCHCOCK MD, JOHN	ALLEGHENY	MOOVER MD, CARL H	LANCASTER
MERMANN MO, GED A	PHILADELPHIA	MITCHNER MD, LEWIS C	DELAWARE	MOOVER MD, DEAN S	YORK
MERMANN MO, IRVIN F	PHILADELPHIA	MITZROT MD, LEWIS H	PHILADELPHIA	MOOVER MD, LAOD E	NORTHAMPTON
MERMANOVICH JR MD, JOHN	DELAWARE	MNELESKI JR MD, IGNATIUS S	CHESTER	MOOVER MD, PAUL S	YORK
MERMEL MO, MORTIMER B	PHILADELPHIA	MNELESKI MD, IGNATIUS S	PHILADELPHIA	MOOVER MD, PHILIP A	YORK
MERNANDEZ MD, WILBERT E	LUZERNE	MO MD, MONTO	ALLEGHENY	MOOVLER MD, PHILIP W	BLAIR
MEROLO MO, SANFORD L	PHILADELPHIA	MO MD, RAYMONO C	ERIE	MOPKINS MD, FRANK T	MONTGOMERY
MERR MD, JOHN R	YORK	MO MD, SZE-KEY	ERIE	MOPKINS MO, JOHN E	MONTGOMERY
MERRERA MD, ANIBAL F	PHILADELPHIA	MO MO, YEE C	WASHINGTON	MOPKINS MO, WALLACE E	YORK
MERRING MO, ALLEN B	PHILADELPHIA	MOBART MD, JOHN H	NORTHAMPTON	MOPKINSON 3RD MD, JOHN H	MONTGOMERY
MERROLO MO, LEWIS C	YORK	MOBBS MD, JOS H	SCHUYLKILL	MOPPER MO, BRUCE D	MONTGOMERY
MERROLO MD, SHERMAN E	OAUPHIN	MOBBS MO, ROBT E	SCHUYLKILL	MORA MO, JAMES F	LUZERNE
MERROLD MO, WARREN C	YORK	MOBBS MD, THOMAS R	DAUPHIN	MORAN MD, CHAS A	PHILADELPHIA
MERRON JR MD, JAMES R	PHILADELPHIA	MOBERMAN MD, EDWARD	CLINTON	MORAN MD, GERALD W	PHILADELPHIA
MERRON MO, EUGENE W	WESTMORELAND	MOBERMAN MD, MAURY	CHESTER	MORAN MO, H WALTER	LUZERNE
MERRON MD, FRANK T	ALLEGHENY	MOCH MD, AARON A	LYCOMING	MORCHUS MD, DONALD D	LACKAWANNA
MERSCHMANN MD, KATHARINE	PHILADELPHIA	MOCH MO, CARL W	ALLEGHENY	MORENSTEIN OD, MITCHELL	PHILADELPHIA
MERSH MD, J JOSEPH	ALLEGHENY	MOCH MO, JOHN J	NORTHAMPTON	MORMAN MD, MARC J	MONTGOMERY
MERSHENSON MD, LEE M	ALLEGHENY	MOCH MD, PAUL G	ALLEGHENY	MORMOZDI MD, FRAYDDON	BEAVER
MERSHEY MO, RICHARD E	ALLEGHENY	MOCH MO, VINCENT A	BUTLER	MORN III MO, FRANK W	OAUPHIN
MERSHFIELD MD, DAVID H	LACKAWANNA	MOCH MD, WILLIS S	BERKS	MORN JR MD, EDWARD T	MONROE
MERSKOVITZ MD, HERBERT	PHILADELPHIA	MOCHBERG MD, ROBT O	PHILADELPHIA	MORN MD, RICHARD H	ALLEGHENY
MERSON MD, STEVE D	MONTGOMERY	MOCHMAN MD, MOSES	ALLEGHENY	MORNE MD, LLOYD M	ALLEGHENY
MERSPERGER MD, WEBB S	CUMBERLAND	MOCKENBERRY MO, RALPH E	MC KEAN	MORNER JR MO, DANL W	MONTGOMERY
MERTZ MD, CHAS S	LEHIGH	MODES MD, PHILIP J	PHILADELPHIA	MORNER JR MO, FRANK S	ALLEGHENY
MERZEL JR MD, FRANK B	DAUPHIN	MODGE MD, CLARE C	MONTGOMERY	MORNER MO, BARBARA A	CAMBRIA
MERZOG MO, ROBT S	PHILADELPHIA	MODGE MD, IAN G	LANCASTER	MORNER MO, GEORGE J	PHILADELPHIA
MESBACHER MD, EDWIN N	MONTOUR	MODGENS MD, HELEN L	PHILADELPHIA	MORNICEK MD, FRANCIS J	ALLEGHENY
MESKEL MD, MILTON M	PHILADELPHIA	MODGES MO, JOHN H	PHILADELPHIA	MORNICK MD, NEWTON	ALLEGHENY
MESLOP MD, ROBT C	ALLEGHENY	MODGSON MD, JOHN P	ALLEGHENY	MORDWITZ DO, GARY R	PHILADELPHIA
MESS JR MO, O ROBERT	FRANKLIN	MOEFFEL JR MO, JOS M	PHILADELPHIA	MORRIGAN MD, FRANCIS E	ALLEGHENY
MESS JR MD, GRANT E	WASHINGTON	MOENSTINE MD, ARTHUR C	LAWRENCE	MORST MD, ELMER L	BERKS
MESS MD, AMMON G	LANCASTER	MOEKNER MD, GEO H	YORK	MORTON MO, KEITH A	PHILADELPHIA
MESS MD, CHESTER C	INDIANA	MOERNER MD, OSCAR G	CUMBERLAND	MORVAT MD, ARTHUR J	LUZERNE
MESS MD, DOUGLAS B	FRANKLIN	MOERNER MD, RALPH W	PHILADELPHIA	MORVATH MD, RONALD J	PHILADELPHIA
MESS MD, FLOYD M	NORTHAMPTON	MOFF MD, HENRY B	YORK	MORWIN MD, SAML	CAMBRIA
MESS MD, GED W	MONTGOMERY	MOFFA MD, JOHN A	MONTGOMERY	MORWITZ MD, JOHN J	ALLEGHENY
MESS MO, IVAN W	MONTGOMERY	MOFFMAN JR MD, GED L	PHILADELPHIA	MORWITZ MD, MILTON R	BUCKS
MESS MD, JEFFREY B	MONTOUR	MOFFMAN JR MD, HARRY H	LANCASTER	MORWITZ MD, ORVILLE	PHILADELPHIA
MESS MD, JOS B	LANCASTER	MOFFMAN JR MD, LEWIS A	DAUPHIN	MOSFELD MD, S MARJORIE	MONTGOMERY
MESS MO, PAUL G	LANCASTER	MOFFMAN JR MO, NICHOLAS F	PHILADELPHIA	MOSHIND MD, ARTHUR Y	WARREN
MESS SR MO, OAVID R	FRANKLIN	MOFFMAN MD, CARL J	MONTGOMERY	MOSIER MD, CARL L	LACKAWANNA

HDSNER MD, JAMES W MDNTGDMERY
HDST MD, WM R WYDMING
HDSTELLEY MD, RICHARD MDNTGDMERY
HDSTETTER MD, ABRAM M LEBANDN
HDTTENSTEIN MD, DANL W DAUPHIN
HDTTENSTEIN MD, ESTHER DAUPHIN
HDTTENSTEIN MD, HENRY F DAUPHIN
HDTTENSTEIN MD, RAHN L DAUPHIN
HDU MD, CHING W ERIE
HDUCK MD, E KARL BERKS
HOUCK MD, EARL E JEFFERSDN
HDUGAARD MD, JDHN P BUCKS
HDUGH MD, RDDNEY K CUMBERLAND
HDUIDES MD, ATHANASIDS C LEHIGH
HDULE MD, LAURENT B PHILADELPHIA
HDULIHAN MD, CARL T DELAWARE
HDULIHAN MD, RDBERT E PHILADELPHIA
HDUSE MD, BENJ PHILADELPHIA
HDUSE MD, DIANE B DELAWARE
HDUSEL MD, EDMUND L PHILADELPHIA
HDUSER MD, BENJ P CARBDN
HDUSER MD, JAMES J VENANGD
HDUSER MD, JDHN W ALLEGHENY
HDUSER MD, L MURRAY PHILADELPHIA
HUUSMAN MD, JDHN H LANCASTER
HDUSTDN MD, JAMES L WESTMDRELAND
HDUSTDN MD, JDHN B MDNTDUR
HDUSTDN MD, R RDSS LAWRENCE
HDWANITZ MD, EMIL P LUZERNE
HDWANITZ MD, MICHAEL P DAUPHIN
HDWARD MD, LAWRENCE J LACKAWANNA
HOWARD MD, THDS K YDRK
HOWDEN MD, RICHARD F MDNTGDMERY
HDWE MD, J DALE NDRTHAMPTDN
HOWE MD, WM L CLEARFIELD
HDWELL MD, WM M LACKAWANNA
HDWER MD, RDBERT D ALLEGHENY
HDYER MD, PAUL J PHILADELPHIA
HOYLE MD, J PRESTDN UNION
HDYT MD, CREIG S BEAVER
HDYT MD, RALPH C BERKS
HRICKD MD, MICHAEL J CENTRE
HSU MD, SHIEN S WASHINGTDN
HU MD, WEI-TZER SCHUYLKILL
HUANG MD, CHAN F LACKAWANNA
HUANG MD, MING Y MDNTGDMERY
HUBBARD MD, CHAS C FAYETTE
HUBBARD MD, JDHN P PHILADELPHIA
HUBER JR MD, FRANCIS G YDRK
HUBER MD, DAVID S ALLEGHENY
HUBER MD, DDNALD J ALLEGHENY
HUBER MD, GERARD N WESTMDRELAND
HUBER MD, RICHARD L LACKAWANNA
HUBER MD, WM B ALLEGHENY
HUBSHER MD, JERDME A DELAWARE
HUCK MD, GED F MDNTGDMERY
HUDDCK JR MD, EMANUEL B MDNTGDMERY
HUDOCK JR MD, GED E LUZERNE
HUDSDN JR MD, HDWARD E LEHIGH
HUDSDN JR MD, HDWARD L ERIE
HUDSON MD, CLIFFDRD C YDRK
HUDSDN MD, GED H CAMBRIA
HUEBNER MD, JOHN J CAMBRIA
HUFF MD, A WILLIAMSDN ALLEGHENY
HUFF MD, LYNN H ALLEGHENY
HUFF MD, S GDRDDN MC KEAN
HUFFER MD, DDNALD H YDRK
HUFFMAN MD, CHAS R GREENE
HUFFNAGLE MD, HENRY W LANCASTER
HUGHES MD, BDLAND PHILADELPHIA
HUGHES MD, DAVID C INDIANA
HUGHES MD, EUGENE P PHILADELPHIA
HUGHES MD, GED V ALLEGHENY
HUGHES MD, JDS F PHILADELPHIA
HUGHES MD, JDS P WASHINGTDN
HUGHES MD, PATRICK H ALLEGHENY
HUGHES MD, RDGER L CLEARFIELD
HUGHES MD, WM L CAMBRIA
HUGHES MD, WM M WESTMDRELAND
HUGHEY MD, JAMES R WASHINGTDN
HUH MD, SUN H JEFFERSDN
HULL MD, BEN L BLAIR
HULLEY JR MD, WM C ALLEGHENY
HULNICK MD, STUART J PHILADELPHIA
HUME MD, JDHN M DAUPHIN
HUMES MD, ALEXANDER B ALLEGHENY
HUMMELL DD, JDSEPH C DELAWARE
HUMMER JR MD, CHAS D DELAWARE
HUMPHREYS MD, EARL A ALLEGHENY
HUMPHRIES MD, THDMAS J PHILADELPHIA
HUNDLEY MD, J WARREN PHILADELPHIA
HUNSBERGER MD, CHAS L CAMBRIA
HUNSBERGER MD, JDS L MDNTGDMERY
HUNSICKER MD, LLEWELLYN W MDNRDE
HUNSICKER MD, MARY T MDNRDE
HUNSICKER MD, RDBT C NDRTHAMPTDN
HUNT JR MD, WM T PHILADELPHIA
HUNT MD, JDSIAH A YDRK
HUNT MD, RDBT E BUTLER
HUNT MD, WM MDNTDUR
HUNT MD, WM R ALLEGHENY
HUNTER JR MD, JDHN R MIFFLIN-JUNIATA
HUNTER MD, DORIS M ALLEGHENY
HUNTER MD, HARRY H CHESTER
HUNTER MD, JAMES M PHILADELPHIA
HUNTER MD, JDHN S BERKS
HUNTER MD, KENNETH A ALLEGHENY
HUNTER MD, MARVIN T BUCKS
HUNTER MD, RDBT G CDLUMBIA
HUNTER MD, RDBT J PHILADELPHIA
HUNTLEY MD, ARTHUR C MDNTGDMERY
HUNTZBERGER MD, SAML S BERKS
HUOT MD, DAVID A ALLEGHENY
HUREWITZ MD, SYLVAN J PHILADELPHIA
HURITE MD, FRANCIS G ALLEGHENY
HURLEY MD, HARRY J DELAWARE
HURLOCK MD, JDAN E PHILADELPHIA
HURST JR MD, J PAUL MDNTGDMERY
HURST MD, JDHN W BLAIR
HURWITZ MD, ABRAHAM PHILADELPHIA
HURWITZ MD, LARRY E ALLEGHENY
HUSAIN MD, ABID M SCHUYLKILL
HUSAIN MD, AKHTER F WARREN
HUSHION MD, WM F DELAWARE
HUST MD, FREDERICK S BUTLER
HUSTDN MD, CHAS C CLARIDN
HUTCHINSDN 3D DD, HARRY J CHESTER
HUTCHISDN MD, JAMES C MDNTGDMERY
HUTCHISDN MD, WM A LANCASTER
HUTH MD, EDWARD J PHILADELPHIA
HUTTDN MD, JDHN E YDRK
HUYEN MD, TRAN T ALLEGHENY
HWAN MD, JUNG J LACKAWANNA
HYATT MD, FLDYD R ERIE
HYATT MD, RDBT W PHILADELPHIA
HYDDVITZ MD, JERRDLD D ALLEGHENY
HYETT MD, MARVIN R PHILADELPHIA
HYKES MD, JAMES I MDNTGDMERY
HYLTDN MD, CASIMER PHILADELPHIA
HYMAN MD, HARDLD L PHILADELPHIA
HYMAN MD, HERBERT L LEHIGH
HYMAN MD, JACDB G LUZERNE

I

IAMS MD, WM B DAUPHIN
IANCU MD, ALBERT L ALLEGHENY
IANNUZZI MD, C CHARLES ALLEGHENY
IBANEZ MD, MELCHISEDEC MC KEAN
ICHTER MD, JDS T DAUPHIN
ICLI MD, NAOIR WESTMDRELAND
IDREES MD, MUHAMMAD ALLEGHENY
IDUCOVICH MD, NICHOLAS WESTMDRELAND
IGLESIAS MD, MANUEL LANCASTER
IGNATIUS MD, PAUL F WARREN
ILKHANIPDUR MD, CYRUS ALLEGHENY
ILYAS MD, MDHAMMAD ALLEGHENY
IMBEK MD, IRVING BERKS
IMBDDEN MD, SAML H BERKS
IMBRIE MD, DAVID E BUTLER
IMBRIGLIA JR MD, JDSEPH E ALLEGHENY
IMBRIGLIA MD, JDSEPH E LUZERNE
IMMERMAN MD, SAML L PHILADELPHIA
IMPERATD MD, PASCAL J CHESTER
IMPERIALE MD, SALVATDRE M LUZERNE
IMPINK MD, RDBT R BERKS
INDDRATD MD, LERDY S ALLEGHENY
INGAGLID MD, PHILIP E PHILADELPHIA
INGALLS MD, WARREN J FRANKLIN
INGERSDLL MD, CHAS J PHILADELPHIA
INGHAM MD, ALBERT J VENANGD
INGDLDSBY MD, EUGENE C BLAIR
INGRAHAM JR MD, NDRMAN R PHILADELPHIA
INGRAM JR MD, ALBERT L CENTRE
INGRAM MD, DAVID N WASHINGTDN
INNIS MD, PATRICIA A BERKS
INDUYE MD, WM Y PHILADELPHIA
INSLEY JR MD, MARIDN C DAUPHIN
IDBST MD, CHAS W NDRTHAMPTDN
IDBST MD, JDSEPH I MDNTDUR
IDZZI MD, LDUIS DELAWARE
IRANI MD, RDSHEN N PHILADELPHIA
IREY JR MD, PHILIP M CDLUMBIA
ISAACS MD, CHAS T DAUPHIN
ISAACS MD, GILBERT H ALLEGHENY
ISAACSDN MD, HDWARD PHILADELPHIA
ISAACSDN MD, STANFDRD ALLEGHENY
ISAKUV MD, ASPARUH D BLAIR
ISARD MD, HARDLD J PHILADELPHIA
ISARIYAWDNGSE MD, PRAKORB FAYETTE
ISENBERG MD, CHESTER L HUNTINGDDN
ISHLER MD, H RICHARD CENTRE
ISIDRD MD, EUGENID G LAWRENCE
ISKANDRIAN MO, GRETA P PHILADELPHIA
ISLAMDFF MD, IGDR I CAMBRIA
ISMAIL-BEIGI MD, FARHAD ALLEGHENY
ISRAEL MD, HAROLD L PHILADELPHIA
ISRAEL MD, MICHAEL DAUPHIN
ISRAEL MD, RDBT H WARREN
ITKIN MD, IRVING H PHILADELPHIA
ITSKDWITZ MD, ALAN L ALLEGHENY
IVEY MD, TIMDTHY ALLEGHENY
IVINS MD, J LEDNARD DELAWARE
IVINS MD, JDS L DELAWARE
IVINS MD, SAML P DELAWARE
IVKER MD, MILTDN PHILADELPHIA
IVKER MD, MORRIS MDNTGDMERY

J

JABLDN MD, NDRMAN C MDNTGDMERY
JABLDNSKI MD, LAWRENCE F ALLEGHENY
JABLDNSKI MD, RICHARD R ALLEGHENY
JABLONSKY MD, ALBERT WESTMDRELAND
JABRI MD, SABAH E ARMSTRDNG
JACEY MD, SIGMUND M SCHUYLKILL
JACKIER MD, LEDNARD J LUZERNE
JACKLINE JR MD, JDS J ALLEGHENY
JACKSDN MD, FRANK W DAUPHIN
JACKSDN MD, GED L DAUPHIN
JACKSDN MD, MERWIN R CHESTER
JACKSDN MD, PAUL W DELAWARE
JACKSDN MD, WM G ERIE
JACDB JR MD, HERBERT E ALLEGHENY
JACOB MD, WALTER L ALLEGHENY
JACDBIUS MD, HENRY F NDRTHAMPTDN
JACOBS MD, CLYDE H NDRTHUMBERLAND
JACDBS MD, DAVID ALLEGHENY
JACDBS MD, E GARDNER PHILADELPHIA
JACDBS MD, FRANCIS CHESTER
JACDBS MD, GEDRGE A J ALLEGHENY
JACDBS MD, IRVIN LUZERNE
JACDBS MD, JDHN B MDNTGDMERY
JACDBS MD, LEWIS M MDNTGDMERY
JACDBS MD, RICHARD P ALLEGHENY
JACDBS MD, RDBT V SDMERSET
JACDBS MD, STANLEY R PHILADELPHIA
JACDBSDN MD, HDRACE H BRADFDRD
JACDBSDN MD, PHILIP LYCDMING
JACDBY MD, JAY PHILADELPHIA
JACQUES MD, GED A ALLEGHENY
JAEGER MD, EDWARD A DELAWARE
JAEGER MD, RDBT M LEHIGH
JAFARNIA MD, MDHAMED R BEAVER
JAFFARI MD, MDHAMMED PHILADELPHIA
JAFFE DDS, MICHAEL L PHILADELPHIA
JAFFE MD, BERYL PHILADELPHIA
JAFFE MD, LDUIS MDNTGDMERY
JAFFE MD, MARVIN E PHILADELPHIA
JAFFE MD, MAURICE PHILADELPHIA
JAGDISH MD, KALKUNTE R BRADFDRD
JAGEMAN MD, JAMES R ERIE
JAGEMAN MD, JDHN C ERIE
JAHANGER MD, MDHAMMED S PHILADELPHIA
JAIN MD, MDHN H LEHIGH
JAKAB MD, IRENE ALLEGHENY
JAKABCIN MD, JDHN A BUCKS
JAKUBCHAK MD, JAMES J ALLEGHENY
JALBUENA MD, RDBT C PHILADELPHIA
JAMALI MD, ANMAR A DELAWARE
JAMBRD MD, RDBT D BUCKS
JAMES 3RD MD, THDS I PHILADELPHIA
JAMES DD, EDWARD E ALLEGHENY
JAMES MD, FRANK S PHILADELPHIA
JAMES MD, RUSSELL E LUZERNE
JAMESDN MD, E CARLETDN LANCASTER
JAMISDN 2ND MD, JAMES B BEAVER
JAMSHIDI MD, JAVAD PHILADELPHIA
JAN MD, RDNALD S PHILADELPHIA
JANA MD, BARID B FAYETTE
JANEWAY MD, TIMDTHY ALLEGHENY
JANJIGIAN MD, EDWARD R LUZERNE
JANNELLI MD, ANGELA F PHILADELPHIA
JANNETTA MD, PETER J ALLEGHENY
JANDSKD MD, RUDDLPH E ALLEGHENY
JAQUISS MD, GEDRGE W ALLEGHENY
JARMALDWSKI MD, CHESTER R ALLEGHENY
JARMAN MD, MARTHA L BUCKS
JARVIS MD, F WAYNE PHILADELPHIA
JARYMDVYCH MD, JARDSLAW I PHILADELPHIA
JAURIGUE MD, VENERANDD G PHILADELPHIA
JAVAN MD, MEHDI B WESTMDRELAND
JAVIAN JR MD, THDMAS A BUCKS
JAY JR MD, WENDELL T BERKS
JAYABDSE MD, SDMASUNDARAM SDMERSET
JAZAYERY MD, ALI BUCKS
JEFFERIES 3D MD, GED E DAUPHIN
JEFFERIS MD, EARL S LEHIGH
JEFFREY MD, MARY E CHESTER
JEFFREY MD, WM L MDNRDE
JEFFREYS MD, WM H MDNTDUR
JEFFRIES MD, GRAHAM H DAUPHIN
JELEN MD, JDS A PHILADELPHIA
JENA MD, MILTDN ALLEGHENY
JENKINS JR MD, RDBT J ALLEGHENY
JENKINS MD, B WHEELER PHILADELPHIA
JENKINS MD, JAY L ERIE
JENNEY MD, FLDRENCE S BUTLER
JENNINGS MD, CDNOR P BRADFDRD
JENNINGS MD, DAVID T LYCDMING
JENNINGS MD, WM P BERKS
JENDFSKY MD, JACK PHILADELPHIA
JEPSDN MD, JDANNE H PHILADELPHIA
JERANT MD, VINCENT J LEHIGH
JESSAR MD, RALPH A PHILADELPHIA
JETTER MD, WALTER W WESTMDRELAND
JEW JR MD, EDWARD W ALLEGHENY
JEWELL JR MD, JAMES H BERKS
JEWETT MD, STEPHEN R LACKAWANNA
JEYARAJ MD, FRANCIS MDNTGDMERY
JIMERSDN MD, CEDRIC C BERKS
JIN MD, BYUNGHAK FAYETTE
JDCHNDWITZ MD, MICHAEL J MDNTGDMERY
JUEHL MO, RAYMDNO J DAUPHIN
JDHAN MO, MDRTDN ALLEGHENY
JDHLER DD, CHARLES W LACKAWANNA
JDHN MD, CHAD E ALLEGHENY
JDHNS DD, RDSWELL J DAUPHIN
JDHNS MD, MILTDN W LANCASTER
JOHNSDN III MD, S HARRIS ALLEGHENY
JDHNSDN JR MD, HDWARD J PHILADELPHIA
JDHNSDN JR MD, MARSHALL M ALLEGHENY
JOHNSDN JR MD, NELSON E BUTLER
JDHNSON MD, ALFRED T BERKS
JOHNSDN MD, C HARDLD ADAMS
JDHNSUN MD, CARL G LANCASTER
JDHNSDN MD, CHAS F LEHIGH
JDHNSDN MD, DDN E PHILADELPHIA
JDHNSDN MD, DDRDTHY E LUZERNE
JDHNSDN MD, EDITH M CHESTER
JOHNSON MD, ELTING C BRADFDRD
JDHNSDN MD, FRANKLIN P ALLEGHENY
JDHNSDN MD, GED M YDRK
JDHNSDN MD, HERBERT C BERKS
JDHNSDN MD, JAMES R ALLEGHENY
JDHNSDN MD, JESSE R MIFFLIN-JUNIATA
JDHNSDN MD, MAX E BEAVER
JDHNSDN MD, RDBERT G PHILADELPHIA
JDHNSDN MD, ROBERT P LANCASTER
JDHNSDN MD, RDLF E NDRTHAMPTDN
JDHNSDN MD, THDS A PHILADELPHIA
JDHNSON MD, THOS B BRADFDRD
JUHNSDN MD, TURNER C PHILADELPHIA
JDHNSDN MD, WAINE C PHILADELPHIA
JDHNSDN MD, WALTER K WESTMDRELAND
JDHNSON MD, WALTDN R PHILADELPHIA
JDHNSON MD, WM G NDRTHAMPTDN
JDHNSDN MD, WM H PHILADELPHIA
JDHNSTDN 3RD MD, JAMES R CUMBERLAND

JOHNSTON JR MD, JOHN A	ALLEGHENY	KALKHOF MO, THDS C	ERIE	KATZ MD, WARREN A	PHILADELPHIA
JOHNSTON MD, OORDTHY	MONTDUR	KALLA MO, RICHARD L	ALLEGHENY	KATZEN MO, RAYMOND	PHILADELPHIA
JOHNSTON MO, EUGENE V	LANCASTER	KALLISH MO, MARVIN N	PHILADELPHIA	KATZIN MO, DICK	ALLEGHENY
JOHNSTON MO, FRANK B	PHILADELPHIA	KALMANSON MO, JACOB O	ALLEGHENY	KAUDERER JR MO, JOHN G	MONROE
JOHNSTON MO, J MURL	ALLEGHENY	KALMAR MD, OSCAR R	BUCKS	KAUFER MD, GERALD I	ALLEGHENY
JOHNSTON MO, JAMES B	VENANGO	KALDONER MO, ALFREO L	PHILADELPHIA	KAUFFMAN MD, ABRAHAM L	PHILADELPHIA
JOHNSTON MO, JAMES R	ALLEGHENY	KAMBIN MO, PARVIZ	PHILADELPHIA	KAUFFMAN MD, CHESTER T	INDIANA
JOHNSTON MO, JEAN C	PHILADELPHIA	KAMOAR MO, JAYANT C	PHILADELPHIA	KAUFFMAN MD, LEON A	PHILADELPHIA
JOHNSTON MO, ROBT F	PHILADELPHIA	KAMEEN MO, ANTHONY J	LUZERNE	KAUFFMAN MO, M LUTHER	MONTGOMERY
JOHNSTON MO, RUSSELL M	NORTHUMBERLAND	KAMERER MO, OONALD B	ALLEGHENY	KAUFFMAN MO, MARK S	PHILADELPHIA
JOHNSTON MO, THDS S	CHESTER	KAMINSKI MO, ROBERT J	ALLEGHENY	KAUFMAN MD, ABRAHAM S	PHILADELPHIA
JONAS MD, ARTHUR P	DAUPHIN	KAMINSKY MD, ANTHONY F	ERIE	KAUFMAN MD, ALAN C	BUCKS
JONAS MO, JAROSLAV G	MONTOUR	KAMINSKY MO, JAMES F	ERIE	KAUFMAN MO, BARRE D	LEHIGH
JONE MD, SEN-HSIUNG	CENTRE	KAMMERER MO, WM S	DAUPHIN	KAUFMAN MO, BENJ V	LACKAWANNA
JONES JR MO, ARTHUR F	LANCASTER	KAMONS MO, EOWIN J	FAYETTE	KAUFMAN MD, I LEONARD	ALLEGHENY
JONES JR MO, FREDERICK L	MONTOUR	KAMONS MD, HAROLO O	FAYETTE	KAUFMAN MD, JERDLO	DELAWARE
JONES JR MD, HARRY B	BEAVER	KANDRA MO, JOS J	DAUPHIN	KAUFMAN MO, SAML R	LUZERNE
JONES JR MO, ROBERT T	ALLEGHENY	KANDULA MO, RAVINORA R	NORTHAMPTON	KAUFMAN MO, SIDNEY S	ALLEGHENY
JONES JR MO, SAMUEL L	DAUPHIN	KANE MD, JAMES A	LACKAWANNA	KAUFMANN MO, BRUCE M	NORTHAMPTON
JONES MO, BYRON C	ADAMS	KANE MD, JOHN J	ALLEGHENY	KAUH MO, YOUNG C	PHILADELPHIA
JONES MO, C HENRY	LACKAWANNA	KANE MO, JOHN S	MONTGOMERY	KAUPP JR MO, HARRY A	LEHIGH
JONES MD, DANL C	MONTGOMERY	KANE MD, ROBERT C	MONTOUR	KAVIC MD, MICHAEL S	ALLEGHENY
JONES MO, DAVID G	LEHIGH	KANE MO, WM M	DELAWARE	KAVJIAN MO, EOWARO M	DELAWARE
JONES MO, DAVID J	YORK	KANENSON MO, WM L	DAUPHIN	KAVLE MD, CARLETON J	MONTGOMERY
JONES MD, DENNIS E	DAUPHIN	KANG MD, SE-BOO	ARMSTRONG	KAY MO, CALVIN F	PHILADELPHIA
JONES MD, EOWARD L	LEBANON	KANHOFER MO, HARRY	VENANGO	KAY MD, GORDON M	PHILADELPHIA
JONES MO, EMLEN H	DELAWARE	KANIS MO, MYRON L	PHILADELPHIA	KAY MO, MICHAEL L	PHILADELPHIA
JONES MO, EURFRYN	DAUPHIN	KANN MO, JULES	ALLEGHENY	KAY MO, RAYMOND J	MONTGOMERY
JONES MO, GEO A	DAUPHIN	KANNANGARA MD, YOGESWARY	PHILADELPHIA	KAYE MO, DONALO	PHILADELPHIA
JONES MD, GED J	LAWRENCE	KANNAPEL MO, ALLEN R	PHILADELPHIA	KAZEM MO, ISMAIL	PHILADELPHIA
JONES MD, GEORGE J	ALLEGHENY	KANTER MD, FRANK J	PHILADELPHIA	KAZLAUSKAS MD, ALBERT J	SCHUYLKILL
JONES MD, IRVING H	BERKS	KANTNER MO, THEODORE R	DAUPHIN	KEAGY MD, ROBT M	BLAIR
JONES MD, J ALBRIGHT	DELAWARE	KANTOR MD, MILTON	LUZERNE	KEAN MO, DENNIS W	LEHIGH
JONES MO, J ALFRED	CENTRE	KAO MD, CHIEN-KUO	ALLEGHENY	KEAN MD, HERBERT	PHILADELPHIA
JONES MO, JAMES E	DAUPHIN	KAD MD, YU S	LUZERNE	KEARNEY MO, JOHN M	BERKS
JONES MO, LARRY W	BLAIR	KAPCAR MD, ANOREW J	DAUPHIN	KEARNEY MD, MARTIN J	DELAWARE
JONES MO, REEVES F	MONROE	KAPLAN OO, DANIEL B	PHILADELPHIA	KEATES MO, EDWIN U	PHILADELPHIA
JONES MO, RICHARO E	BEAVER	KAPLAN MO, ABRAHAM	WASHINGTON	KEBLISH JR MO, PETER A	LEHIGH
JONES MD, ROBERT T	LUZERNE	KAPLAN MO, ALBERT A	PHILADELPHIA	KECK MD, OAVID J	ERIE
JONES MO, TOM B	MERCER	KAPLAN MO, ALBERT J	PHILADELPHIA	KECK MO, WM S	WESTMORELAND
JONES MO, WARREN M	MONTGOMERY	KAPLAN MO, BERNARD	PHILADELPHIA	KEDDIE MO, ROLAND T	WESTMORELAND
JONES MO, WILLIAM L	PHILADELPHIA	KAPLAN MO, CARL	ALLEGHENY	KEECH JR MD, HAYDEN G	YORK
JONES MD, WM C	ALLEGHENY	KAPLAN MD, ELIZABETH B	PHILADELPHIA	KEEFE MO, JERRY M	LANCASTER
JOPLIN MO, ROBERT J	CHESTER	KAPLAN MO, FRANK E	MONTGOMERY	KEELY MD, ELIZABETH S	PHILADELPHIA
JORDAN JR MD, HERBERT V	DAUPHIN	KAPLAN MD, GERALD F	BUCKS	KEENEY MD, GALEN E	DAUPHIN
JORDAN MO, CHARLOTTE B	MONROE	KAPLAN MO, LOUIS	PHILADELPHIA	KEEPORTS MO, RICHARO L	YORK
JORDAN MO, CLAUS G	MONROE	KAPLAN MD, RICHARD H	PHILADELPHIA	KEFFER MO, WM H	BERKS
JORDAN MO, JAMES S	LACKAWANNA	KAPLAN MO, S RICHARD	PHILADELPHIA	KEGEL MO, EUGENE E	LANCASTER
JORDAN MO, JERDME W	LACKAWANNA	KAPLAN MD, SHELDON J	MONTOUR	KEHLER MO, WALTER H	LAWRENCE
JORDAN MO, WM J	CHESTER	KAPLAN MD, STEPHEN M	DAUPHIN	KEHM MD, RAY W	YORK
JORGENSEN MD, VALERIE	PHILADELPHIA	KAPLOW MD, GWEN H	PHILADELPHIA	KEHM MD, VINCENT A	YORK
JOSEPH MD, ANOREW H	ALLEGHENY	KAPPOR MD, SHEELA	PHILADELPHIA	KEHKLI MD, WM H	LACKAWANNA
JOSEPH MD, GED M	NORTHAMPTON	KAPPAKAS MD, GEORGE S	ALLEGHENY	KEIM MD, EOWARD L	CENTRE
JOSEPH MO, MONTEFIORE L	ALLEGHENY	KAR MD, DILIP S	WESTMORELAND	KEIM MD, PETER J	ARMSTRONG
JOSHI MD, HARENDRA V	PHILADELPHIA	KARABELL MD, SHELDON I	MONTGOMERY	KEISER MD, EDWIN L	BERKS
JOSHI MD, KISHOR E	FAYETTE	KARAFIN MO, LESTER	PHILADELPHIA	KEISERMAN MD, JOS	PHILADELPHIA
JOSHI MD, KUNDABALA S	PHILADELPHIA	KARAKASHIAN MD, NUBAR A	PHILADELPHIA	KEISMAN MO, ROBT A	MONTGOMERY
JOSHI MD, LALITA P	DELAWARE	KARAMCHANDANI MD, NILIMA T	ALLEGHENY	KEISTER MD, STEPHEN R	ERIE
JOSHI MD, MANOHAR J	ALLEGHENY	KARAMCHETI MD, ANAND	ALLEGHENY	KEITER MD, JAMES M	LEBANON
JOSIMOVICH MD, JOHN B	ALLEGHENY	KARANJIA MO, KHORSHED S	PHILADELPHIA	KEITHAN MD, JOHN F	CUMBERLAND
JOSON MD, RAYMOND M	PHILADELPHIA	KARANJIA MD, MINDO O	INDIANA	KELCHNER MO, CLYDE H	LEHIGH
JOURNEY MO, R WALLACE	DELAWARE	KARAS MD, MARK M	ALLEGHENY	KELLER MD, ELI J	BERKS
JOY MD, CHAS A	ERIE	KARAYANNIS MO, NICHOLAS	PHILADELPHIA	KELLER MD, FRANK M	ALLEGHENY
JOYCE 3RO MD, JOHN J	PHILADELPHIA	KARBINER MD, HELMUT L	MONTGOMERY	KELLER MD, FREDERICK E	PHILADELPHIA
JOYCE MD, MICHAEL F	PHILADELPHIA	KAROISH MO, THDS J	BUCKS	KELLER MD, JOHN E	BERKS
JOYNER JR MD, CLAUDE R	ALLEGHENY	KAREHA MD, LOUIS G	LACKAWANNA	KELLER MD, LYNWOOD V	BERKS
JOZEFCZYK MD, PATRICIA B	ALLEGHENY	KARETAS MD, ALEXANDRA I	PHILADELPHIA	KELLERMAN MD, EDWIN	PHILADELPHIA
JUANG MD, RICHARD C	ERIE	KARIMKHANI MD, KOBRA	ALLEGHENY	KELLEY MD, KATHLEEN R	ALLEGHENY
JUAREZ MD, ROLANDO	MONTGOMERY	KARLE MD, JOHN G	ERIE	KELLMAN MD, IAN A	PHILADELPHIA
JUOO MO, JOS H	ALLEGHENY	KARLIK JR MO, PAUL	PERRY	KELLOW MD, WM F	PHILADELPHIA
JUOGE JR MD, JAMES W	LUZERNE	KARMILOWICZ MD, N PETER	PHILADELPHIA	KELLY JR MD, EDWARO A	CHESTER
JUDKOWSKI MO, E LESLIE	PHILADELPHIA	KARP MD, JOSEPH S	PHILADELPHIA	KELLY JR MD, JOHN J	DELAWARE
JUDSON MD, SUSAN C	LYCOMING	KARP MO, LOUIS A	PHILADELPHIA	KELLY MD, EDWARD A	DELAWARE
JUOSON MD, WILLIAM W	LYCOMING	KARPINSKI JR MO, FELIX E	MONTGOMERY	KELLY MD, EDWARO G	ALLEGHENY
JULE MD, ROOSEVELT R	PHILADELPHIA	KARPINSKI JR MD, STEPHEN J	ALLEGHENY	KELLY MD, EDWARD J	LACKAWANNA
JULES MD, ARNOLD J	MONTGOMERY	KARSH MD, CARL A	ERIE	KELLY MD, EUGENE W	ALLEGHENY
JUN MD, YOUNG A	WESTMORELAND	KART MD, BARRY H	ALLEGHENY	KELLY MD, HERBERT T	PHILADELPHIA
JUNCOS MD, GUILLERMO R	CHESTER	KARUNARATNE MD, ESIRIWICKREME	BLAIR	KELLY MD, JAMES D	ALLEGHENY
JUNG MD, JAY SOO	LEHIGH	KASALES MD, CLARENCE J	DAUPHIN	KELLY MD, JAMES J	DELAWARE
JUNGHANS MD, SIEGFRIED P	ALLEGHENY	KASOAN MD, RICHARD B	ALLEGHENY	KELLY MD, JOHN A	BRADFORD
JUNIUS OO, WILLIAM E	LANCASTER	KASOIN MD, SHARON L	PHILADELPHIA	KELLY MD, JOHN L	DELAWARE
JUNKIN MD, DAVID M	MONTGOMERY	KASE MD, PAUL F	DAUPHIN	KELLY MD, JOHN S	LEHIGH
JURGENSEN MD, JOHN C	CUMBERLAND	KASE MO, WM A	PHILADELPHIA	KELLY MD, WM E	PHILADELPHIA
JURNOVOY MO, JOEL B	DELAWARE	KASEFF MD, LEON G	PHILADELPHIA	KELLY MO, WM J	ALLEGHENY
JUSTIN MD, PETER A	NORTHUMBERLAND	KASHATUS MD, WM C	PHILADELPHIA	KELSEY MD, OAVID M	PHILADELPHIA
JUVELIER MD, BERNARO W	DAUPHIN	KASPAR MD, ALBERT J	NORTHAMPTON	KELSO MD, OON R	MONTGOMERY
		KASPARIAN MD, HRATCH	PHILADELPHIA	KELTON MO, FRANKLIN C	MONTGOMERY
		KASPER MD, ODNALD J	DELAWARE	KELVIN MD, CARL B	PHILADELPHIA
		KASPRENSKI MD, MATTHEW A	LEHIGH	KEMBLE MD, EDWARD E	ERIE
		KASRAIE MO, NEPTUNE	ALLEGHENY	KEMP MD, GORDON B	MERCER
		KASSAMALI MD, SULTANALI A	ALLEGHENY	KEMP MD, ROBT M	LANCASTER
		KASSER MD, MAX D	PHILADELPHIA	KEMPFE MD, KONRAD M	CUMBERLAND
		KASSOW MD, PHILLIP B	PHILADELPHIA	KEMRER MO, J ODNALD	LANCASTER
K		KASTENBAUM MD, MICHAEL	BERKS	KENDALL MD, A RICHARD	PHILADELPHIA
		KATALAN MD, MAURICE M	PHILADELPHIA	KENDALL MD, BENJ	PHILADELPHIA
KAAR MD, RICHARD C	LYCOMING	KATCHMAN MD, JEROME J	MONTGOMERY	KENOALL MD, LEIGH W	LANCASTER
KABAKJIAN MD, RAYMOND	DELAWARE	KATES MD, MALCOLM	PHILADELPHIA	KENDALL MD, NORMAN	PHILADELPHIA
KACZOR MD, STANLEY F	BLAIR	KATIGBAK MD, CONSTANCID D	WESTMORELAND	KENDIG MD, JAMES W	LANCASTER
KAFKISSEN MD, STEVEN R	LUZERNE	KATIN MD, MICHAEL J	PHILADELPHIA	KENIG MO, ISAODR J	DAUPHIN
KAGUYUTAN MD, ALFREDO G	ADAMS	KATOWITZ MD, JAMES A	PHILADELPHIA	KENKRE MD, SRICRISHNA B	ALLEGHENY
KAGUYUTAN MO, OFELIA O	ADAMS	KATTAH MD, JORGE C	ALLEGHENY	KENNA MD, MARITA D	ALLEGHENY
KAHLE MD, GAIL W	CLARION	KATTELMAN OO, MARC	MONTGOMERY	KENNARO MD, JOHN F	CLEARFIELO
KAHN MO, BERNARD L	PHILADELPHIA	KATTER MD, GED W	CAMBRIA	KENNEDY MD, FRANCIS B	ALLEGHENY
KAHN MD, DAVIO A	LUZERNE	KATZ MD, ALBERT B	PHILADELPHIA	KENNEDY MD, JOHN N	LUZERNE
KAHN MD, ODNALD L	PHILADELPHIA	KATZ MO, BENJ R	PHILADELPHIA	KENNEDY MD, NELSON M	BEAVER
KAHN MD, HYMAN R	PHILADELPHIA	KATZ MD, DAVID A	PHILADELPHIA	KENNEDY MD, PATRICK J	OELAWARE
KAHN MD, SIGMUNO B	PHILADELPHIA	KATZ MD, DAVID L	ALLEGHENY	KENNEDY MD, PETER S	YORK
KAHN MD, V RAYMONO	ARMSTRONG	KATZ MD, G HENRY	PHILADELPHIA	KENNEDY MD, RICHARO P	MONROE
KAIN MD, THDS M	PHILADELPHIA	KATZ MO, IRVING M	PHILADELPHIA	KENNEDY MD, THDS J	PHILADELPHIA
KAIRYS MD, LEO R	ALLEGHENY	KATZ MD, IRWIN L	ALLEGHENY	KENNERDELL MO, EDWARD H	ALLEGHENY
KAISER OO, GRACE H	LANCASTER	KATZ MO, JACOB	PHILADELPHIA	KENNERDELL MD, JOHN S	ALLEGHENY
KAISER MD, GERARD O	DAUPHIN	KATZ MD, JERALD M	WESTMORELAND	KENNY MD, KEVIN J	ALLEGHENY
KAISER MD, RALPH H	LYCOMING	KATZ MD, JOS	LANCASTER	KENNY MD, ROSE M	BUCKS
KAJANI MD, MEHDI K	PHILADELPHIA	KATZ MD, JULIAN	PHILADELPHIA	KENT MD, GED M	LANCASTER
KALAGAYAN MO, HECTOR J	ERIE	KATZ MD, M RICHARD	PHILADELPHIA	KENT MO, RICHARD B	CHESTER
KALEMBA MD, JOHANNA M	CHESTER	KATZ MD, MAX	PHILADELPHIA	KENVIN MO, JOHN E	LEHIGH
KALEN MD, S MOYER	ALLEGHENY	KATZ MD, MITCHELL E	LEHIGH	KENWORTHY JR MD, HARRY J	MONTGOMERY
KALENAK MD, ALEXANDER	DAUPHIN	KATZ MD, RICHARD I	PHILADELPHIA	KEOHANE MD, RICHARD B	PHILADELPHIA
KALES MO, ANTHONY	DAUPHIN	KATZ MO, ROBT E	MONTGOMERY	KEOSAYHIT MO, NAROON	PHILADELPHIA
KALES MD, JOYCE	DAUPHIN				
KALISH MD, ROBT W	PHILADELPHIA				

KEPLER JR MD, WALTER E	DELAWARE
KEPLER MD, FURMAN T	DELAWARE
KERN IV MD, GED W	CHESTER
KERN JR MD, JDHN M	ALLEGHENY
KERN MD, FRANK	MDNTGDMERY
KERN MD, FRANKLIN M	PHILADELPHIA
KERN MO, RICHARD A	PHILADELPHIA
KERR JR MD, HARRY J	ALLEGHENY
KERR JR MD, THDS	PHILADELPHIA
KERR MD, JDHN H	PHILADELPHIA
KERR MD, KRISS M	YORK
KERR MD, PAUL B	SUSQUEHANNA
KERR MD, RDBT M	LUZERNE
KERR MO, WM F	BUTLER
KERRY MD, RDY E	MERCER
KERSHNER MD, AMMDN G	MDNTGDMERY
KERSHNER MD, MARILYN S	BERKS
KERST MD, JDHN C	BERKS
KERSTING MD, JDHN W	BRADFDRD
KESILMAN MD, MDRRIS	PHILADELPHIA
KESSLER MD, ARNDLD S	PHILADELPHIA
KESSLER MD, FRANK J	NDRTHAMPTDN
KESSLER MD, LAIBE A	ALLEGHENY
KESSLER MD, DTTD F	ALLEGHENY
KESTER MD, WALTER L	CHESTER
KESZELI MD, ALEXANDER R	CHESTER
KETELS MD, ERK A	BUCKS
KETNER DD, WILLIAM A	CLARIDN
KETTERING MD, DDNALD L	WESTMDRELAND
KETTRICK MD, JAMES P	LUZERNE
KETTRICK MD, RDBERT G	PHILADELPHIA
KEVENEY MD, JDHN J	BERKS
KEVENK MD, KERIM C	CAMBRIA
KEVERLINE MD, PAUL O	WARREN
KEYES MD, BALDWIN L	PHILADELPHIA
KEYES MD, JDHN W	LACKAWANNA
KHALIFA MD, NAGIB M	FRANKLIN
KHAN MD, QADAR	PHILADELPHIA
KHANNA MD, CHANCAL	PHILADELPHIA
KHANTHAN MD, SUBRAMANIAM E	PHILADELPHIA
KHELLA MD, LEWIS	PHILADELPHIA
KHINDRI MD, CHETAN D	LEHIGH
KHDURY MD, JACQUES A	PHILADELPHIA
KHUBCHANDANI MD, INDRU T	LEHIGH
KHURANA MD, RAMESH C	ALLEGHENY
KIANDURY MD, MDJY	MDNTGDMERY
KIBELSTIS MD, JDHN A	LEHIGH
KIBLER MD, CHAS E	ERIE
KICHLU MD, KUNJ B	ERIE
KIEFER MD, RDBT A	FRANKLIN
KIEFFER MD, JESSE	NORTHAMPTON
KIEFNER JR MD, FREDERICK J	MDNTGDMERY
KIEHL MD, PAUL V	NORTHAMPTON
KIELAR MD, EDWARD J	LUZERNE
KIELAR MD, JDS R	LACKAWANNA
KIELTY MD, JDHN T	BRADFDRD
KIERSZENBAUM MD, HUGD S	MONTOUR
KIESEL MD, RDBT	LEHIGH
KIESEL MD, VINCENT E	MDNTGDMERY
KIESEWETTER MD, WM B	ALLEGHENY
KIKKAWA MD, KAZUTDSHI	BRADFORD
KILKER MD, JDHN J	LACKAWANNA
KILLIAN MD, ODROTHEA M	MDNTGDMERY
KILLIUS MD, JAMES L	SOMERSET
KILLOUGH MD, JDHN H	PHILADELPHIA
KILPATRICK MD, GERTRUDE E	BEAVER
KIM MD, CHUL	ALLEGHENY
KIM MD, CHUNG H	LEHIGH
KIM MD, DDNG H	WESTMDRELAND
KIM MD, DONG H	FAYETTE
KIM MD, DONG S	PHILADELPHIA
KIM MD, DDD T	NDRTHAMPTON
KIM MD, EUGENE Y	ALLEGHENY
KIM MD, EUN T	LACKAWANNA
KIM MD, HACK J	LANCASTER
KIM MD, HAK R	BUCKS
KIM MD, HEI P	MERCER
KIM MU, HWAN Y	CAMBRIA
KIM MD, IH C	NORTHAMPTON
KIM MD, IL G	LYCOMING
KIM MD, JIN I	LEHIGH
KIM MD, JODNG J	CHESTER
KIM MD, JUNG S	PHILADELPHIA
KIM MD, KI W	DELAWARE
KIM MD, KUN H	WASHINGTON
KIM MD, KWAN E	PHILADELPHIA
KIM MD, MYDUNG S	FAYETTE
KIM MD, PHIL Y	PHILADELPHIA
KIM MD, SANG B	PHILADELPHIA
KIM MU, SANG M	JEFFERSDN
KIM MD, SEUNG H	PHILADELPHIA
KIM MD, SHIN K	ALLEGHENY
KIM MD, SUNG K	WASHINGTDN
KIM MU, SUNG K	ALLEGHENY
KIM MD, SUNG Y	ALLEGHENY
KIM MD, UH G	LAWRENCE
KIM MD, WHA S	BEAVER
KIM MD, YANG K	BUTLER
KIM MD, YONG S	PHILADELPHIA
KIM MD, YONG-IL	WESTMORELAND
KIM MD, YODN C	ALLEGHENY
KIM MD, YOUNG N	PHILADELPHIA
KIM MD, YDUNG W	BUCKS
KIM MD, YUNG S	BUCKS
KIM MD, YUNG-HDON	PHILADELPHIA
KIMBEL MD, PHILIP	PHILADELPHIA
KIMBER MD, WM J	MONTDUR
KIMBIRIS MD, DEMETRIDS G	PHILADELPHIA
KIMBLE MD, AUSTIN L	DELAWARE
KIMMEL MD, HENRY A	DELAWARE
KIMMEL MD, MURRAY H	PHILADELPHIA
KINCOV MD, JACOB	NDRTHAMPTON
KING 2ND MD, ARTHUR H	WESTMDRELAND
KING JR MD, WARREN E	MDNTGOMERY
KING MD, ARTHUR B	BRADFORD
KING MD, ELMER S	ALLEGHENY
KING MD, GERALDINE A	PHILADELPHIA
KING MD, LEO M	ALLEGHENY
KING MD, LOIS I	PHILADELPHIA
KING MD, LORRAINE C	PHILADELPHIA
KING MD, DRVILLE C	PHILADELPHIA
KING MD, RDBT L	ALLEGHENY
KING MD, RDY J	ERIE
KING MD, SAML V	BLAIR
KING MD, WEIR L	BERKS
KINLAND MD, LEDNARO C	YDRK
KINLAW MD, W BERNARD	MDNTGDMERY
KINNEY MD, MARY K	WESTMDRELAND
KINSEL MD, ALVIN A	ALLEGHENY
KINSEY MD, FRANK R	MIFFLIN-JUNIATA
KINTZEL MD, JAMES E	LEHIGH
KINTZI MD, HARRY E	LEHIGH
KINZER MD, HDRACE C	LANCASTER
KIPP MD, CHAS M	DELAWARE
KIPP MD, JAMES E	LANCASTER
KIRALY MD, LASZLD	LACKAWANNA
KIRBER MD, H PETER	PHILADELPHIA
KIRBY MD, CLAUDE W	CAMBRIA
KIRCHHDFER MD, LEWIS H	DELAWARE
KIRCHNER MD, G GARY	LANCASTER
KIRIMLI MD, BULENT I	ALLEGHENY
KIRK MD, DANL L	NDRTHUMBERLAND
KIRK MD, JACQUELYN M	ALLEGHENY
KIRK MD, MARVEL S	LANCASTER
KIRK MD, NORRIS J	LANCASTER
KIRKER MD, WALTER R	DAUPHIN
KIRKPATRICK JR MD, DAVID D	CRAWFDRD
KIRKPATRICK MD, DANL W	MDNTGDMERY
KIRKPATRICK MD, RDBT L	CRAWFDRD
KIRKPATRICK MD, SAML A	YDRK
KIRSCHNER MD, RDBT J	PHILADELPHIA
KIRSHBAUM MD, BERNARD A	PHILADELPHIA
KIRSHBAUM MD, GARY R	PHILADELPHIA
KIRSHNER MD, JACDB J	PHILADELPHIA
KISH MD, RDBT S	CENTRE
KISLDFF MD, BARRY	ALLEGHENY
KISNER MD, RDBT G	ALLEGHENY
KISSELL MD, DEWITT C	ALLEGHENY
KISSICK MD, WM L	PHILADELPHIA
KISTENMACHER MD, JDHN C	PHILADELPHIA
KISTLER MD, C HARDLD	MDNTGDMERY
KISTLER MD, CHAS J	LUZERNE
KISTLER MD, DAVID W	LUZERNE
KISTLER MD, GALEN H	YDRK
KISTLER MD, JDHN C	LEHIGH
KISTLER MD, KERMIT K	LEHIGH
KISTLER MD, PAUL M	MONTGOMERY
KISTLER MD, PHILIP E	CHESTER
KISTLER MD, WALTER W	LUZERNE
KISTLER MD, WARREN O	FRANKLIN
KISTLER MD, WM S	MDNTGDMERY
KITA MD, MICHAEL W	LANCASTER
KITCHELL MD, JAMES R	MONTGOMERY
KITCHEN 2NO MD, JAMES G	MONROE
KITCHEN 3D MD, JAMES G	PHILADELPHIA
KITCHNER MD, IRVING	PHILADELPHIA
KITEI MD, MILTON N	PHILADELPHIA
KITELE MD, FRANCIS J	CHESTER
KITSKO DD, DENNIS	WASHINGTON
KITSKD MD, WM T	CAMBRIA
KITTLEBERGER MD, WM C	BUCKS
KITTRELL MD, WM H	WASHINGTON
KITZMILLER MD, JDHN K	DAUPHIN
KLAER MD, HARVEY	WAYNE-PIKE
KLAIN MD, MIROSLAV	ALLEGHENY
KLARICH MD, PHILIP	PHILADELPHIA
KLATCHKO MD, WM W	LEBANON
KLATMAN MD, SAML J	ALLEGHENY
KLAUS MD, RDBT L	PHILADELPHIA
KLAVAN MD, MARSHALL	DELAWARE
KLECKNER MD, FRANCIS S	LEHIGH
KLEES MD, ATHANASIUS C	LEHIGH
KLEIN MD, ALEXANORIA M	WARREN
KLEIN MD, DDROTHY E	PHILADELPHIA
KLEIN MD, FRED S	WASHINGTON
KLEIN MD, JDS M	LUZERNE
KLEIN MD, RICHARD M	ALLEGHENY
KLEIN MD, RDBT	CDLUMBIA
KLEIN MD, ROLF A	VENANGO
KLEIN MD, SANFORD M	ALLEGHENY
KLEIN MD, SHELDDN	PHILADELPHIA
KLEIN MD, THEDDDRE C	JEFFERSDN
KLEINBART MD, MORRIS	PHILADELPHIA
KLEINBERG DD, HARVEY S	PHILADELPHIA
KLEINER MD, ANTDN J	BERKS
KLEINER MD, HENRY T	PHILADELPHIA
KLEINER MD, JACK	PHILADELPHIA
KLEINSCHMIDT MD, RDBT F	ALLEGHENY
KLEM MD, ALBERT J	LUZERNE
KLEM MD, GABRIEL W	LUZERNE
KLEMEK MD, STANLEY C	DAUPHIN
KLEMENS MD, RDBT F	CAMBRIA
KLEPPINGER MD, RICHARD K	BERKS
KLIEGER MD, HERMAN L	WESTMDRELAND
KLIGMAN MD, ALBERT M	PHILADELPHIA
KLIMES MD, RDNALD L	YDRK
KLIMDCK MD, GREGDRY	MERCER
KLINE MD, BEN	LACKAWANNA
KLINE MD, DAVID W	MERCER
KLINE MD, EDGAR W	MDNTGDMERY
KLINE MD, IRWIN K	DELAWARE
KLINE MD, JACK A	YORK
KLINE MD, MATHILDE S	DELAWARE
KLINE MD, RDBT M	LEBANON
KLINE MD, RDBT W	ALLEGHENY
KLINEFELTER MD, EDMUND W	YORK
KLINEFELTER MD, HYLDA C	DELAWARE
KLINGENSMITH MD, PAUL D	PHILADELPHIA
KLINGENSMITH MD, WALTER C	PHILADELPHIA
KLINGER MD, HARRY M	MONTOUR
KLINGES JR MD, HENRY G	PHILADELPHIA
KLINGHUFFER MD, JUNE F	PHILADELPHIA
KLINGHOFFER MD, LEDNARO	PHILADELPHIA
KLINMAN MD, STEVEN W	PHILADELPHIA
KLINMAN MD, WM	PHILADELPHIA
KLIDNSKY MD, BERNARO L	ALLEGHENY
KLOPP MD, JOHN W	PHILADELPHIA
KLOSE MD, PAUL L	SDMERSET
KLDTZ JR MD, ROY G	MDNTGDMERY
KLDTZ MD, DONALD J	LEHIGH
KLUEBER MD, WM F	ALLEGHENY
KLUSSMAN MD, RICHARD M	YDRK
KNAPPENBERGER MD, WM L	ALLEGHENY
KNAPPER MD, ELIZABETH J	LEHIGH
KNECHT MD, CHAS L	LEHIGH
KNEE DD, NDRMAN S	PHILADELPHIA
KNEELAND MD, MALCDLM E	MDNTGOMERY
KNEPLEY MD, DAVID W	CDLUMBIA
KNEPPER MD, JDS A	LANCASTER
KNERR JR MD, EDGAR D	LANCASTER
KNERR MD, RICHARD A	CENTRE
KNIBBE MD, PIETER	LEHIGH
KNIGHT MD, JDHN E	LYCOMING
KNISELY MD, SAML W	DAUPHIN
KNOCH MD, H RDEBLING	YORK
KNDLL MD, GED M	NORTHAMPTDN
KNDPF MD, CARL L	DELAWARE
KNDTT MD, ALBERT P	ALLEGHENY
KNDUSE MD, ALBERT B	BUCKS
KNDWLES MD, CHARLES A	BUCKS
KNDWLES MD, HARRY J	PHILADELPHIA
KNDWLES MD, RDBT C	DAUPHIN
KNDWLES MD, WILLARD E	DELAWARE
KNDWLTUN JR MD, STEPHEN B	MDNTGDMERY
KNUPP MD, MELVIN L	DAUPHIN
KNURR MD, WERNER	DAUPHIN
KD MD, CHAN S	SCHUYLKILL
KO MD, HARRY H	LYCOMING
KD MD, YIH SHYONG	LUZERNE
KO MD, YIH-SDNG	MERCER
KDCEVAR MD, MARTIN F	DAUPHIN
KOCH MD, ANDREW W	LANCASTER
KDCH MD, HARDLD W	WAYNE-PIKE
KDCH MD, JDS C	BUCKS
KDCH MD, KENNETH L	DAUPHIN
KUCHIS MD, GED P	PHILADELPHIA
KDDALL MD, RAJA V	ALLEGHENY
KDDSI MD, MAGDI S	PHILADELPHIA
KDEBERT MD, MARTIN J	PHILADELPHIA
KDEHL JR MD, C WARREN	LUZERNE
KOELLNER MD, MANFREO D	MDNTGDMERY
KDELSCH MD, RDBERT R	BUCKS
KDENIG MD, ARTHUR R	ALLEGHENY
KDENIG MD, FREDERICK W	ALLEGHENY
KDENIG MD, HANS	ALLEGHENY
KOENIG MD, JDHANN A	LUZERNE
KOENIG MD, THEDDORE R	CLARION
KOEPKE MD, HANS H	CHESTER
KOGAN MD, ALLAN J	PHILADELPHIA
KOGANTI MD, PURNACHANDRA R	PHILADELPHIA
KOH MD, SEUNG Y	JEFFERSON
KDHL MD, DAVID H	ARMSTRONG
KOHL MD, E JAMES	PHILADELPHIA
KOHL MD, JOHN M	MONTGDMERY
KOHLER MD, FRITZ P	DELAWARE
KOHLER MD, HENRY J	PHILADELPHIA
KOHLHAS MD, JACOB J	MONTGDMERY
KDHN MD, DAVID F	MONROE
KOHRT MD, ALAN E	WAYNE-PIKE
KOIWAI MD, EICHI K	PHILADELPHIA
KOKALES MD, JOHN G	ALLEGHENY
KOLANSKY MD, HARDLD	PHILADELPHIA
KOLB MD, CHAS E	LYCOMING
KDLBYE MD, MARION B	PHILADELPHIA
KOLENICH MD, JAMES J	MERCER
KOLTES MD, JOHN A	PHILADELPHIA
KOLTON MD, VLADIMIR J	BERKS
KOLUCKI MD, FRANK R	LACKAWANNA
KUMADA MD, RUDOLPH A	PHILADELPHIA
KOMALAHIRANYA MD, AMNUAY	FAYETTE
KUMALAHIRANYA MD, USA E	FAYETTE
KUNCLE MD, GERALO E	LEBANDN
KONORATDWSKI MD, RICHARO Z	PHILADELPHIA
KUNECKE MD, LEE L	MDNTGOMERY
KDNECKE MD, MAXIMILIAN L	LUZERNE
KONHAUS MD, CAROL H	DAUPHIN
KONRAO MD, MARK G	BEAVER
KONWINSKI MD, EDWARD S	MC KEAN
KUO MD, JA K	BUCKS
KDD MD, WDDK H	LUZERNE
KUDLPE MD, LOUIS	PHILADELPHIA
KUUNS MD, LAWRENCE S	PHILADELPHIA
KDUP MD, C EVERETT	PHILADELPHIA
KUUROS MD, KIAN S	ALLEGHENY
KUUSER MD, RDBT R	ALLEGHENY
KOPELMAN MD, NATHAN A	WESTMORELAND
KDPENHAVER MD, DDNALD B	LEHIGH
KUPF MD, LAWRENCE J	NORTHUMBERLAND
KOPPEL MD, ALEXANDER	PHILADELPHIA
KDPPEL MD, MAX M	PHILADELPHIA
KDPROWSKA MD, IRENE	PHILADELPHIA
KDPROWSKI MD, HILARY	PHILADELPHIA
KOPYCINSKI MD, CLARK F	ERIE
KOKANGY MD, AMILE A	FRANKLIN
KDRBDNITS MD, CHAS W	CHESTER
KURENTZWITT MD, EDITH	PHILADELPHIA
KDREY MD, JDSEPH J	PHILADELPHIA
KORHAMMER MD, ALAN F	NDRTHAMPTON
KDRN MD, JDHN J	LUZERNE
KDRNFIELO MD, NDRMAN B	LANCASTER
KDRNS MD, MILLER J	SOMERSET
KDSCO MD, GEORGE M	CAMBRIA
KOSKOFF MD, YALE O	ALLEGHENY
KOST MO, KENNETH R	ARMSTRONG
KOST MD, LEWIS V	DAUPHIN
KOST MD, PAUL F	ALLEGHENY
KDSTELNIK MD, ELIZABETH V	LEHIGH
KDSTELNIK MD, FRANCIS V	LEHIGH
KOSTER MD, LEE H	ALLEGHENY
KDSTIN MD, RAYMONO F	DAUPHIN
KOSTYAL MD, JOHN L	ALLEGHENY
KOTAKIS MO, JOHN	PHILADELPHIA
KOTCH MO, MICHAEL J	LUZERNE
KOTCHICK MD, E DONALO	LACKAWANNA
KDTIN MO, EDWARD H	PHILADELPHIA
KDTLER MO, MORRIS N	PHILADELPHIA
KOTLDFF MO, LEON	PHILADELPHIA

KOTWAL MO, HDMI B	PHILAOELPHIA
KOTZEN MO, HERMAN F	BERKS
KOUGH MO, OTHELLD S	FAYETTE
KOUGH MO, RDBT H	MONTOUR
KOUKAL MO, LUOWIG R	LAWRENCE
KOURY JR MD, JAMES S	OAUPHIN
KOUSEN MO, MORTON	YORK
KOUTCHER MD, MARTIN E	PHILAOELPHIA
KOVACH MO, CDLEMAN W	PHILAOELPHIA
KOVAR MD, CHAS E	NORTHAMPTON
KOVEN MO, ARTHUR L	LUZERNE
KOWALLIS MD, GEO F	ALLEGHENY
KOWALSKI MO, JOSEPH J	LUZERNE
KOWALYSHYN MO, THEODORE J	MONROE
KOZART MO, OAVIO M	PHILAOELPHIA
KOZIN MO, WM	OELAWARE
KOZLEK MO, THOMAS F	LUZERNE
KRABLIN MO, RONALD	AOAMS
KRAEMER MO, OAVIO W	ALLEGHENY
KRAF MD, ANASTASIA	BUTLER
KRAFT JR MO, ALBERT J	PHILAOELPHIA
KRAFT MO, CHAS J	WYOMING
KRAIN MO, RAYMONO	OELAWARE
KRAJESKI MO, DELPHIN S	LUZERNE
KRAK MO, MICHAEL	ALLEGHENY
KRALL MO, J THOMAS	OELAWARE
KRALL MD, ROBERT P	MC KEAN
KRAM MO, JOHN E	ALLEGHENY
KRAMER DO, CAROLYN O	DELAWARE
KRAMER MO, KENNETH	BERKS
KRAMER MO, MARK S	PHILAOELPHIA
KRAMER MO, RANOALL K	BERKS
KRAMER MD, SELMA	PHILAOELPHIA
KRAMER MD, SIMON	PHILADELPHIA
KRAMM OO, HERMAN R	CHESTER
KRANE MO, MARVIN A	PHILAOELPHIA
KRANICK MD, FRANCIS X	LACKAWANNA
KRANTZ MD, WALTER J	MONTGOMERY
KRASNOFF MO, SIONEY D	PHILAOELPHIA
KRATZ MD, VERNON H	BUCKS
KRATZER MD, ALBERT E	LEHIGH
KRATZER MD, GLENN S	LEHIGH
KRATZER MO, GUY L	LEHIGH
KRAUS MO, DAVIO R	ALLEGHENY
KRAUS MD, JOHN J	CENTRE
KRAUS MD, ROBERT	PHILADELPHIA
KRAUS MD, THEDDORE J	PHILADELPHIA
KRAUSE MD, GILBERT	ALLEGHENY
KRAUSE MO, HELEN F	ALLEGHENY
KRAUSE MD, JACOB	PHILADELPHIA
KRAUSE MD, RDBERT L	PHILADELPHIA
KRAUSE MD, SEYMOURE	ALLEGHENY
KRAUSS MD, JACK	PHILAOELPHIA
KRAUSZ MD, KATHRYN J	NORTHAMPTON
KRAUSZ MD, MARCOS	DELAWARE
KRAUSZ MD, MARTIN R	PHILADELPHIA
KRAUTHAMMER MD, JUERGEN P	ALLEGHENY
KRAVIS MD, GARY I	MONTGOMERY
KRAVIS MD, LILLIAN P	MONTGOMERY
KRAVITZ MD, BERNARD J	MONTGOMERY
KRAVITZ MD, CHAS H	PHILAOELPHIA
KRAVITZ MD, MORTON A	PHILADELPHIA
KRAVITZ MD, SIMON	MONTGOMERY
KRAYBILL MD, HAROLD E	LANCASTER
KRAYER JR MD, NICHOLAS H	BEAVER
KRAYNICK MD, BENJ M	LEHIGH
KREBS MO, MICHAEL A	CLARION
KREDEL MO, THOS W	INDIANA
KREGER JR MD, OLIVER J	WESTMORELAND
KREGER MD, SPENCER	CAMBRIA
KREHL MD, WILLARD A	PHILADELPHIA
KREIDER MD, HENRY L	LANCASTER
KREIDER MD, JOHN K	LANCASTER
KREIDER MD, JOHN W	DAUPHIN
KREINBRODK MD, SUZANNE B	ALLEGHENY
KREITHEN MD, HAROLD	LEHIGH
KREMENS MO, VICTOR	PHILAOELPHIA
KREMER JR MO, EOWIN S	ERIE
KREMER MD, HOWARD U	PHILAOELPHIA
KRENZEL MD, ARCHIBALD R	PHILADELPHIA
KRESAK MD, GED F	CAMBRIA
KRESGE MD, OALE L	YORK
KRESH MD, NORMAN N	ALLEGHENY
KRESLOFF MD, RICHARD S	PHILADELPHIA
KRESSLER MD, RDBT J	PHILADELPHIA
KRESSLEY MO, CLAIRMONT A	BUCKS
KRETZ MD, STEWART F	ALLEGHENY
KRETZING MO, HAROLD G	CUMBERLAND
KRICK MD, JOHN H	WESTMORELAND
KRICUN MD, MORRISON E	PHILADELPHIA
KRIEBEL MO, DOROTHY E	BERKS
KRIEBEL MD, RICHARD H	MONTGOMERY
KRIEG MD, ARTHUR F	DAUPHIN
KRIEGER MD, BENSON	PHILADELPHIA
KRIEGER MD, HARRY L	NORTHAMPTON
KRIFCHER MD, CHAS	ALLEGHENY
KRIFCHER MD, EMANUEL	ALLEGHENY
KRING MD, CARROLL S	BERKS
KRISANDA MD, JOS B	LACKAWANNA
KRISHNA MD, BHUPENORA	CHESTER
KRISHNA MD, NARENDRA	CHESTER
KRISHNA MD, PADMA	PHILAOELPHIA
KRISHNAPPA MO, BORIAH N	WESTMORELAND
KRISHNARAJ MD, K N P	COLUMBIA
KRISHNASWAMI MO, V	ALLEGHENY
KRISSINGER MD, RDBT C	LANCASTER
KRISTO MD, BELA A	DELAWARE
KRISTO MD, CATHERINE V	DELAWARE
KRISTOFF MD, JOS S	LUZERNE
KRISTOFIC MD, JOHN D	PHILADELPHIA
KRISUKAS MD, VERA J	LEHIGH
KRIVENKO MD, CHAS A	LUZERNE
KROEGER MD, HILDA H	ALLEGHENY
KROH MO, OEAN F	WASHINGTON
KROMASH MO, MARVIN H	MONTGOMERY
KRON MD, IRA B	BLAIR
KRON MD, KENNETH M	PHILADELPHIA
KRON MD, SAML D	PHILADELPHIA
KRONER MD, LAWRENCE R	UNION
KRODSER MO, LILA S	PHILAOELPHIA
KRODSNOFF II MO, MICHAEL	WASHINGTON
KRODTEC MD, JOS W	ALLEGHENY
KROUNGOLO MD, MILTON L	PHILADELPHIA
KROUSE MO, JOHN M	WESTMORELAND
KRUG III MO, E CLYOE	ALLEGHENY
KRUG MO, EOGAR S	CENTRE
KRUGH MD, FRANCIS J	ALLEGHENY
KRUGH MO, JAMES W	ALLEGHENY
KRUPER MO, JOHN S	YORK
KRUSEN MO, OAVIO E	LANCASTER
KRZYWICKI MO, PAUL L	PHILAOELPHIA
KUBEK MO, JOHN A	NORTHAMPTON
KUBER MO, MATTHEW E	PHILAOELPHIA
KUBIAK MO, RICHARO V	PHILAOELPHIA
KUCHARCZUK MO, JOHN B	LEHIGH
KUHN MO, CHARLES M	ALLEGHENY
KUHN MO, RICHARD H	ERIE
KUHNS MO, HOWARO O	WASHINGTON
KUITERT MO, JOHN H	ERIE
KUKHIKA MO, MIDORAG O	YORK
KULBASKI MO, FRANK E	COLUMBIA
KULCZYCKI MO, EOWARO	BRAOFORO
KULIN MO, HOWARD E	OAUPHIN
KUMAR MO, ASHOK	WASHINGTON
KUMAR MO, HARINATH V	VENANGO
KUMAR MO, KUSUM L	MONTGOMERY
KUMAR MO, NARESH	MONTGOMERY
KUMAR MO, VASANTHA R	PHILADELPHIA
KUMAR MO, VEERANDRA	PHILAOELPHIA
KUN MO, JOS	ALLEGHENY
KUNG MO, LUKE C	NORTHAMPTON
KUNKEL MO, BARBARA K	OAUPHIN
KUNKEL MO, GEO A	ALLEGHENY
KUNKEL MO, GEO W	OAUPHIN
KUNKEL MO, HERBERT G	ALLEGHENY
KUNKEL MO, MARY E	GREENE
KUNKEL MO, PAUL A	OAUPHIN
KUNKEL MO, W MINSTER	OAUPHIN
KUNKEL MO, WM H	ALLEGHENY
KUNSCHNER MO, ALAN J	ALLEGHENY
KUNSCHNER MO, ALBERT B	ALLEGHENY
KUNSZABO MO, ISTVAN S	PHILAOELPHIA
KUO MO, TSUNG-YI	ALLEGHENY
KUPP MO, JOHN H	CARBON
KUPREVICH DO, WILLIAM J	COLUMBIA
KUREMSKY MO, OALE A	ALLEGHENY
KUREY MO, RDBT J	LANCASTER
KURJANDWICZ MO, WADIM	BERKS
KURODA MO, KOSON	PHILADELPHIA
KURTZ MO, CHAS H	LANCASTER
KURTZ MO, J STEPHEN	PHILAOELPHIA
KURTZ MO, JOHN E	ALLEGHENY
KURUP MO, SIVA P	ERIE
KURZ MO, GEORGE H	PHILADELPHIA
KUSH MO, FRANK H	ALLEGHENY
KUSH MO, MARGARET B	ALLEGHENY
KUSHNER OO, PAUL G	MONTGOMERY
KUSHNER JR MO, GED	YORK
KUSHNER MO, BERTRAND	OAUPHIN
KUSHNER MO, LOIS N	YORK
KUSHNER MO, THEOOORE	PHILADELPHIA
KUSKIN MO, LOUIS F	OAUPHIN
KUTNEY MO, FRANCIS G	OELAWARE
KUTSENKOW MO, MICHAEL	ALLEGHENY
KUTTY MO, AHMED C	PHILAOELPHIA
KUTY MO, EUGENE J	NORTHAMPTON
KUTZ MO, CHAS M	CLARION
KUTZ MO, EUGENE R	BEOFORO
KWA MO, DANIEL M	PHILADELPHIA
KWAPIEN MO, FREDERIC J	OELAWARE
KWIK MO, CHRISTINA I	PHILADELPHIA
KWITEROVICH MO, PETER O	MONTOUR
KYLE MO, G CLAYTON	PHILADELPHIA
KYLLONEN MO, ARMAS S	ALLEGHENY
KYNE MO, PETER J	ALLEGHENY
KYREAGES MO, CONSTANTINE G	ALLEGHENY
KYRIACOPOULOS MO, JOHN O	ALLEGHENY
KYRIAKOPOULOS MO, AORIAN A	PHILADELPHIA
KYRIAZIS MO, GED A	OELAWARE

L

LABE MO, ALEXANDER	PHILADELPHIA
LABOCETTA MO, ALFRED C	CHESTER
LABORDA MO, OSCAR E	PHILADELPHIA
LABOWSKIE MO, EUGENE M	MONTGOMERY
LABUZ MO, EUGENE F	LUZERNE
LACAVARO MO, JULES A	OELAWARE
LACE MO, RICHARO E	ARMSTRONG
LACHMAN MO, BERNARD E	LEHIGH
LACHMAN MO, JOHN W	PHILAOELPHIA
LACHMAN MO, JOS	OELAWARE
LACHMAN MO, MARTIN J	PHILADELPHIA
LACHMAN MO, RDBT J	MONTGOMERY
LACLAIR JR MO, CHAS H	MONTGOMERY
LACY MO, GED R	ALLEGHENY
LAOOA MO, ROGER L	OAUPHIN
LAODEN MO, PAUL A	PHILADELPHIA
LADIKA MO, JOS A	BERKS
LAOO MO, MICHAEL	SCHUYLKILL
LAFFEY MO, PATRICIA A	PHILADELPHIA
LAFONTANT MO, RAYMOND F	PHILAOELPHIA
LAFONTANT MO, ROBT R	WESTMORELAND
LAGUNILLA MO, JUANITO L	MONTGOMERY
LAHR MO, JOSEPH W	ALLEGHENY
LAIBSON MO, PETER R	PHILAOELPHIA
LAIGON MO, EUGENE E	CARBON
LAING MO, PATRICK G	ALLEGHENY
LAIRO MO, ARCHIBALO	TIOGA
LAKATOS MO, NICHOLAS R	LUZERNE
LAKOFF MO, KENNETH M	OELAWARE
LALLY MO, FRANCIS L	MERCER
LALUNA MO, FRANCIS J	LACKAWANNA
LAM MO, CARL A	LEHIGH
LAM MO, MAN-TAI N	PHILADELPHIA
LAMANCUSA MO, NANCY C	LAWRENCE
LAMAS MO, CARLOS C	ALLEGHENY
LAMBERT MO, KENNETH P	BERKS
LAMBERT MO, ROBT L	PHILAOELPHIA
LAMBERT MO, WALTER H	LUZERNE
LAMBERTI MO, WM F	LACKAWANNA
LAMBERTON MO, WM O	ERIE
LAMBERTSEN MO, CHRISTIAN J	PHILAOELPHIA
LAMBICHI MO, MARIKA E	OELAWARE
LAMBROS MO, JOHN E	BUCKS
LAME MO, EOWIN L	PHILAOELPHIA
LAMON MO, CHAS P	YORK
LAMP JR MO, CLYOE B	ALLEGHENY
LAMP MO, ALBERT L	ERIE
LAMP MO, J CURTIS	MONTGOMERY
LAMPE 2NO MO, WM T	YORK
LAMPE MO, WM T	PHILAOELPHIA
LANAUZE MO, HARRY E	ALLEGHENY
LANCASTER JR MO, EOWARO L	LANCASTER
LANCE MO, LOUISA J	MONTGOMERY
LANCIANO MO, RALPH C	PHILAOELPHIA
LAND MO, ALFREO J	SCHUYLKILL
LANOAY MO, JAMES P	ALLEGHENY
LANDAY MO, LOUIS H	ALLEGHENY
LANDER MO, WM W	MONTGOMERY
LANDERMAN MO, NATHANIEL S	ALLEGHENY
LANDES MO, RAY P	BUCKS
LANOIS MO, FLOYO M	LANCASTER
LANDIS MO, RAY L	WYOMING
LANDIS MO, RICHARO M	LANCASTER
LANOIS MO, ROBT C	YORK
LANDIS MO, WM B	LANCASTER
LANOOLT MO, ODLORES M	VENANGO
LANOON JR MO, LYNOON H	ALLEGHENY
LANE MO, C OARRELL	BERKS
LANE MO, FRANK C	WESTMORELANO
LANE MO, JOHN O	BUCKS
LANE MO, PAUL W	ALLEGHENY
LANG MO, EOWARO J	ALLEGHENY
LANG MO, GREGORY M	ALLEGHENY
LANG MO, HOWARO N	ALLEGHENY
LANG MO, ROBT H	PHILAOELPHIA
LANG MO, WARREN R	PHILAOELPHIA
LANGAN 3O MO, E LAWRENCE	OELAWARE
LANGE MO, JOHN A	ERIE
LANGER MO, O MORTON	YORK
LANGFELO MO, STEPHEN B	PHILAOELPHIA
LANGFITT MO, THOS W	PHILAOELPHIA
LANGOL JR MO, GEORGE	ALLEGHENY
LANGSTON MO, WM C	YORK
LANOCE MO, LOUIS F	PHILAOELPHIA
LANSBURY MO, JOHN	PHILAOELPHIA
LANSHE MO, HAROLO F	OAUPHIN
LANSHE MO, JOHN L	OAUPHIN
LANSING MO, OOROTHY I	CHESTER
LANSON MO, FREEMAN A	ALLEGHENY
LANTOS MO, RAYMOND J	CAMBRIA
LANZ JR MO, ROBT J	ALLEGHENY
LANZ MO, RICHARO K	ALLEGHENY
LAORR MO, ANAN K	INOIANA
LAPAYOWKER MO, MARC S	PHILAOELPHIA
LAPE JR MO, IRWIN S	LEBANON
LAPES MO, GED A	YORK
LAPOINTE MO, THOMAS A	LYCOMING
LAPORTE MO, STEVEN M	PHILAOELPHIA
LAPP MO, JOHN R	LEHIGH
LAPSLEY MO, JOHN H	INOIANA
LAQUER MO, K GEORGE	PHILAOELPHIA
LARA MO, HENRY R	ERIE
LAREAU MO, OANL G	WARREN
LARGE MO, FRED O	WASHINGTON
LARGOZA MO, NACIANCENO T	PHILAOELPHIA
LARKIN MO, FRANCIS L	FAYETTE
LARKIN MO, WALTER J	LACKAWANNA
LARKIN MO, WM A	FAYETTE
LARDSSA MO, OONATO O	PHILAOELPHIA
LARSON JR MO, THEOOORE S	LYCOMING
LARSON MO, ELEANOR	TIOGA
LARSON MO, JOHN W	WARREN
LARTZ MO, RDBT E	MERCER
LARUFFA MO, PASCHAL J	MONTGOMERY
LASALVIA MO, LUCY A	PHILAOELPHIA
LASCHEID MO, WM P	ALLEGHENY
LASHER MO, JAY O	ERIE
LASHER MO, LEMUEL A	ERIE
LASHER MO, RDBT L	ERIE
LASKA MO, EOWARO M	OELAWARE
LASKAS MO, JOHN J	OELAWARE
LASKIN MO, ISAOORE	PHILAOELPHIA
LASOTA MO, GEORGE L	CHESTER
LASTICK MO, SAMUEL G	PHILAOELPHIA
LATMAN MO, STEPHEN F	BERKS
LATOFF MO, THOS J	CHESTER
LATOUR MO, FRANTZ	PHILAOELPHIA
LATOUR MO, MARIE G	PHILAOELPHIA
LATSHAW MO, ROBERT F	OAUPHIN
LATTIMER MO, GARY L	LEHIGH
LATTIN MO, GARY M	BERKS
LAUANOOS MO, IBRAHIM E	PHILAOELPHIA
LAUB MO, IRENE F	NORTHAMPTON
LAUBACH JR MO, CHAS A	MONTOUR
LAUBACH MO, GED B	NORTHAMPTON
LAUBY MO, VINCENT W	PHILAOELPHIA
LAUCIUS MO, JOS F	PHILAOELPHIA
LAUCKS MO, ROBT B	PHILAOELPHIA
LAUCKS MO, S PHILIP	YORK
LAUOENSLAGER MO, ELMER C	BUCKS
LAUDER MO, JAMES L	ALLEGHENY
LAUFER MO, ELIZABETH U	PHILAOELPHIA
LAUGHLIN MO, ROBT M	ALLEGHENY
LAUKAITIS MO, RONALD B	LANCASTER
LAUREAND MO, REYNALOO E	BUTLER
LAURENT MO, ALFRED	PHILAOELPHIA
LAURIA MO, MICHAEL H	LANCASTER
LAUTERBACH MO, EOWIN W	MONTGOMERY
LAUTZ MO, VIRGINIA H	PHILAOELPHIA
LAVAN MO, OONALO W	PHILAOELPHIA
LAVELLE MO, JAMES P	LACKAWANNA

LAVELLE MD, PAUL E	CAMBRIA	LEHRICH MD, HENRY E	LEHIGH	LEVY MD, EDWIN J	DELAWARE		
LAVENDER MD, AKOIS R	LACKAWANNA	LEIBFRIED MD, JANE M	PHILADELPHIA	LEVY MD, ELLIS H	LEHIGH		
LAVER MD, ARTHUR T	DELAWARE	LEIBOWITZ MD, ARTHUR N	DELAWARE	LEVY MD, FRANK O	PHILADELPHIA		
LAVERAN STIEBER MD, RUDOLF F	PHILADELPHIA	LEIBOWITZ MD, LEDNARD D	ALLEGHENY	LEVY MD, JACOB J	LEHIGH		
LAVERDE MD, PHILIP S	VENANGO	LEIBY MD, DAVID K	BUCKS	LEVY MD, LESLIE J	ALLEGHENY		
LAVERTY MD, GED L	DAUPHIN	LEICHT MD, PAUL F	DAUPHIN	LEVY MD, MARSHALL S	ALLEGHENY		
LAVIN DO, EDWIN	PHILADELPHIA	LEIDY MD, JOHN P	BERKS	LEVY MD, REINHARDT D	ALLEGHENY		
LAVIN MD, MORRIS	PHILADELPHIA	LEIGH MD, REWNG	WESTMORELAND	LEVY MD, SYDNEY	YORK		
LAVIN MD, ROBERT J	BUCKS	LEIGHTON MD, JOSEPH	PHILADELPHIA	LEW MD, CHUNG M	BEAVER		
LAVINE MD, RDBERT L	PHILADELPHIA	LEIGHTY MD, RALPH G	ALLEGHENY	LEWIN MD, JULIAN R	ALLEGHENY		
LAWLOR MD, JOHN M	PHILADELPHIA	LEINBACH MD, THDS C	BERKS	LEWIN MD, KARL K	ALLEGHENY		
LAWRENCE MD, CLINTON M	LANCASTER	LEINER MD, SEYMOUR	PHILADELPHIA	LEWINE MD, YALE S	CAMBRIA		
LAWRENCE MD, JAMES B	PHILADELPHIA	LEINWEBER MD, BRUCE K	PHILADELPHIA	LEWINN MD, EDWARD B	PHILADELPHIA		
LAWRENCE MD, JOHN W	DELAWARE	LEIPHART MD, CLARENCE D	LANCASTER	LEWIS JR MD, HDWARD T	ALLEGHENY		
LAWRENCE MD, SALVATORE A	LACKAWANNA	LEIPOLD MD, ROBT W	MONTOUR	LEWIS MD, ALAN E	PHILADELPHIA		
LAWSKY MD, ALAN R	ALLEGHENY	LEIS MD, DEAN J	DAUPHIN	LEWIS MD, OANL W	PHILADELPHIA		
LAWSON JR MD, E KIRBY	DAUPHIN	LEISAWITZ MD, ELLIDTT G	BERKS	LEWIS MD, EARL T	CHESTER		
LAWSON JR MD, HERMAN	ALLEGHENY	LEISAWITZ MD, PAUL A	BERKS	LEWIS MD, HENRY C	WESTMDRELAND		
LAYDEN MD, PAUL W	ERIE	LEISE MD, ELEANDR O	DELAWARE	LEWIS MD, KATHRYN A	BLAIR		
LAYMAN MD, RICHARD P	FRANKLIN	LEISTER MD, C MERRILL	LEHIGH	LEWIS MD, L CLIFFORD	CHESTER		
LAZARO MD, MIGUELA D	PHILADELPHIA	LEISTER MD, GLENN F	YDRK	LEWIS MD, MAURICE J	DAUPHIN		
LEACH MD, GARY R	ERIE	LEISTER MD, HOWARD A	BUCKS	LEWIS MD, PAUL L	PHILADELPHIA		
LEAFF MD, LOUIS A	PHILADELPHIA	LEITNER MD, KERMIT L	DAUPHIN	LEWIS MD, PAUL M	CRAWFORD		
LEAHY MD, JDHN J	PHILADELPHIA	LEIVY MD, FRANK E	PHILADELPHIA	LEWIS MD, RDBT E	ALLEGHENY		
LEAL MD, GUMERSINDO R	SCHUYLKILL	LEKAWA MD, THADDEUS	YORK	LEWIS MD, SCDTT B	CHESTER		
LEAMAN MD, DAVID M	DAUPHIN	LELL MD, WM A	PHILADELPHIA	LEWIS MD, STUART H	DELAWARE		
LEAMAN MD, IVAN B	LANCASTER	LEMAN MD, WM W	DELAWARE	LEWIS MD, THOS J	ALLEGHENY		
LEAMAN MD, THOS L	DAUPHIN	LEMERT MD, MICHAEL R	CHESTER	LEWIS MD, WILLIAM D	PHILADELPHIA		
LEAR MO, BENJ F	ARMSTRONG	LEMMON JR MD, WM T	PHILADELPHIA	LEWIS MD, WM J	PHILADELPHIA		
LEARDI MD, ROBT K	OELAWARE	LEMMON MD, WM M	PHILADELPHIA	LEWITT MD, MICHAEL H	PHILADELPHIA		
LEARNER MD, NORMAN	PHILADELPHIA	LEMOLE MD, GERALD M	PHILADELPHIA	LEYDIG MD, RICHARD A	WESTMORELAND		
LEASER MD, JDS P	DAUPHIN	LEMON MD, ARDEN N	PHILADELPHIA	LEZEK MD, VINCENT J	ALLEGHENY		
LEAVITT MD, FREDERIC H	PHILADELPHIA	LEMONCELLI MD, GARY L	ALLEGHENY	LIACHOWITZ MD, CLAIRE H	PHILADELPHIA		
LEAVITT MD, HERBERT M	NORTHAMPTON	LENAHAN MD, PAUL J	DELAWARE	LIANG MO, DAVID Y	ALLEGHENY		
LEB MD, OANL E	ALLEGHENY	LENEHAN MD, JDSEPH M	ALLEGHENY	LIANG MD, MARIA	ALLEGHENY		
LEBEAU MD, JACK	MONTGOMERY	LENOX MD, CORA C	ALLEGHENY	LIANG MD, PING-TCHANG	ALLEGHENY		
LEBER MD, ALFRED P	MONTGOMERY	LENTINI MD, JOS A	LUZERNE	LIAD MD, BENEDICT S	OELAWARE		
LEBERMAN MD, PAUL R	PHILADELPHIA	LENTON MD, HERBERT P	CUMBERLAND	LIAO MD, SHANG C	BEAVER		
LEBISCHAK MD, PETER H	DELAWARE	LENTZ MO, CONRAD L	NORTHAMPTON	LIAW MD, MING T	PHILADELPHIA		
LEBO MD, ARLANO A	LANCASTER	LENTZ MD, JOHN W	PHILADELPHIA	LIAW MD, WEN H	PHILADELPHIA		
LEBOUITZ MD, STANTON S	YORK	LENTZ MD, ROBT E	LEHIGH	LIBERACE MO, ETTORE V	DELAWARE		
LEBOVITZ MD, ALLEN E	ALLEGHENY	LENTZ MD, SYLVESTER E	CARBON	LIBERI MD, ALFRED A	DELAWARE		
LEBOVITZ MD, CHAS N	ALLEGHENY	LENYO MD, GED E	LUZERNE	LIBERMAN MD, ALBERTO J	VENANGD		
LEBOVITZ MD, EDWARD	ALLEGHENY	LEON MD, DONALD F	ALLEGHENY	LIBERTA MO, THOS R	NORTHAMPTON		
LEBOVITZ MD, JEROME J	ALLEGHENY	LEONARD JR MD, EDWARD C	PHILADELPHIA	LIBONATI MD, MARGARET M	PHILADELPHIA		
LECHER MD, ROBERT C	DELAWARE	LEONARD MD, JAMES J	ALLEGHENY	LICHTER MO, ISADORE A	ALLEGHENY		
LECHER MD, WALLACE O	DELAWARE	LEONARO MD, JUSTIN T	LEBANON	LICHTER MO, JAMES G	ALLEGHENY		
LECHMAN MO, JOS F	WESTMORELAND	LEONARDD MO, FRANK A	ALLEGHENY	LIDOELL MO, ALBERT G	LYCOMING		
LECHMAN MO, MICHAEL J	DELAWARE	LEONE MO, CHAS R	ERIE	LIDOELL MO, J SPENCER	ALLEGHENY		
LECHNER MO, FREOERIC C	LYCDMING	LEONI MO, JOSEPH	BERKS	LIEBEN MO, JAN	PHILAOELPHIA		
LECKS MO, HAROLD I	MONTGOMERY	LEONIOA MD, ELFREN L	WESTMDRELANO	LIEBERMAN JR MO, ALEXANOER	PHILAOELPHIA		
LECKS MO, LEONARD E	PHILAOELPHIA	LEOPOLD JR MO, ALBERT R	MIFFLIN-JUNIATA	LIEBERMAN JR MD, JDS A	LEHIGH		
LEDIS MO, RDBT	PHILAOELPHIA	LEOPOLO MO, ROBT L	PHILAOELPHIA	LIEBERMAN MD, ALAN H	PHILAOELPHIA		
LEDIS MO, SEYMOUR	BUCKS	LEOPOLD MO, SAMUEL	PHILAOELPHIA	LIEBERMAN MO, OANL	PHILAOELPHIA		
LEE JR MO, CHAS T	PHILAOELPHIA	LEPANTD MO, PHILIP B	PHILADELPHIA	LIEBERMAN MD, FRANCIS A	LEHIGH		
LEE JR MD, JAMES H	PHILAOELPHIA	LEPAR MO, EDWIN	PHILAOELPHIA	LIEBERMAN MD, GEDRGE E	PHILAOELPHIA		
LEE MD, ARTHUR B	PHILAOELPHIA	LEPPERD MD, FLOYD C	YORK	LIEBERMAN MD, SAML	PHILAOELPHIA		
LEE MD, BANG H	ALLEGHENY	LERBERG MO, OAVIO B	ALLEGHENY	LIEBERT MO, PETER S	PHILAOELPHIA		
LEE MO, BONG S	PHILAOELPHIA	LERMAN MO, GEO S	ALLEGHENY	LIEBLER MO, GEORGE A	ALLEGHENY		
LEE MD, CHANCHI	BUCKS	LERMAN MO, LEO R	YORK	LIEBMAN MO, EMIL P	PHILAOELPHIA		
LEE MO, CHAS Y	OELAWARE	LERNER MD, HARVEY J	PHILAOELPHIA	LIEBMAN MO, IRVIN M	BUCKS		
LEE MD, CHONG K	MONTOUR	LERNER MO, JACOB C	PHILADELPHIA	LIEBMAN MD, RONALD	PHILAOELPHIA		
LEE MD, CHONG S	NORTHAMPTON	LERNER MO, SAMUEL M	LEHIGH	LIEOTKE MO, ARTHUR J	OAUPHIN		
LEE MO, CHUL N	MERCER	LERNER MO, SIONEY S	PHILAOELPHIA	LIEF MD, HARDLO I	PHILAOELPHIA		
LEE MD, CHUNG H	LUZERNE	LEROY MO, N BLAIR	MONTGOMERY	LIEM MO, HAN	PHILAOELPHIA		
LEE MD, OO W	ALLEGHENY	LESHOCK MD, LEON E	CARBON	LIFTON MO, LESTER J	OAUPHIN		
LEE MD, FOO T	ALLEGHENY	LESLIE JR MO, M RUSSELL	ALLEGHENY	LIGGETT MO, JDHN S	ALLEGHENY		
LEE MO, HAK S	WASHINGTON	LESLIE MD, OAVIO C	WASHINGTON	LIGGETT MD, JOS G	ALLEGHENY		
LEE MD, HENRY F	PHILADELPHIA	LESNIAK MO, JDHN P	LACKAWANNA	LIGHT MD, HARRY G	NORTHAMPTON		
LEE MO, HDWARD G	CHESTER	LESNOCK MO, RDBT G	WASHINGTON	LIGHT MO, JOHN H	CENTRE		
LEE MD, HUI C	NORTHAMPTON	LESSE MD, S MICHAEL	NORTHAMPTON	LIGHT MO, JDHN J	LEBANON		
LEE MO, IN W	ERIE	LESSIG MD, HARRY J	PHILADELPHIA	LIGHT MO, WILMA C	WESTMORELAND		
LEE MD, JAE H	PHILAOELPHIA	LESTER MO, DANL E	WASHINGTON	LIGHTFUOT MO, WM P	PHILAOELPHIA		
LEE MO, JAMES J	ALLEGHENY	LETOCHA MD, CHARLES E	YORK	LIGNELLI MD, GREGORY J	BERKS		
LEE MO, JANGWOO	SCHUYLKILL	LEUCCI MD, GINO	PHILAOELPHIA	LIKOFF MD, WM	PHILAOELPHIA		
LEE MD, JENNIFER C	BUCKS	LEUTE MD, MILLARO S	OELAWARE	LILLEY MO, GEO W	OELAWARE		
LEE MD, JUNG-PIL	BERKS	LEVAN MD, JDHN B	BERKS	LILLI MD, ELMO J	MONROE		
LEE MD, K FRANCIS	PHILADELPHIA	LEVANDOWSKI MO, RICHARD	LANCASTER	LIM MO, OEE B	PHILADELPHIA		
LEE MO, KI B	LUZERNE	LEVENBERG MO, OAVID	PHILADELPHIA	LIM MD, EDWARO T	FAYETTE		
LEE MD, KWAN I	ALLEGHENY	LEVENDORF MD, MELVIN	ALLEGHENY	LIM MD, HENG-FENG	DAUPHIN		
LEE MO, KWAN W	PHILAOELPHIA	LEVENSON MD, CARL	PHILAOELPHIA	LIM MD, JOHN P	MONROE		
LEE MO, KWANG W	PHILAOELPHIA	LEVENSON MD, MORTON W	LANCASTER	LIM MD, MARID R	PHILADELPHIA		
LEE MO, MARTIN L	MDNTOUR	LEVENTHAL MO, HOWARD E	MDNTGOMERY	LIM MD, OSMUNOO U	OELAWARE		
LEE MD, OOK J	ALLEGHENY	LEVER MO, HARRY M	ALLEGHENY	LIMBERGER MD, WM A	CHESTER		
LEE MO, RICHARO G	NORTHAMPTON	LEVICK MD, LEDNARD J	PHILADELPHIA	LIMBERT MO, LAWRENCE	MONTGOMERY		
LEE MO, RDBT E	ALLEGHENY	LEVICK MD, MARVIN H	ALLEGHENY	LIMCUANDO MO, EMILIAND D	SOMERSET		
LEE MO, ROTAN	PHILAOELPHIA	LEVICK MO, STANLEY N	PHILAOELPHIA	LIMKAKENG MO, ALEXANOER O	MERCER		
LEE MD, SANG E	ALLEGHENY	LEVIN MD, BARRY L	PHILADELPHIA	LIN MO, CHING H	SCHUYLKILL		
LEE MD, SANG T	NORTHAMPTON	LEVIN MD, DANL M	DAUPHIN	LIN MD, MEI-PU	CENTRE		
LEE MO, SEOUP C	BEAVER	LEVIN MO, GENE O	BUCKS	LIN MD, MING S	ALLEGHENY		
LEE MD, SEUNG H	PHILAOELPHIA	LEVIN MD, HARVEY M	PHILAOELPHIA	LIN MD, PAUL M	PHILADELPHIA		
LEE MO, WON Y	SCHUYLKILL	LEVIN MD, MICHAEL O	PHILADELPHIA	LIN MO, PEI S	NORTHAMPTON		
LEE MO, YANG W	ALLEGHENY	LEVIN MO, MORRIS	BUCKS	LINCOFF MD, WM	OELAWARE		
LEE MD, YING P	FAYETTE	LEVIN MO, MOSES J	PHILAOELPHIA	LINDBLAD MO, JOHN H	ALLEGHENY		
LEE MO, YONG H	LEHIGH	LEVIN MO, RICHARO L	BUCKS	LINDEMAN MO, CLARENCE W	FRANKLIN		
LEE MD, YOUNG B	WARREN	LEVIN MO, RICHARD M	LANCASTER	LINDEMUTH MD, EOMUNO K	BUCKS		
LEE-BENNER MO, LORD A	PHILADELPHIA	LEVIN MO, SIMON	OELAWARE	LINOEN MD, MAURICE E	PHILAOELPHIA		
LEECH MD, JOHN W	ALLEGHENY	LEVINE MD, ARNOLD H	PHILAOELPHIA	LINOENBAUM DO, ELLIS J	PHILADELPHIA		
LEEDHAM MD, CHAS L	OAUPHIN	LEVINE MD, CHARLES R	LEHIGH	LINDENBAUM MO, JDRGE	ALLEGHENY		
LEEDDM MO, JOHN F	MONTGOMERY	LEVINE MO, GERALD A	ALLEGHENY	LINOENFELO MO, ARTHUR	LEHIGH		
LEEGARO MO, ROBERT L	PHILADELPHIA	LEVINE MO, JACOB	WESTMORELANO	LINOENMUTH MO, WODOROW W	PHILADELPHIA		
LEEN MO, RAYMDNO L	ALLEGHENY	LEVINE MD, LED A	VENANGO	LINOER MO, NORBERT N	CHESTER		
LEET MO, THDMAS E	LEHIGH	LEVINE MO, MACY I	ALLEGHENY	LINDES MO, CONRAO	ALLEGHENY		
LEFEVER MO, ROBT S	AOAMS	LEVINE MD, PHILLIP R	ALLEGHENY	LINOQUIST MO, JDHN N	PHILAOELPHIA		
LEFF MD, BERNARO	ALLEGHENY	LEVINE MO, SAML	PHILAOELPHIA	LINDSAY MD, RENA M	ALLEGHENY		
LEFKDE MO, RDY T	PHILAOELPHIA	LEVINE MO, SHELDON R	ALLEGHENY	LINE MO, OENNIS E	CUMBERLANO		
LEFTDN MO, HARVEY B	PHILADELPHIA	LEVINSKY MO, WALTER J	PHILAOELPHIA	LING MD, CHAS C	SCHUYLKILL		
LEGENDRE MD, GERALO M	MONTGOMERY	LEVINSON MD, JULIAN P	ALLEGHENY	LINHART MO, RANOOLPH W	ALLEGHENY		
LEGUM MO, RDNALD M	LANCASTER	LEVINSDN MO, RICHARO S	PHILADELPHIA	LINHART MO, WM D	ALLEGHENY		
LEHMAN JR MO, CHAS A	LYCOMING	LEVINSON MD, SANDER J	LACKAWANNA	LINN DO, RDBERT	PHILAOELPHIA		
LEHMAN MO, CLARA M	ALLEGHENY	LEVINSDN MO, WM O	WESTMORELANO	LINN JR MD, JAY G	ALLEGHENY		
LEHMAN MO, EOWARD D	PHILADELPHIA	LEVIS JR MO, WM R	DELAWARE	LINN MO, JOHN L	WARREN		
LEHMAN MD, HARVEY L	LANCASTER	LEVIS MO, MICHAEL P	ALLEGHENY	LINN MO, ROBT H	LANCASTER		
LEHMAN MD, JOHN W	BEAVER	LEVISON MO, OAVID J	ALLEGHENY	LINNEMANN MD, ROGER E	PHILADELPHIA		
LEHMAN MO, RICHARO M	LYCDMING	LEVISON MO, SANORA P	PHILAOELPHIA	LINTGEN MO, ARTHUR B	MONTGOMERY		
LEHMAN MO, ROBT N	ALLEGHENY	LEVIT MO, EDITHE J	PHILAOELPHIA	LINTGEN MO, CHARLES I	PHILADELPHIA		
LEHMAN MO, RUBY Z	OAUPHIN	LEVIT MO, JOS	PHILADELPHIA	LINTZMEYER MD, EMIL A	OELAWARE		
LEHR MO, HERNDON B	PHILAOELPHIA	LEVIT MO, SAML M	PHILAOELPHIA	LIPANA MD, OSCAR N	ALLEGHENY		
LEHRER MO, LEWIS	PHILAOELPHIA	LEVITT MO, LAWRENCE P	LEHIGH	LIPAPIS MO, CHRISTY N	ALLEGHENY		

LIPCIUS MD, FRANK	DELAWARE
LIPINSKI MD, JDS F	WESTMDRELAND
LIPKIN MD, DAVID E	MDNTGDMERY
LIPMAN MD, BERNARD L	PHILADELPHIA
LIPPERT MD, LDUIS C	JEFFERSDN
LIPPIN MD, RICHARD A	PHILADELPHIA
LIPPD MD, FRANK L	PHILADELPHIA
LIPSCHUTZ MD, ARTHUR	PHILADELPHIA
LIPSCHUTZ MD, SAML S	PHILADELPHIA
LIPSHUTZ MD, HARDLD	PHILADELPHIA
LIPSHUTZ MD, WILLIAM M	PHILADELPHIA
LIPSIUS MD, EDWARD I	PHILADELPHIA
LIPSDN MD, M BARRY	BUCKS
LIPTDN MD, ALLAN	DAUPHIN
LIS MD, EDWARD T	YDRK
LISAN MD, PHILIP	PHILADELPHIA
LISKA MD, JDHN R	WESTMDRELAND
LISKER MD, SHELDDN A	PHILADELPHIA
LISDWITZ MD, GERALD M	WESTMDRELAND
LISS MD, GILBERT A	CHESTER
LISTA MD, WM A	DELAWARE
LITRENTA MD, DAVID E	YDRK
LITT MD, RDBERT M	PHILADELPHIA
LITTLE MD, G RDBERT	DAUPHIN
LITTLE MD, HARRY	MDNTDUR
LITTLE MD, RALPH B	PHILADELPHIA
LITTLE MD, RDBT G	DAUPHIN
LITTMAN MD, PHILIP	PHILADELPHIA
LITTMAN MD, SDLDMDN I	DELAWARE
LITTDN MD, JASDN J	DAUPHIN
LITTDN MD, LINDA T	DAUPHIN
LITVIN MD, HENRY	MDNTGDMERY
LIU MD, JUNG-CHING	PHILADELPHIA
LIU MD, TUN Y	ALLEGHENY
LIVELY MD, HENRY S	BRADFDRD
LIVENGUDD MD, MARGARET A	LUZERNE
LIVDLSI MD, PHILIP D	PHILADELPHIA
LIZAK MD, GABRIEL M	SCMUYLKILL
LLEWELLYN MD, WM J	WYDMING
LLOYD MD, EDGAR C	BERKS
LLDYD MD, GERALD R	ERIE
LUBL MD, LAWRENCE T	ALLEGHENY
LUCHHEAD MD, HARRIE B	PHILADELPHIA
LUCKE MD, DAVID L	ALLEGHENY
LDCKEY III MD, STEPHEN D	LANCASTER
LUCKEY MD, STEPHEN D	LANCASTER
LDDER DD, DDNALD I	BERKS
LDDISE MD, RAYMDND J	PHILADELPHIA
LUEB MD, RDBT L	ERIE
LDEB MD, RDLAND A	LANCASTER
LDEFFLER JR MD, JDHN G	CUMBERLAND
LUEHLLE MD, JDHN F	LEBANDN
LDEPER MD, DDNALD J	BERKS
LDEV MD, MARVIN	BUCKS
LDEW MD, CLIFFDRD G	PHILADELPHIA
LDEWENBERG MD, LEDPDLD S	PHILADELPHIA
LDFTIS MD, JDHN W	ALLEGHENY
LDFTUS MD, J EDWARD	PHILADELPHIA
LDFTUS MD, JDS A	LUZERNE
LDFTUS MD, THDMAS A	PHILADELPHIA
LDFTUS MD, THDS M	PHILADELPHIA
LUGAN MD, DAVID J	FRANKLIN
LDGAN MD, KENNETH M	ALLEGHENY
LDGAN MD, THDS M	PHILADELPHIA
LUGID MD, THDS	MC KEAN
LDGUE MD, JAMES G	PHILADELPHIA
LDH MD, CHARLES K	CUMBERLAND
LDHIER MD, RAYMDND	PHILADELPHIA
LUHMANN MD, ALBERT E	BERKS
LUIKREC MD, HARRY	ALLEGHENY
LUIUDICE DD, THDMAS A	ALLEGHENY
LDMAX JR MD, WALTER P	PHILADELPHIA
LDMBARD MD, RDBT M	LANCASTER
LUMBARUD MD, SEBASTIAN	ELK-CAMERDN
LUMBUY MD, NDRMA T	LEHIGH
LUNDDN MD, GLADYS Z	DELAWARE
LUNDDN MD, PHILIP	PHILADELPHIA
LUNDDN MD, W THDMAS	PHILADELPHIA
LUNERGAN MD, RUBERT P	DAUPHIN
LUNG JR MD, HERBERT C	INDIANA
LUNG JR MD, WM C	CLINTDN
LUNG MD, EDWIN T	ALLEGHENY
LUNG MD, ELMER C	LEHIGH
LUNG MD, HARRY J	PHILADELPHIA
LUNG MD, JDS P	PHILADELPHIA
LUNG MD, JULIAN S	LUZERNE
LUNG MD, PHILIP M	LANCASTER
LUNG MD, RICHARD A	ALLEGHENY
LUNG MU, THEDDDRE K	LEBANDN
LUNG MD, THDS C	ALLEGHENY
LUNG SR MD, WM L	PHILADELPHIA
LUNGAKER JR MD, GED M	MDNTGDMERY
LUNGARINI MD, AMILCAR E	SCHUYLKILL
LUNGENECKER MD, BENJ E	BERKS
LUNGENECKER MD, RDGER N	BERKS
LUNGENHAGEN MD, JDHN B	LEHIGH
LUNGU MD, SANTD	HUNTINGDDN
LUNGWELL JR MD, BENTDN E	CAMBRIA
LUNGWELL MD, RDBT H	LANCASTER
LUNSDDRF MD, RICHARD G	PHILADELPHIA
LUKINGBILL MD, DDNALD P	DAUPHIN
LUMIS MD, CHAS H	DAUPHIN
LUMIS MD, JAMES W	LACKAWANNA
LUPEZ MD, UBALDD P	MDNTDUR
LUPEZ-PADILLA MD, FRANZ H	ALLEGHENY
LUPDNTE MD, MARIE A	PHILADELPHIA
LUPRETE MD, FREDERICK P	DELAWARE
LUPUSNIAK MD, MIECZYSLAW S	DELAWARE
LURBER MD, STANLEY H	PHILADELPHIA
LURD MD, WILLIAM H	BERKS
LURENTZ MD, GERALD T	FRANKLIN
LURENZ III MD, STEPHEN A	ALLEGHENY
LURENZ MD, CARL E	MDNTGDMERY
LURENZ MD, HUWARD	PHILADELPHIA
LURENZU MD, NICHDLAS F	JEFFERSDN
LURICO MD, ABEGAEL N	PHILADELPHIA
LURRY MD, RALPH W	PHILADELPHIA
LURUSSU MD, VIRGIL A	ERIE
LUSASSU MD, DDMINIC E	ARMSTRDNG
LDTA MD, MILDS J	LEBANDN
LDTKE MD, PAUL A	PHILADELPHIA
LDTTICK MD, EDWARD A	LUZERNE
LDTZ MD, ANDREW J	CHESTER
LDUGHEAD JR MD, JDHN R	BERKS
LDUGHERIDGE MD, CHALMERS A	PHILADELPHIA
LDUGHLIN MD, RICHARD R	MDNTGDMERY
LDUGHREY MD, JDS	ALLEGHENY
LDUIS-CHARLES MD, RDY	PHILADELPHIA
LUUKA MD, MDUNIR H	PHILADELPHIA
LDUX MD, NDRMAN L	BUCKS
LOVE MD, MICHAEL B	PHILADELPHIA
LDVE MD, WILLARD H	DAUPHIN
LDVECCHID MD, FRANCIS A	MDNRDE
LOVELL MD, DDNALD R	BLAIR
LOVETTE MD, JDHN B	CAMBRIA
LUVRINIC MD, DANL F	LUZERNE
LDVRINIC MD, WM S	CHESTER
LUN MU, THDS H	NDRTHAMPTDN
LUNDER JR MD, RALPH J	ALLEGHENY
LDWE MD, RAYMDND E	WARREN
LDWELL MD, FRED M	LANCASTER
LDWELL MD, JDNATHAN	ALLEGHENY
LOWERY MD, WILLA D	ALLEGHENY
LDWRIGHT JR MD, WALLACE J	LEHIGH
LDWRY MD, DDNALD J	DAUPHIN
LUWRY MD, LDUIS D	PHILADELPHIA
LDWRY MD, W NDRWDDD	BERKS
LDWY JR MD, ALEXANDER D	ALLEGHENY
LU MD, MILTDN M	LANCASTER
LUBIC MD, LDWELL G	ALLEGHENY
LUBIN MD, JDS D	PHILADELPHIA
LUBIZKA MD, ALEXANDRIA	PHILADELPHIA
LUBUN MD, HARRY	WESTMDRELAND
LUBDWIIZ MD, RICHARD M	MDNTGDMERY
LUCAS MD, R DUBDIS	PHILADELPHIA
LUCAS MD, RDBT S	BUTLER
LUCCHIND MD, DAVID B	LUZERNE
LUCENA MD, AURDRA L	PHILADELPHIA
LUCENA MD, ERNESTU E	DELAWARE
LUCENTE MD, EDWARD R	PHILADELPHIA
LUCHETTE MD, ALBERT A	MERCER
LUCHI MD, ANGELD L	LUZERNE
LUCIER MD, ALFRED C	DELAWARE
LUCINE JR MD, ALBERT A	CHESTER
LUDMER MD, MARID	ALLEGHENY
LUDWIG MD, JACDB S	YURK
LUFT MD, WM C	BRADFDRD
LUGAR MD, EDWARD R	BEAVER
LUGUE JR MD, AMADD B	CLEARFIELD
LUGUE MD, CARMELA S	CLEARFIELD
LUISTRD MD, PATRIA D	PHILADELPHIA
LUKAS MD, RAYMDND A	LYCDMING
LUKASZCZYK MD, THDS A	NDRTHAMPTDN
LUKENS MD, FRANCIS D	ALLEGHENY
LUKENS MD, RDBERT M	PHILADELPHIA
LULL JR MD, CLIFFDRD B	JEFFERSDN
LUMISH MD, RDBERT M	ALLEGHENY
LUMISH MD, SALEM H	PHILADELPHIA
LUNA MD, FREDESVINDA	CLEARFIELD
LUNA MD, RDBERTD S	CLEARFIELD
LUND MD, PEERE C	CAMBRIA
LUNDIE MD, WILLIAM M	WESTMDRELAND
LUNDY MD, BARBARA S	MDNTGDMERY
LUNDY MD, THEDDDRE	PHILADELPHIA
LUNG MD, RICHARD J	DAUPHIN
LUNSFDRD MD, LAWRENCE D	ALLEGHENY
LUDNGU JR MD, RDMED A	PHILADELPHIA
LUUNGD MD, JDS C	DELAWARE
LUDNGD SR MD, RDMED A	PHILADELPHIA
LUPARELLD MD, FRANK J	ALLEGHENY
LUPARIELLD MD, ANGELD D	PHILADELPHIA
LUPIN MD, GDRDDN W	MDNTGDMERY
LUPD DD, STEPHEN F	ERIE
LUQMAN MD, WIJDAN A	ALLEGMENY
LURIE MD, ABRAHAM A	MDNTGDMERY
LUSCH MD, CHAS J	BERKS
LUSCHINSKY MD, WALTER	SCHUYLKILL
LUSCDMBE MD, HERBERT A	PHILADELPHIA
LUSSER MD, MARTHA A	LEHIGH
LUSTUSKY MD, WM A	NDRTHUMBERLAND
LUTHER MD, RDBERT J	CAMBRIA
LUTHRA MD, DAMYANTI	ALLEGHENY
LUTHRA MD, MAMMDHAN S	ALLEGHENY
LUTMAN MD, FRANK C	PHILADELPHIA
LUTTDN MD, EDWARD C	BUTLER
LUTZ JR MD, RDLAND B	MDNTGDMERY
LUTZ MD, EDGAR H	SUSQUEHANNA
LUTZ MD, RAYMDND J	LEHIGH
LUTZ MD, RDNALD A	LEHIGH
LYCHAK MD, JDHN C	NDRTHAMPTDN
LYLE MD, DDNALD F	PHILADELPHIA
LYNCH JR MD, FRANK B	PHILADELPHIA
LYNCH MD, J EDWARD	PHILADELPHIA
LYNCH MD, JAMES J	PHILADELPHIA
LYNCH MD, JAMES R	WESTMDRELAND
LYNCH MD, JDHN C	BRADFDRD
LYNCH MD, JDS S	DELAWARE
LYNCH MD, RDBT E	CHESTER
LYND JR MD, CLIFFDRD W	YDRK
LYNESS MD, SAML S	MDNTGDMERY
LYNN MD, CHARLES A	BUTLER
LYNN MD, DDRDTHY R	PHILADELPHIA
LYDN JR MD, EDWARD	LYCDMING
LYDN MD, JULIAN M	PHILADELPHIA
LYDN MD, WILLIAM R	YDRK
LYUNS JR MD, JDHN W	PHILADELPHIA
LYUNS MD, EDWIN L	LUZERNE
LYDNS MD, GARY W	ERIE
LYDNS MD, HARVEY	PHILADELPHIA
LYDNS MD, LAWRENCE L	ALLEGHENY
LYDNS MD, RALPH	SCHUYLKILL
LYDNS MD, RICHARD C	ERIE
LYDNS MD, WILBERT A	BUCKS
LYTEL MD, FREDERICK	MDNTGDMERY
LYTLE MD, LARRY H	CLINTDN
LYU MD, BDYNG-SDDK L	PHILADELPHIA

M

MAAS MD, ANTHDNY E	DAUPHIN
MACARANAS MD, RENATD R	CENTRE
MACDDNALD MD, GED F	ALLEGHENY
MACDDNALD MD, RDBT R	ALLEGHENY
MACDUUGALL MD, HDWARD H	YDRK
MACDDUGALL MD, RDBT D	YDRK
MALEK MD, RALPH C	BLAIR
MACFADYEN MD, BRUCE V	PHILADELPHIA
MACHAJ MD, THEDDDRE S	ALLEGHENY
MACHANIC MD, HARMDN J	LYCDMING
MACHT JR MD, ELMER L	PHILADELPHIA
MACISAAC MD, PEGGY S	INDIANA
MACK MD, KARIN F	PHILADELPHIA
MACKALL MD, MELVERN M	BEAVER
MACKALL MD, SAML J	LUZERNE
MACKAY MD, BRUCE R	BRADFDRD
MACKELL JR MD, JAMES V	PHILADELPHIA
MACKELL MD, JAMES V	PHILADELPHIA
MACKENZIE MD, CHAS E	WARREN
MACKENZIE MD, IAIN L	YDRK
MACKENZIE MU, NDRMAN D	CHESTER
MACKEY JR MD, JAMES G	MDNTGDMERY
MACKIE MD, JULIUS A	PHILADELPHIA
MACKINNEY MD, CHAS C	PHILADELPHIA
MACKLER MD, GERALD L	BRADFDRD
MACKDWIAK MD, RDBT C	PHILADELPHIA
MACKRELL MD, JAMES J	LACKAWANNA
MACKRELL MD, WM P	LACKAWANNA
MACLACHLAN MD, MARGARET J	ALLEGHENY
MACLACHLAN MD, WM W	ERIE
MACLEOD MD, GDRDDN K	ALLEGHENY
MACMILLAN MD, RDBERT M	PHILADELPHIA
MACMDRAN MD, JAY W	PHILADELPHIA
MACDM MD, VDRRIE B	CARBDN
MACUT MD, S SAUA	DAUPHIN
MACVAUGH 3RD MD, HORACE	PHILADELPHIA
MACY MD, CHAS T	MONTGDMERY
MADANY MD, BAHIJ H	BUCKS
MADDEN MD, FRANCIS P	BUCKS
MADDEN MD, JAMES J	MDNTGDMERY
MADIANDS MD, MICHAEL	PHILADELPHIA
MADIGAN MD, THDS J	ALLEGHENY
MADDFF MD, HENRY R	ALLEGHENY
MADUNNA MD, HARRY M	PHILADELPHIA
MADDNNA MD, JDHN J	LEHIGH
MADUN MD, LED	PHILADELPHIA
MADURA MD, JDS R	MERCER
MAERZ MD, JDHN C	MDNTGDMERY
MAFFUCCI JR MD, VICTDR	BEDFDRD
MAGARGAL MD, LARRY E	PHILADELPHIA
MAGARGLE MD, RDDNEY L	DAUPHIN
MAGARGLE MD, RDNALD K	MDNTGDMERY
MAGBDJUS MD, QUIRICD R	FRANKLIN
MAGBDJDS MD, ZENAIDA V	FRANKLIN
MAGEE MD, RICHARD B	BLAIR
MAGHEN MD, KHALIL	PHILADELPHIA
MAGID MD, WARREN P	YDRK
MAGILL MD, RICHARD M	DAUPHIN
MAGILL MD, WM H	PERRY
MAGILNER MD, ARTHUR D	PHILADELPHIA
MAGILNER MD, LDUIS	PHILADELPHIA
MAGLEY MD, RDBT C	CAMBRIA
MAGNANI MD, THDS J	CENTRE
MAGNANT MD, CLAUDE D	WARREN
MAGNANT MD, HENRY A	NDRTHAMPTDN
MAGNUSSEN MD, APRIL B	ALLEGHENY
MAGDVERN MD, GED J	ALLEGHENY
MAGRAN MD, LEDNARDD	PHILADELPHIA
MAGRU MD, FRANCESCD P	BUCKS
MAGUIRE MD, JDS I	DELAWARE
MAGUIRE MD, LED J	DELAWARE
MAGUIRE MD, PHILLIP H	DAUPHIN
MAHA MD, GED E	PHILADELPHIA
MAHAJAN MD, SHYAMSUNDAR S	NDRTHAMPTDN
MAHALINGAPPA MD, C	WESTMDRELAND
MAHAN MD, RDBT G	CAMBRIA
MAHATAPHDNGSE MD, VIKRDM P	DAUPHIN
MAHER MD, REGIS M	FAYETTE
MAHIDHARA MD, SESHAMAMBA	FAYETTE
MAHUN JR MD, FRANK B	BRADFDRD
MAHDN MD, JDHN K	NDRTHAMPTDN
MAHDN MD, MARILYN S	DAUPHIN
MAHDN MD, WILMER B	DAUPHIN
MAHDNEY MD, MARGARET G	PHILADELPHIA
MAHODD MD, WM H	MDNTGDMERY
MAHSDDB MD, ABDUL-HAMED	ALLEGHENY
MAIDA MD, FRANK V	WESTMDRELAND
MAIER MD, WILLIS P	PHILADELPHIA
MAIGUR MD, WM S	LACKAWANNA
MAINZER MD, FRANCIS K	ERIE
MAINZER MD, FRANCIS S	HUNTINGDDN
MAINZER MD, THDS R	HUNTINGDDN
MAIDRANA MD, S LERDY	BERKS
MAIURIELLD MD, JDS J	DELAWARE
MAISEL MD, WILFRED	NDRTHAMPTDN
MAISELS MD, M JEFFREY	DAUPHIN
MAISH JR MD, GEDRGE D	NDRTHAMPTDN
MAITLAND MD, LEAH A	ADAMS
MAIVALD MD, PAVEL	ALLEGHENY
MAJEWSKI MD, JERZY	ARMSTRDNG
MAJDR MD, DAVID A	PHILADELPHIA
MAJDR MD, EDWARD H	LUZERNE
MAJSTDRAVICH JR MD, JDSEPH	ALLEGHENY
MAKARY MD, ADEL Z	MDNTDUR
MAKDAD MD, AMEENE G	WESTMDRELAND
MAKETA MD, JDHN E	BUCKS
MAKHDDMI MD, ABDUL R	NDRTHAMPTDN
MAKLER MD, JACDB S	PHILADELPHIA
MAKNDUN MD, ALI A	VENANGD
MAKUUS MD, NDRMAN	PHILADELPHIA
MAKRIS MD, ALEX T	PHILADELPHIA
MALAMUT MD, LEDNARD L	PHILADELPHIA
MALCULM JR MD, JDHN A	UNIDN
MALCULM MD, DDNALD C	HUNTINGDDN
MALCDLM MD, JDHN A	ALLEGHENY

MALDDNADD MD, BENJ A	CLEARFIELD	MARIAND JR MD, TDMAS A	LYCDMING	MATHEWS MD, RDBT S	LANCASTER
MALEK MD, MANSDUR	PHILADELPHIA	MARIND MD, DANL J	DELAWARE	MATHUR MD, DINESH P	CAMBRIA
MALEY MD, EDWARD D	LANCASTER	MARIND MD, FREDERICK E	BEAVER	MATHUR MD, KAILASH N	SCHUYLKILL
MALEY MD, RICHARD H	ALLEGHENY	MARIND MD, JDS N	LACKAWANNA	MATLIN MD, RDBERT A	LANCASTER
MALHDTRA MD, RAJESHWAR P	MDNTDUR	MARIDN MD, RDY H	BEAVER	MATSKD MD, MICHAEL E	LUZERNE
MALIA MD, JDS E	ALLEGHENY	MARIS MD, ELIZABETH P	PHILADELPHIA	MATSKD MD, STEPHEN E	LUZERNE
MALICK MD, DDNALD V	SCHUYLKILL	MARK DD, ALAN A	ALLEGHENY	MATSUMOTD MD, TERUD	PHILADELPHIA
MALICK MD, GERALD P	BERKS	MARK MD, GED E	PHILADELPHIA	MATTA MD, JDS S	DELAWARE
MALIN MD, THDS H	DAUPHIN	MARK MD, WM S	CHESTER	MATTAS MD, DLIVER E	BLAIR
MALINA MD, STEVEN	YDRK	MARKARIAN MD, MICHAEL	SUSQUEHANNA	MATTEI MD, FRANK A	PHILADELPHIA
MALINDWSKI MD, JDHN A	ALLEGHENY	MARKLE MD, CYRUS P	ALLEGHENY	MATTEUCCI MD, WALTER V	PHILADELPHIA
MALISHAUCKI MD, MARY G	SCHUYLKILL	MARKLEY MD, GED M	DAUPHIN	MATTHEWS MD, GED R	BERKS
MALISHAUCKI MD, THDS J	SCHUYLKILL	MARKLEY MD, RALPH	LAWRENCE	MATTHEWS MD, JDHN T	ALLEGHENY
MALIT MD, FIDRELLD G	ALLEGHENY	MARKLEY MD, WM M	ALLEGHENY	MATTSDN MD, RDNALD J	MDNTGDMERY
MALIT MD, LEE A	DAUPHIN	MARKDSI JR MD, CHAS	MDNRDE	MATUNIS MD, JDS J	PERRY
MALIT MD, PAULITA Y	ALLEGHENY	MARKS MD, FRED S	ALLEGHENY	MATUS MD, JDS P	PHILADELPHIA
MALKDFF MD, JACK	BLAIR	MARKS MD, GERALD	PHILADELPHIA	MATUS MD, NANCY R	NDRTHAMPTDN
MALLACE MD, ALAN H	PHILADELPHIA	MARKS MD, MEYER A	PHILADELPHIA	MATYDSKA DD, JDSEPH W	ALLEGHENY
MALLIN MD, RICHARD K	MDNTGDMERY	MARKS MD, PAULINE C	ALLEGHENY	MATZELLE MD, DDNALD W	FRANKLIN
MALLIN MD, WILLIAM S	PHILADELPHIA	MARKSON MD, VICTDR I	BEAVER	MAURER MD, CARDL N	VENANGD
MALLINGER MD, SAML H	BEAVER	MARLIER JR MD, BERTRAND J	ALLEGHENY	MAURER MD, JDHN F	WESTMDRELAND
MALLIT MD, MELVIN L	ALLEGHENY	MARLOWE MD, FRANK I	PHILADELPHIA	MAURER MD, RDGER E	SCHUYLKILL
MALLDTT MD, I FLDYD	ALLEGHENY	MARMD MD, THEDDDRE	LACKAWANNA	MAURIELLO II MD, ALFRED J	CHESTER
MALLOY MD, EDWARD L	ALLEGHENY	MARNATTI MD, CARL T	ALLEGHENY	MAURIELLO MD, NICHDLAS D	PHILADELPHIA
MALLDY MD, EDWIN S	LACKAWANNA	MARON MD, JDHN J	MDNTGDMERY	MAUST MD, PAUL E	BUTLER
MALLDY MD, TERRENCE R	PHILADELPHIA	MARONE MD, PHILLIP J	PHILADELPHIA	MAX MD, LENDRE	ALLEGHENY
MALMUD MD, LEDN S	PHILADELPHIA	MARDDN MD, JDS C	ALLEGHENY	MAXWELL JR MD, RDBT A	MDNTGDMERY
MALDNEY MD, DDNALD W	MDNTGDMERY	MAROUN MD, WM J	CARBDN	MAXWELL MD, ALAN J	WASHINGTDN
MALSCH MD, EVA M	PHILADELPHIA	MARQUEZ MD, P ALFDNSD	ALLEGHENY	MAXWELL MD, DDRIS B	WESTMORELAND
MALVAR MD, THDS Q	LAWRENCE	MARQUEZ MD, VICTDR R	ALLEGHENY	MAXWELL MD, EMILIE L	MDNTGDMERY
MALZ MD, AOAM D	PHILADELPHIA	MARRANGDNI MD, ALBERT G	ALLEGHENY	MAXWELL MD, NEO G	ALLEGHENY
MAMBU MD, JDSEPH F	MDNTGDMERY	MARRONE MD, ALFRED C	PHILADELPHIA	MAY MD, JDHN C	LANCASTER
MAMO MD, GED E	ALLEGHENY	MARRYSHDW MD, BASIL A	ALLEGHENY	MAY MD, MARK M	ALLEGHENY
MAMULA MD, MILTDN	ALLEGHENY	MARSDEN MD, WILSDN C	LUZERNE	MAY MD, RDBT E	PHILADELPHIA
MANALO MD, NDRA N	BERKS	MARSH MD, RDBT J	ERIE	MAYER MD, BERNARD W	MDNTGDMERY
MANCALL MD, ELLIDTT L	PHILADELPHIA	MARSH MD, WM E	WESTMDRELAND	MAYER MD, DAVID P	LANCASTER
MANCINI MD, JDSEPH L	DAUPHIN	MARSHALL JR MD, MATTHEW	ALLEGHENY	MAYER MD, DDNALD F	MDNTGDMERY
MANCIND MD, PETER J	LAWRENCE	MARSHALL MD, BRYAN E	PHILADELPHIA	MAYER MD, EUGENE M	PHILADELPHIA
MANDAL MD, SANAT K	PHILADELPHIA	MARSHALL MD, DAVID S	SCHUYLKILL	MAYER MD, KARL F	PHILADELPHIA
MANDARIND MD, MICHAEL J	PHILADELPHIA	MARSHALL MD, E WAYNE	PHILADELPHIA	MAYER MD, WM F	CAMBRIA
MANDARIND MD, MICHAEL P	PHILADELPHIA	MARSHALL MD, HELEN L	SCHUYLKILL	MAYERS JR MD, STANLEY P	CENTRE
MANDEL MD, MARTIN M	PHILADELPHIA	MARSHALL MD, JACK H	ERIE	MAYES MD, RICHARD L	MDNTGDMERY
MANDELL MD, ANDREW M	MERCER	MARSHALL MD, JANE M	VENANGD	MAYHEW MD, J MDRGAN	WESTMDRELAND
MANDELL MD, MDRTDN S	PHILADELPHIA	MARSHALL MD, JDHN E	BERKS	MAYLDCK MD, JDHN H	CENTRE
MANDLER MD, JDHN I	MDNTGDMERY	MARSHALL MD, JDHN S	BEAVER	MAYO MD, EDITH A	DELAWARE
MANDRACCIA MD, RDBT V	CLINTDN	MARSHALL MD, LUTHER M	CRAWFDRD	MAYOCK MD, RDBT L	PHILADELPHIA
MANETTA MD, ALBERTD	BLAIR	MARSHALL MD, THDMAS E	MDNTGDMERY	MAYRO MD, JULIAN	PHILADELPHIA
MANGES MD, JDHN P	FRANKLIN	MARSHALL MD, WM C	ALLEGHENY	MAYS MD, RICHARD R	LYCDMING
MANGES MD, W BDSLEY	PHILADELPHIA	MARSLAND MD, THDMAS A	PHILADELPHIA	MAZAHERI MD, AHMED	BUCKS
MANGES MD, WILLIS E	PHILADELPHIA	MARTELL MD, STEPHEN P	LYCDMING	MAZANDARANI MD, AHMAD	NDRTHUMBERLAND
MANGO MD, ALBERT E	ERIE	MARTELLA JR MD, ARTHUR	MDNTGDMERY	MAZER MD, HDWARD	PHILADELPHIA
MANGOLD MD, FRANCIS N	ALLEGHENY	MARTHOUSE MD, STEPHEN J	MIFFLIN-JUNIATA	MAZER MD, JULIUS	ALLEGHENY
MANGONDN MD, PETER C	MDNTGDMERY	MARTIN JR MD, JDHN B	WASHINGTDN	MAZERO MD, JDHN R	WESTMDRELAND
MANGRDLA MD, PRABHATSINH P	JEFFERSDN	MARTIN JR MD, PHILIP R	MDNRDE	MAZIARZ MD, DENNIS M	BUCKS
MANIGLIA MD, ANGELD J	BLAIR	MARTIN MD, ARTHUR E	LANCASTER	MAZZA JR MD, PATRICK A	BERKS
MANIGLIA MD, RDSARID	DAUPHIN	MARTIN MD, C EDWIN	YDRK	MAZZA MD, JDS L	ALLEGHENY
MANKD MD, GENE F	DAUPHIN	MARTIN MD, CHAS D	ALLEGHENY	MAZZANTI MD, WALTER D	PHILADELPHIA
MANKO MD, MICHAEL A	MDNTGDMERY	MARTIN MD, ENOS D	DAUPHIN	MAZZEI MD, JDS M	ALLEGHENY
MANKOVICH MD, PAUL A	WESTMDRELAND	MARTIN MD, FREDERICK H	LEHIGH	MAZZOLA MD, RDBERT D	MDNTGDMERY
MANLEY MD, JDHN G	PHILADELPHIA	MARTIN MD, FREDRIC W	ALLEGHENY	MCADAMS MD, ANDREW J	ALLEGHENY
MANLOVE MD, FRANCIS R	PHILADELPHIA	MARTIN MD, GRACE K	ALLEGHENY	MCAFODS MD, J ALLEN	ALLEGHENY
MANN JR MD, WM M	WARREN	MARTIN MD, JAMES S	LANCASTER	MCALEER MD, BERNARD A	ALLEGHENY
MANN MD, ARTHUR F	MDNTGDMERY	MARTIN MD, JAMES W	CRAWFDRD	MCALEER MD, DAVID J	DELAWARE
MANN MD, HARDLD J	BUCKS	MARTIN MD, JDHN B	WASHINGTDN	MCALLISTER MD, HELEN B	PHILADELPHIA
MANN MD, IRVING A	DELAWARE	MARTIN MD, JDHN C	CDLUMBIA	MCALLISTER MD, JDHN D	ALLEGHENY
MANN MD, LDWELL D	LANCASTER	MARTIN MD, JDHN H	PHILADELPHIA	MCALDDSE MD, LDUIS T	LUZERNE
MANN MD, RICHARD H	LANCASTER	MARTIN MD, MANUEL T	ALLEGHENY	MCANDREW MD, FRANCIS J	NDRTHAMPTDN
MANN MD, RICHARD M	ALLEGHENY	MARTIN MD, MARTINA M	MDNTGDMERY	MCANDREW MD, JDHN J	LACKAWANNA
MANN MD, STEPHEN C	PHILADELPHIA	MARTIN MD, THDS J	MDNTDUR	MCANDREW MD, PAUL C	LACKAWANNA
MANNING MD, HARRY J	CRAWFDRD	MARTIN MD, THDS W	ALLEGHENY	MCANENY MD, JAMES L	CAMBRIA
MANNING MD, HARRY L	LYCDMING	MARTINAK MD, JDSEPH F	WESTMDRELAND	MCANENY MD, JDHN B	CAMBRIA
MANNING MD, MILTDN F	WASHINGTDN	MARTINEAU MD, PERRY C	ALLEGHENY	MCARDLE MD, GILBERT C	ADAMS
MANNING MD, RUSSELL G	WESTMDRELAND	MARTINEZ MD, AUGUSTD J	ALLEGHENY	MCARDLE MD, M JACQUELYN	ADAMS
MANDLUKAS MD, PAUL A	MDNTGDMERY	MARTINEZ MD, LUCAS J	PHILADELPHIA	MCAVDY MD, WM B	ALLEGHENY
MANSELL MD, JDHN L	LAWRENCE	MARTINI MD, VICTDR S	ERIE	MCBRIDE MD, THDS J	DELAWARE
MANSMANN MD, JAMES A	ALLEGHENY	MARTON MD, VICTDR W	LEHIGH	MCCABE MD, JDHN S	ALLEGHENY
MANSTEIN MD, GED	PHILADELPHIA	MARTONE MD, CHRISTINE	ALLEGHENY	MCCADDEN MD, JDS A	DELAWARE
MANSURE MD, FRANK T	DELAWARE	MARTONE MD, LDUIS H	ALLEGHENY	MCCAFFERTY MD, JDHN P	PHILADELPHIA
MANSURE MD, PATRICIA R	DELAWARE	MARTSDLF MD, JDHN	BEAVER	MCCAGUE MD, JAMES J	ALLEGHENY
MANSUY MD, MATTHEW M	LYCDMING	MARTSDLF MD, PHILIP F	BEAVER	MCCAGUE MD, NED J	ALLEGHENY
MANTIA MD, AUGUST M	ALLEGHENY	MARTUCCI MD, JDHN J	MDNRDE	MCCAHAN MD, WESLEY F	BEDFDRD
MANTIDNE MD, RDSARID L	LUZERNE	MARTUCCI MD, WM J	MDNRDE	MCCAHEY MD, JAMES F	PHILADELPHIA
MANUEL MD, LAUREAND M	CDLUMBIA	MARTYAK MD, EMIL T	LUZERNE	MCCALL MD, WILLIAM M	DAUPHIN
MANZ MD, DDNALD J	MDNTGDMERY	MARTYAK MD, GABRIEL S	LUZERNE	MCCALLION MD, LUTHER L	PHILADELPHIA
MAPDW MD, LARRY S	MDNTGDMERY	MARTYAK MD, NICHDLAS A	LUZERNE	MCCALLUM MD, JDHN D	BRADFDRD
MAPP MD, ESMDND M	PHILADELPHIA	MARTYN MD, LDIS J	PHILADELPHIA	MCCANDLESS MD, GARRETT C	VENANGD
MAQUERA MD, ANDRES G	LEHIGH	MARTZ MD, GED E	DAUPHIN	MCCANDLESS MD, PAULINE W	VENANGD
MARASCO JR MD, JDS A	ALLEGHENY	MARVA MD, DDNALD J	PHILADELPHIA	MCCANDLESS MD, WARREN J	VENANGD
MARASCD MD, RICHARD M	ERIE	MARVEL JR MD, JAMES P	PHILADELPHIA	MCCANN MD, WM D	LANCASTER
MARATTA MD, JAN W	ALLEGHENY	MARVI MD, DAVOUD	LEHIGH	MCCARRELL MD, JDHN K	WASHINGTDN
MARAVALLI MD, CAMILLE J	CAMBRIA	MARVIN MD, RDBT F	OELAWARE	MCCARRDN MD, DANL J	PHILADELPHIA
MARBACH MD, A HERBERT	PHILADELPHIA	MARX MD, MARVIN H	MDNTGDMERY	MCCARTER MD, SAML B	VENANGD
MARCELLA MD, LAWRENCE C	LAWRENCE	MASANKAY MD, MANUEL G	LACKAWANNA	MCCARTHY JR MD, GED E	OELAWARE
MARCELO MD, FLDRDELIZA S	PHILADELPHIA	MASCALI MD, ANGELD A	LUZERNE	MCCARTHY MD, EOWARD L	WASHINGTDN
MARCH MD, HERMAN C	MDNTGDMERY	MASHOUF MD, BIJAN	MDNTGDMERY	MCCARTHY MD, JOHN J	ALLEGHENY
MARCH MD, NDREEN M	DELAWARE	MASIELLD MD, SERAFIND R	MDNTGDMERY	MCCARTHY MD, THDS E	ALLEGHENY
MARCHANT MD, DEFDRREST W	DELAWARE	MASLAND MD, DAVID S	CUMBERLAND	MCCASLIN MD, MURRAY F	ALLEGHENY
MARCKS MD, KERWIN M	LEHIGH	MASLDFF MD, MELVIN L	PHILADELPHIA	MCCAULEY MD, FRANCIS P	PHILADELPHIA
MARCONIS MD, JDS T	SCHUYLKILL	MASDN JR MD, CHAS W	ALLEGHENY	MCCAULEY MD, WILLIAM C	LYCDMING
MARCDVITZ MD, ELI	PHILADELPHIA	MASON MD, CHAS E	VENANGD	MCCAUSLAND MD, DREW	CHESTER
MARCUS MD, FLDRENCE L	ALLEGHENY	MASON MD, OANL	PHILADELPHIA	MCCHESNEY JR MD, CHAS T	CHESTER
MARCUS MD, GARY J	BEAVER	MASON MD, HDWARD M	PHILADELPHIA	MCCLAIN JR MD, EDWARD J	ALLEGHENY
MARCUS MD, JERDME I	BERKS	MASS MD, BURTDN	PHILADELPHIA	MCCLAIN JR MD, FRED H	HUNTINGDDN
MARCY MD, JOS H	ALLEGHENY	MASSANARI MD, DAVID L	YDRK	MCCLAIN MD, CHAS B	MIFFLIN-JUNIATA
MARDEN MD, PHILIP A	PHILADELPHIA	MASSANISD MD, FRANK P	PHILADELPHIA	MCCLELLAN MD, WILLIAM A	ALLEGHENY
MARFATIA MD, SUDHIR K	MDNTGDMERY	MASSEY MD, GDRDDN J	ERIE	MCCLELLAND MD, HERBERT C	LEBANON
MARFATIA MD, USHA S	PHILADELPHIA	MAST MD, CLARENCE M	WYDMING	MCCLELLAND MD, JAMES H	VENANGD
MARGARIDA MD, LEDPDLDD E	MONTGDMERY	MAST MD, TRUMAN E	LANCASTER	MCCLENAHAN MD, J EVERETT	ALLEGHENY
MARGATE MD, PEDRO R	PHILADELPHIA	MASTANDREA MD, CARL A	ALLEGHENY	MCCLENAHAN MD, JDHN L	PHILADELPHIA
MARGIE JR MD, WALTER E	NDRTHAMPTDN	MASTERS OD, ARNDLD	PHILADELPHIA	MCCLENAHAN MD, WILLIAM U	PHILADELPHIA
MARGOLES MD, LDUIS	PHILADELPHIA	MASTERS MD, RAYMOND E	ALLEGHENY	MCCLINTDCK MD, W CREIGHTDN	ALLEGHENY
MARGOLIES MD, MICHAEL	CHESTER	MASTERS MD, RUTH S	ALLEGHENY	MCCLDSKEY MD, GEO A	BEAVER
MARGOLIS MD, BERNARD	PHILADELPHIA	MASTRANGELD MD, MICHAEL J	PHILADELPHIA	MCCLOSKEY MD, JOHN P	CAMBRIA
MARGOLIS MD, BERNARO M	OAUPHIN	MASTRIAN MD, ANTHDNY S	LAWRENCE	MCCLOSKEY MO, JOS F	PHILADELPHIA
MARGOLIS MO, HARRY M	ALLEGHENY	MASTROPIETRD MD, NUNZID A	LANCASTER	MCCLDSKEY MD, RICHARD C	ALLEGHENY
MARGOLIS MD, JULIUS	CHESTER	MATEER MD, EUGENE H	CENTRE	MCCLDSKEY MD, RICHARD V	PHILADELPHIA
MARGOLIS MD, STEPHEN H	PHILADELPHIA	MATEER MD, FRANK M	ALLEGHENY	MCCLDWRY MO, JAMES T	ALLEGHENY
MARGULIES MD, MILTDN	DELAWARE	MATHAI MD, JDHN	YORK	MCCLDY MO, MERRITT J	WESTMDRELAND
MARHEFKA JR MD, JDS C	NORTHAMPTDN	MATHEWS JR MD, NEILSDN M	MDNTGDMERY	MCCLUNG MD, LARRY S	WESTMDRELAND

MCCLURE MD, CARROLL R CHESTER
MCCLURE MO, ODRDTHEA F CLEARFIELD
MCCLURE MO, JAMES E SUSQUEHANNA
MCCLURE MO, THOS O WESTMORELAND
MCCOLLUM MO, GEO R ALLEGHENY
MCCOMBS MO, RAY O ERIE
MCCONAGHIE MO, ROBT J CUMBERLAND
MCCONAHY MD, JOHN G LAWRENCE
MCCONNEL JR MD, CHAS S LEHIGH
MCCONNEL MD, CHAS S BEAVER
MCCONNELL JR MD, OAVID M ALLEGHENY
MCCONNELL MD, EDWARO L PHILAOELPHIA
MCCONNELL MO, REBECCA B ALLEGHENY
MCCONVILLE MO, JOHN H YORK
MCCOOL MO, CHAS M ALLEGHENY
MCCORMICK MO, ALEXANOER R ALLEGHENY
MCCORMICK MO, GEORGE M CENTRE
MCCORMICK MO, JOHN L PHILADELPHIA
MCCORMICK MO, JOHN V MONTOUR
MCCORMICK MO, LEE H ALLEGHENY
MCCORMICK MO, RICHARO H ALLEGHENY
MCCORRY MO, ROBT C BUTLER
MCCOY JR MO, GEORGE W NORTHAMPTON
MCCOY MO, CATHERINE F PHILAOELPHIA
MCCOY MO, GEORGIA A MONTGOMERY
MCCOY MO, ORLO G BRAOFORD
MCCOY MO, ROBT L NORTHAMPTON
MCCRACKEN MO, STEWART PHILAOELPHIA
MCCRAE MO, CHARLES R BERKS
MCCREA MO, LOWRAIN E PHILADELPHIA
MCCREARY 3RO MO, THOS W BEAVER
MCCREARY MO, THOS W BEAVER
MCCUNE MO, QUAY A WARREN
MCCUNE MO, WALLACE G PHILAOELPHIA
MCCUROY MO, OINO E PHILAOELPHIA
MCCUROY MO, RICHARO R PHILAOELPHIA
MCCUTCHEON MO, CHAS T OELAWARE
MCOANIEL JR MO, EVERETT S PHILAOELPHIA
MCOANIEL MO, ROBT A FAYETTE
MCOERMIT MO, JOHN R PHILAOELPHIA
MCOERMOTT MO, HARRY M CENTRE
MCOERMOTT MO, MARIE M BRADFORO
MCOERMOTT MO, ROBT W ALLEGHENY
MCOERMOTT MO, THOMAS E YORK
MCOONALO JR MO, ROBT H ALLEGHENY
MCOONALO MO, ODNALO J PHILAOELPHIA
MCOONALO MO, HERBERT M LACKAWANNA
MCOONALO MO, KENNETH M LEHIGH
MCOONALO MO, KHLAR E WARREN
MCOONALO MO, LARRY V CAMBRIA
MCOONALO MO, PHILLIP R PHILAOELPHIA
MCOUNNELL MO, THOS J LACKAWANNA
MCODNNELL MO, WILLIAM V PHILAOELPHIA
MCOUNOUGH MO, GERARO A LEHIGH
MCOUNOUGH MO, GERARO F CLINTON
MCOUNOUGH MO, MICHAEL T PHILAOELPHIA
MCOOWELL MO, MARY J ALLEGHENY
MCELFRESH MO, CHAS W MONTGOMERY
MCELIECE MO, FREOERICK J LYCOMING
MCELREE JR MO, FRANK E MERCER
MCELREE MO, JAMES C MERCER
MCELROY MO, ROBT C PHILAOELPHIA
MCELROY MO, WALTER O ALLEGHENY
MCEVILLY MO, JAMES P PHILAOELPHIA
MCFAODEN MO, JOHN F BUCKS
MCFAODEN MO, WM M PHILAOELPHIA
MCFARLAND MO, MALCOLM O PHILAOELPHIA
MCGARRY MO, THOS F BUCKS
MCGARVEY MO, JOSEPH F BUCKS
MCGARVEY MO, MYRON L ALLEGHENY
MCGARVEY MO, RICHARO N ALLEGHENY
MCGAVIC MO, JOHN S MONTGOMERY
MCGEARY MO, JOS O PHILAOELPHIA
MCGEARY MO, LESTER E WESTMORELAND
MCGEE JR MO, JOS P OELAWARE
MCGEE MO, ELIZABETH L MONTGOMERY
MCGEE MO, W RALSTON FAYETTE
MCGEEHAN MO, JOHN T ELK-CAMERON
MCGEHEE MO, EOWARO H PHILAOELPHIA
MCGEORGE MO, FRANCIS R ALLEGHENY
MCGINLEY MO, GEO W LEHIGH
MCGINNIS MO, FRANCIS T PHILAOELPHIA
MCGINNIS MO, JOHN C WASHINGTON
MCGLAMERY MO, MURIEL E PHILAOELPHIA
MCGLUMPHY MO, THOS H MONTGOMERY
MCGLYNN JR MO, THOMAS J OAUPHIN
MCGOVERN MO, JAMES B OELAWARE
MCGOWAN MO, JOHN P LACKAWANNA
MCGRATH MO, EOMUNO W LUZERNE
MCGRATH MO, JOS M OAUPHIN
MCGRAW JR MO, JOHN J BUCKS
MCGRAW MO, PATRICK J ALLEGHENY
MCGRAW MO, THOS E PHILAOELPHIA
MCGREEVEY MO, JOHN R PHILAOELPHIA
MCGREEVY MO, JAMES M ALLEGHENY
MCGREW MO, GEO D MERCER
MCGRUOER MO, EWART G PHILAOELPHIA
MCGUCKIN MO, JOSEPH M BUCKS
MCGUIGAN MO, THOMAS M PHILAOELPHIA
MCGUIRE MO, EOWARO J LACKAWANNA
MCGUIRE MO, FRANCIS E BEAVER
MCGUIRE MO, RICHARO J CENTRE
MCHENRY OO, JOHN J PHILAOELPHIA
MCHENRY MO, OEARMONO J YORK
MCHENRY MO, THOS ALLEGHENY
MCHUGH MO, ELMER F ALLEGHENY
MCHUGH MO, THOS F LACKAWANNA
MCILHENNY MO, PAUL R MONTGOMERY
MCILVAINE MO, PAUL W BUCKS
MCINROY MO, ROBT O OAUPHIN
MCINTYRE MO, JOHN F WYOMING
MCINTYRE MO, ROSEMARY E PHILAOELPHIA
MCJILTON MO, ROY A VENANGO
MCKAY MO, LAUCHLAN ALLEGHENY
MCKEATING MO, PHILIP J ALLEGHENY
MCKEE MO, CLAUOE W ALLEGHENY
MCKEE MO, EOWARO T OELAWARE
MCKEE MO, MICHAEL B LANCASTER
MCKEE MO, ROBT E BUTLER
MCKEE MO, WAYNE O SOMERSET
MCKELVEY JR MO, PAUL G WESTMORELAND
MCKENNA MO, ERNEST L PHILAOELPHIA
MCKENNA MO, RICHARO ALLEGHENY
MCKENNA MO, THOS J CAMBRIA
MCKENZIE MO, JAMES G FRANKLIN
MCKENZIE MO, RAY ALLEGHENY
MCKEOWN JR MO, JOHN J PHILAOELPHIA
MCKEOWN MO, HENRY G CLINTON
MCKINLEY MO, A RANOON JEFFERSON
MCKINLEY MO, OSCAR V JEFFERSON
MCKINLEY MO, WAYNE S JEFFERSON
MCKINLEY MO, WM M CLARIDN
MCKINNEY MO, HENRY O BLAIR
MCKINNEY MO, WM L BERKS
MCKINSTRY MO, ROBT B CHESTER
MCKNIGHT MO, LANCESS OELAWARE
MCKOWN MO, JAMES W INOIANA
MCLACHLAN MO, RICHARO MERCER
MCLAIN MO, PAUL L ALLEGHENY
MCLAMB MO, JAMES R CRAWFORO
MCLANE MO, ROGERS O LANCASTER
MCLAREN JR MO, HAROLO J ERIE
MCLAUGHLIN JR MO, GUY W PHILAOELPHIA
MCLAUGHLIN MO, EOWARO OELAWARE
MCLAUGHLIN MO, EOWARO O PHILAOELPHIA
MCLAUGHLIN MO, FRANK W LANCASTER
MCLAUGHLIN MO, GEO E PHILAOELPHIA
MCLAUGHLIN MO, JAMES S PHILAOELPHIA
MCLAUGHLIN MO, JAMES T ALLEGHENY
MCLAUGHLIN MO, JOHN J OELAWARE
MCLAUGHLIN MO, JUANITA S FRANKLIN
MCLAUGHLIN MO, THOS F SCHUYLKILL
MCLAUGHLIN MO, WM B ALLEGHENY
MCLEAN MO, JAMES J BERKS
MCLELLAN JR MO, THOS G FAYETTE
MCLEOD MO, RDOERICK R ARMSTRDNG
MCLIN MO, LEON N YORK
MCLINN MO, SAML E OAUPHIN
MCLOONE MO, JOHN C MONTGOMERY
MCMAHAN MO, JOS N WASHINGTON
MCMAHON JR MO, JOSEPH F NORTHAMPTON
MCMAHON MO, EOWARO P MERCER
MCMAHON MO, WM J WASHINGTON
MCMASTER MO, GILBERT B WASHINGTON
MCMASTER MO, JAMES H ALLEGHENY
MCMASTER MO, JOHN O ALLEGHENY
MCMICKEN MO, WM H PHILAOELPHIA
MCMILLAN MO, OONALO L ALLEGHENY
MCMILLAN MO, JAMES E ALLEGHENY
MCMILLAN MO, WILLIAM B ALLEGHENY
MCMILLEN MO, CLARENCE L BEAVER
MCMILLEN MO, JAMES I OAUPHIN
MCMORRIS MO, OAVID L LYCOMING
MCMURRAY MO, HENRY A WESTMORELAND
MCNALL MO, PEARL G ALLEGHENY
MCNAMEE MO, WM B OELAWARE
MCNAUGHER MO, WM M ALLEGHENY
MCNEAL MO, ELIZABETH H NORTHAMPTON
MCNEAL MO, LYNNETTE H MONTGOMERY
MCNEAL MO, SAML W LANCASTER
MCNEIL-JACOBI MO, ATHOLE G PHILAOELPHIA
MCNEILL JR MO, ROBT J PHILAOELPHIA
MCNEILL MO, ODNALO B ERIE
MCNICHOLAS MO, EOWARO M MONTGOMERY
MCNUTT MO, FRANK H ARMSTRDNG
MCPARLAND MO, JOHN J MERCER
MCPEAK MO, VINCENT J PHILAOELPHIA
MCPHERSON MO, KENNETH M BEAVER
MCQUAOE MO, JAMES H ALLEGHENY
MCSHANE MO, JAMES R BERKS
MCSHERRY MO, ROBT T PHILAOELPHIA
MCSORLEY III MO, JOHN ALLEGHENY
MCSPARREN MO, CLARK LANCASTER
MCSTEEN MO, ARTHUR J WESTMORELAND
MCSTRAVOG MO, LAWRENCE J PHILAOELPHIA
MCTAMMANY MO, J ROBERT BERKS
MCWHIRTER MO, WM R MERCER
MCWILLIAMS MO, FRED O WESTMORELAND
MEAD MO, ROBT M ERIE
MEAODWCROFT MO, JAMES A MONTGOMERY
MEANOR JR MO, HAROLO H ALLEGHENY
MEARS MO, ELMER E BUCKS
MEARS MO, VIRGINIA G LANCASTER
MEBANE 3RO MO, WM N PHILAOELPHIA
MEBANE III MO, TOM S CENTRE
MEBANE MO, TOM S CENTRE
MECCA MO, ODNATO O LACKAWANNA
MECCA MO, JOHN J LEHIGH
MECHANICK MO, PHILIP G PHILAOELPHIA
MECKSTROTH MO, HERMAN F LANCASTER
MEODEN MO, EOWIN J MC KEAN
MEDIANO MO, WILFREDO M PHILAOELPHIA
MEDINA MO, JOCYLINE L ALLEGHENY
MEOINA MO, RODRIGO O CARBON
MEDINA MO, ROLOAN G FAYETTE
MEDLEN MO, RUDOLPH E FAYETTE
MEDOFF MO, HAROLO S OELAWARE
MEDUFF MO, JOS PHILAOELPHIA
MEDVENE MO, MORTON M PHILAOELPHIA
MEOWICK MO, JOS X LANCASTER
MEEHAN MO, JOHN J PHILAOELPHIA
MEHALIC MO, THOMAS F ALLEGHENY
MEHARG JR MO, JOHN G BERKS
MEHARG MO, J GEORGE BERKS
MEHOK MO, RONALO G ALLEGHENY
MEHOLCHICK MO, JEAN M LUZERNE
MEHKKHAH MO, HASSAN ALLEGHENY
MEHTA MO, MANILAL B BUCKS
MEHTA MO, SUNIL K MERCER
MEHTA MO, TUSHAR B PHILAOELPHIA
MEHTA MO, YOGIN P MIFFLIN-JUNIATA
MEHTA MO, YOGINI R ALLEGHENY
MEIER MO, LOUIS A MONTGOMERY
MEIKLE MO, CHAS E BRAOFORD
MEIKLE MO, GROVER A TIOGA
MEINOL MO, GEO T WASHINGTON
MEISER MO, EOGAR W LANCASTER
MEISNER MO, MARVIN H BLAIR
MEISTER MO, ONALO G ALLEGHENY
MELCHIOOE MO, GERALO A OELAWARE
MELORUM MO, ROBT W COLUMBIA
MELLINGER MO, RICHARO W LANCASTER
MELLON JR MO, LAWRENCE J OELAWARE
MELLON JR MO, WILBUR S ALLEGHENY
MELNICK MO, JOS L PHILAOELPHIA
MELNICK MO, MELVIN P ALLEGHENY
MELNICOVE MO, SIONEY SCHUYLKILL
MELODDY MO, M JOSEPH OELAWARE
MELOTTI MO, PETER M ALLEGHENY
MELOY MO, JOHN H BLAIR
MELOY MO, THOS R HUNTINGOON
MELTZER MO, OAVIO MONTGOMERY
MELTZER MO, LAWRENCE E PHILAOELPHIA
MELTZER MO, RONALO S BUCKS
MEMON MO, NAZIR A PHILAOELPHIA
MENA MO, LILIA O MONTGOMERY
MENAPACE JR MO, FRANCIS J MONTOUR
MENAPACE MO, FRANCIS J LUZERNE
MENCH MO, JOHN R LEHIGH
MENCHEY MO, MILTON J YORK
MENOELL MO, THEOOORE H PHILAOELPHIA
MENOELOW MO, HARVEY ALLEGHENY
MENOELSOHN MO, EUGENE BERKS
MENOELSON MO, MYER PHILAOELPHIA
MENOELSSOHN MO, EOWIN PHILAOELPHIA
MENOOZA JR MO, FRANCISCO M WESTMORELAND
MENEELY MO, ALFRED W OAUPHIN
MENGEL MO, CHARLES L LEHIGH
MENGES JR MO, JOB F BERKS
MENGES MO, CHAS G LEBANON
MENIN MO, RICHARO A PHILAOELPHIA
MENIN MO, WM PHILAOELPHIA
MENKOWITZ MO, BRUCE J MONTGOMERY
MENKOWITZ MO, ELLIOT MONTGOMERY
MENNELL MO, JOHN M PHILAOELPHIA
MENZEL MO, PAUL H LACKAWANNA
MENZIES JR MO, WM C MERCER
MERANZE MO, OAVIO R PHILAOELPHIA
MERCAOO MO, MOOESTO G LEHIGH
MERCHANT MO, RALPH P FRANKLIN
MERCIER MO, EOWARO E ERIE
MERENSTEIN MO, JOEL H ALLEGHENY
MERING JR MO, JAMES H ALLEGHENY
MERKEL MO, LOIS M MERCER
MERKIN MO, ALVIN PHILAOELPHIA
MERKLE MO, LARRY N LEHIGH
MERKLE MO, RALPH F LEHIGH
MERKOW MO, LEONARO P ALLEGHENY
MERLIN MO, ALBERT A PHILAOELPHIA
MERMELSTEIN MO, HOWARO A ALLEGHENY
MERMELSTEIN MO, MILTON ALLEGHENY
MERULA MO, JOS C NORTHAMPTON
MERRIMAN MO, W CLAIR BEAVER
MERSCHER MO, WALTER F PHILAOELPHIA
MERSKI MO, ANTHONY T ERIE
MERSKY MO, STEVEN A PHILAOELPHIA
MERSON MO, ERICH R CHESTER
MERVINE 3RO MO, CHAS K MONTGOMERY
MERZI MO, ALLEN J WASHINGTON
MESA MO, GONZALA N CRAWFORO
MESETE MO, A FRANCIS PHILAOELPHIA
MESSNER MO, JEAN T OAUPHIN
MESSNER MO, KENNETH H OAUPHIN
MESSORI MO, OIVO A PHILAOELPHIA
META MO, LOUIS O ALLEGHENY
METCALFE MO, JAMES K ALLEGHENY
METTLER JR MO, FRED A PHILAOELPHIA
METZ OO, EOWARO A MC KEAN
METZ MO, WALTER A ALLEGHENY
METZGAR MO, MARSHALL R MONROE
METZGAR MO, THOS I MONROE
METZGER MO, CHAS W ALLEGHENY
METZGER MO, PAUL A PHILAOELPHIA
METZGER MO, TOM B LANCASTER
METZGER MO, WALTER S BUCKS
MEYER JR MO, CARL A CLINTON
MEYER JR MO, MAURICE M LEBANON
MEYER MO, ARTHUR N LUZERNE
MEYER MO, HAROLO PHILAOELPHIA
MEYER MO, KENNETH K BRADFORO
MEYER MO, PAUL G MONTOUR
MEYERS MO, ALLAN F BLAIR
MEYERS MO, BARRY E BERKS
MEYERS MO, JOHN L BERKS
MEYERS MO, PAUL T CAMBRIA
MEYERS MO, ROBERT W PHILAOELPHIA
MEYERS MO, S BENJAMIN CAMBRIA
MEZGER MO, HANS J PHILAOELPHIA
MEZZANOTTE MO, JOHN J PHILAOELPHIA
MIANO MO, LIDIA BEAVER
MICEK MO, EOWARO W PHILAOELPHIA
MICELI MO, SILVIO PHILAOELPHIA
MICHAEL MO, SAMI I CARBON
MICHAELS MO, BERNARO I ALLEGHENY
MICHAELS MO, MILTON M ALLEGHENY
MICHAELSON MO, CAROLYN Z PHILAOELPHIA
MICHAELSON MO, THOS C CHESTER
MICHAILE MO, KENNETH I PHILAOELPHIA
MICHALS MO, TIMOTHY J PHILAOELPHIA
MICHAUO MO, JOS E CAMBRIA
MICHEL MO, JOHN P BEAVER
MICHELE MO, CHAS T OELAWARE
MICHELSON MO, JOSEPH B PHILAOELPHIA
MICHIE MO, ALEXANOER J MONROE
MICHIE MO, CATHARINE R MONROE
MICKELL MO, JOHN J ALLEGHENY
MICKLE JR MO, JAMES O CLARIDN
MIDDLEMAN MO, ROSE R ALLEGHENY
MIELCAREK JR MO, LEON M OELAWARE
MIGLIORATO MO, JEAN K ALLEGHENY
MIHALAKIS MO, ISIOORE LEHIGH
MIHALICK MO, PETER J CAMBRIA
MIKA MO, JOHN J SCHUYLKILL
MIKAELIAN MO, OIRAN O PHILAOELPHIA
MIKELBERG MO, ROSE R PHILAOELPHIA
MIKESIC MO, MICHAEL G CAMBRIA
MIKHAIL MO, GIRGIS PHILAOELPHIA

MIKITA MD, JOHN J	ALLEGHENY	MIKELMAN MD, DANIEL	ALLEGHENY	MORAN MD, JOHN J	MONTOUR
MIKLOS MD, BERNARD G	ALLEGHENY	MISAGE MD, JOHN R	ALLEGHENY	MORANI MD, ALMA D	PHILADELPHIA
MIKLOS MD, MICHAEL V	ALLEGHENY	MISCHLER MD, FORREST C	ERIE	MORASCO MD, EDWARD R	LACKAWANNA
MIKOTA MD, JOHN J	PHILADELPHIA	MISHKIN MD, MARK M	PHILADELPHIA	MOREL MD, DONALD E	LEHIGH
MILAI JR MD, A SAMUEL	ALLEGHENY	MISHRA MD, MANDRAMA	GREENE	MORELLI MD, MARION A	BLAIR
MILANDER MD, JOHN H	MONROE	MISKIEL JR DD, EDWARD J	BUCKS	MORENO MD, CARLOS	PHILADELPHIA
MILANI MD, FRANK A	LACKAWANNA	MISSETT JR MD, JOS V	PHILADELPHIA	MORENO MO, MISAEL A	PHILADELPHIA
MILBORN MO, ROBT E	ALLEGHENY	MISZERAK MD, JANUSZ	DAUPHIN	MORESCHI MD, PATRICIA R	MONTGOMERY
MILES DD, G BRUCE	NORTHAMPTON	MITAL MO, MOHAN S	CAMBRIA	MORETTO MD, JUS L	LAWRENCE
MILES MO, GED H	BLAIR	MITAL MD, NIRMAL G	CAMBRIA	MORGAN JR MD, VERNON W	LACKAWANNA
MILES MD, MICHAEL A	BERKS	MITCHELL MD, DONALD D	CAMBRIA	MORGAN JR MD, WM R	YORK
MILFORD MD, HENRY E	DAUPHIN	MITCHELL MD, FENTON M	ALLEGHENY	MORGAN MD, A JAMES	PHILADELPHIA
MILHEIM MD, IRVINE G	MERCER	MITCHELL MD, HAROLD L	ALLEGHENY	MORGAN MD, ALBERT P	LACKAWANNA
MILICH MD, ZARKO D	MONROE	MITCHELL MD, HENRY	INDIANA	MORGAN MD, ALLAN V	ALLEGHENY
MILKE MD, DENIS J	DAUPHIN	MITCHELL MD, JOHN	ALLEGHENY	MORGAN MD, DAVID H	LUZERNE
MILKS MD, CARL J	CLARION	MITCHELL MO, JOHN A	BEAVER	MORGAN MD, HARRY E	PHILADELPHIA
MILLER 2ND MD, TOM R	ERIE	MITCHELL MD, MICHAEL J	BEAVER	MORGAN MD, IRVING J	ALLEGHENY
MILLER 3RD MD, GED W	MONTGOMERY	MITCHELL MD, ROBT M	PHILADELPHIA	MORGAN MD, OWEN K	CAMBRIA
MILLER DD, JEROME	PHILADELPHIA	MITCHELL MD, WM J	FAYETTE	MORGAN MD, PAUL W	CHESTER
MILLER JR MD, CLARENCE M	ALLEGHENY	MITRO MO, WM	ALLEGHENY	MORGAN MD, PHILIP J	WYOMING
MILLER JR MD, JOHN W	LANCASTER	MITROO MD, NEETA	PHILADELPHIA	MORGAN MD, RUSSELL E	NORTHAMPTON
MILLER JR MD, STANLEY J	MONTGOMERY	MITTELDORF MD, STEPHEN E	PHILADELPHIA	MORGAN MD, THEODORE J	ALLEGHENY
MILLER MD, ALAN M	BUCKS	MITTERLING MD, ROBT C	DELAWARE	MORGAN MD, WM F	NORTHAMPTON
MILLER MD, ALLEN C	PHILADELPHIA	MITTICA MD, NICHOLAS M	LAWRENCE	MORGANROTH MD, JOEL	PHILADELPHIA
MILLER MO, ANTON M	SCHUYLKILL	MIURA MD, KAREN K	PHILADELPHIA	MORGENSTERN MD, STEPHEN A	MONTGOMERY
MILLER MD, ARMAND J	PHILADELPHIA	MLECKO MD, LAWRENCE M	ALLEGHENY	MORI MD, GINO	LACKAWANNA
MILLER MD, BENJ H	PHILADELPHIA	MOAKEH MD, MOHAMED	ERIE	MORI MD, HUGO	LACKAWANNA
MILLER MD, BERNARD J	PHILADELPHIA	MOATS MO, ANTHONY W	FAYETTE	MORITZ MD, MORDEKHAI	LACKAWANNA
MILLER MD, C EUGENE	LANCASTER	MOATZ MD, JAMES D	LEHIGH	MORK MD, GUSTAVE W	ERIE
MILLER MD, C JOSEPH	PHILADELPHIA	MOBERG MD, F BARRIE	LANCASTER	MORLEY MO, ROBT R	DELAWARE
MILLER MD, CALVIN E	ARMSTRONG	MODARRESS MD, JOHN	SCHUYLKILL	MORREELS JR MO, CHAS L	YORK
MILLER MO, CHAS F	CHESTER	MODIC MD, CHRISTOPHER W	ALLEGHENY	MORRELL DO, ROGER W	ALLEGHENY
MILLER MD, CHAS W	SCHUYLKILL	MOEHLMANN MO, ERNST D	LEBANON	MORRIS MD, ELEANOR G	SOMERSET
MILLER MD, CLAUDE J	LEBANON	MOERKIRK MD, GED E	LEHIGH	MORRIS MD, I PAUL	PHILADELPHIA
MILLER MD, DAVID	PHILADELPHIA	MOFFITT JR MD, GED R	DAUPHIN	MORRIS MO, JOHN L	ERIE
MILLER MD, DAVID H	BUCKS	MOFFITT MD, H FRED	BLAIR	MORRIS MD, LESLIE E	ALLEGHENY
MILLER MD, DAVID L	ALLEGHENY	MOFFITT MD, VINCENT J	BERKS	MORRIS MD, RICHARD J	DELAWARE
MILLER MD, DAVID L	CLARION	MOGHADAM MD, ABDOL-NABI	PHILADELPHIA	MORRIS MD, SAM E	ALLEGHENY
MILLER MD, EARL R	LYCOMING	MOGIL MD, ROBT A	PHILADELPHIA	MORRIS MD, SHELDON L	DELAWARE
MILLER MD, FRANK L	MONTGOMERY	MOHIUDDIN MD, MOHAMMED	PHILADELPHIA	MORRISON JR MD, DAVID P	BUCKS
MILLER MD, FRED H	MONTGOMERY	MOHYUDDIN MD, MOIZ	MONROE	MORRISON JR MD, RALPH W	CAMBRIA
MILLER MO, FREDERICK A	ALLEGHENY	MOKYCHIC MD, WALTER E	LUZERNE	MORRISON MD, ALAN N	LEHIGH
MILLER MD, GLADYS M	PHILADELPHIA	MOLCHANY MD, ERNEST P	BUTLER	MORRISON MD, ARCHIBALD	MONTGOMERY
MILLER MD, HARRY I	ALLEGHENY	MOLINA MD, LETICIA K	PHILADELPHIA	MORRISON MD, CAROL A	PHILADELPHIA
MILLER MD, HENRY N	BERKS	MOLINA MD, RAMON B	MONROE	MORRISON MD, DONALD E	DAUPHIN
MILLER MD, HENRY W	LANCASTER	MOLINARI MO, MICHAEL D	ALLEGHENY	MORRISON MO, JOS F	LUZERNE
MILLER MD, HERBERT D	ALLEGHENY	MOLINARO JR MD, ANTHONY D	YORK	MORRISON MD, MARJORIE G	LEHIGH
MILLER MD, HERMAN	DELAWARE	MOLL JR MD, FRANCIS K	MONTOUR	MORRISON MD, SAML S	MONTOUR
MILLER MD, HUGH M	PHILADELPHIA	MOLL MD, FRANCIS K	SCHUYLKILL	MORRISSEY JR MD, E JAMES	BERKS
MILLER MD, JAMES E	CAMBRIA	MOLL MD, GED A	PHILADELPHIA	MORRISSEY MD, E JAMES	BERKS
MILLER MD, JAMES M	SUSQUEHANNA	MOLL MD, THOS B	BERKS	MORROCCO MD, JOHN D	ALLEGHENY
MILLER MD, JAMES R	YORK	MOLLER MD, GED A	CLINTON	MORROW MD, BERT A	BERKS
MILLER MD, JEROME	PHILADELPHIA	MOLLICK MD, JAMES A	MONTGOMERY	MORROW MD, GERALD J	LEHIGH
MILLER MD, JOHN L	MERCER	MOLONEY MD, JOS D	DAUPHIN	MORROW MD, HERBERT J	WESTMORELAND
MILLER MD, JOHN R	ALLEGHENY	MOMAN JR MD, LAWRENCE C	ALLEGHENY	MORROW MD, THAYER K	WESTMORELAND
MILLER MD, JOS A	LEHIGH	MON MD, RICHARD L	ALLEGHENY	MORTEL MD, RODRIGUE	DAUPHIN
MILLER MD, JOS J	FRANKLIN	MONAHAN MO, JOHN J	ERIE	MORTON JR MD, WM A	CHESTER
MILLER MD, KENNETH F	ALLEGHENY	MONARDO MD, ALFRED	ALLEGHENY	MORTON MD, JOHN C	DAUPHIN
MILLER MD, LEE C	DAUPHIN	MONASTERIO MD, JOSE R	CHESTER	MORTON MD, WILLIAM R	ALLEGHENY
MILLER MD, LEON	MONTGOMERY	MONCRIEF MD, RICHARD D	LANCASTER	MORY MD, STEPHEN C	ALLEGHENY
MILLER MD, MALCOLM W	PHILADELPHIA	MONDALA-OCBO MD, ELISA V	BERKS	MOSCH MD, GED C	POTTER
MILLER MO, MARLYN W	BLAIR	MONDEJAR MD, MAGDALENA D	LYCOMING	MOSCH MD, HERMAN C	POTTER
MILLER MD, OLIVER F	MONTOUR	MONHEIT MD, RICHARD S	PHILADELPHIA	MOSCOSO MD, AURELIO A	DAUPHIN
MILLER MD, PARRY J	LANCASTER	MONIBI MD, ALI	ALLEGHENY	MOSELEY MD, RUSSELL L	WARREN
MILLER MD, RALPH J	INDIANA	MONIER MD, JOHN B	ALLEGHENY	MOSER MO, EDWARD N	LYCOMING
MILLER MD, RICHARD E	SCHUYLKILL	MONK MD, JOHN S	YORK	MOSER MD, FLOYD	CARBON
MILLER MD, RICHARD H	ALLEGHENY	MONROE MD, MELVIN	BUCKS	MOSER MD, MANNY H	BERKS
MILLER MD, RICHARD J	DAUPHIN	MONROE MD, ROBT W	MERCER	MOSES MD, JAMES M	CAMBRIA
MILLER MD, ROBERT M	DELAWARE	MONSOUR MD, GARY P	WESTMORELAND	MOSES MD, MELVIN L	PHILADELPHIA
MILLER MD, ROBT H	MONTGOMERY	MONSOUR MD, ROBT G	WESTMORELAND	MOSKAL MD, JOS P	PHILADELPHIA
MILLER MD, ROLAND E	ERIE	MONSOUR MD, RDY C	WESTMORELAND	MOSKOWITZ MD, BARRY D	ALLEGHENY
MILLER MD, RUSSEL F	PHILADELPHIA	MONSOUR MD, RDY E	ADAMS	MOSS DD, HERBERT	PHILADELPHIA
MILLER MD, SAML G	ALLEGHENY	MONSOUR MD, WM J	WESTMORELAND	MOSS JR MO, VASSAR Y	ALLEGHENY
MILLER MD, STANLEY J	CHESTER	MONTAGUE MD, JAMES W	TIOGA	MOSS MD, EDWARD R	PHILADELPHIA
MILLER MD, STEPHEN H	DAUPHIN	MONTALBO MD, ANTONIO A	CENTRE	MOSS MD, NORMAN H	PHILADELPHIA
MILLER MD, STEPHEN J	ALLEGHENY	MONTALBO MD, SERAFIN A	WESTMORELAND	MOTLEY MD, JOHN F	MONTGOMERY
MILLER MD, T GRIER	PHILADELPHIA	MONTANER MD, CARMEN G	LEHIGH	MOTTA MD, PETER G	ALLEGHENY
MILLER MD, WALLACE T	PHILADELPHIA	MONTANEZ MD, JAIME A	BLAIR	MOUNTAIN JR MD, WALTER S	ADAMS
MILLER MD, WARREN A	NORTHAMPTON	MONTEITH JR MD, WM E	BUCKS	MOURY MD, NELSON F	MONTGOMERY
MILLER MD, WILLIAM B	ALLEGHENY	MONTEITH MD, JAMES R	LEBANON	MOUTSOS MD, SPERO E	CRAWFORD
MILLER MD, WILLIAM I	CAMBRIA	MONTELEONE JR MD, PAUL N	CAMBRIA	MOWRY MD, RAYMER L	ALLEGHENY
MILLER MD, WM H	ALLEGHENY	MONTELLA MD, KAMALA	MONTGOMERY	MOYER MD, DENNIS L	BUCKS
MILLIGAN MD, JAMES E	ELK-CAMERON	MONTES MD, MANUEL Y	CARBON	MOYER MD, DWIGHT L	PHILADELPHIA
MILLIGAN MD, ROBT S	ALLEGHENY	MONTGOMERY MD, BRUCE B	PHILADELPHIA	MOYER MD, EARL S	DAUPHIN
MILLS JR MO, LEWIS C	PHILADELPHIA	MONTGOMERY MD, CHAS C	LUZERNE	MOYER MO, FORREST G	LEHIGH
MILLS MD, JOHN W	INDIANA	MONTGOMERY MD, EDWARD S	ALLEGHENY	MOYER MD, GLENN E	NORTHAMPTON
MILLS MD, M DUANE	DAUPHIN	MONTGOMERY MD, ERNEST J	ARMSTRONG	MOYER MO, JOHN F	ALLEGHENY
MILNER MD, RALPH S	PHILADELPHIA	MONTGOMERY MD, HUGH	PHILADELPHIA	MOYER MD, JOHN H	CAMBRIA
MILO MD, RICHARD A	ALLEGHENY	MONTGOMERY MD, JOHN B	PHILADELPHIA	MOYER MD, LEROY	BUCKS
MILON MD, CHAS F	PHILADELPHIA	MONTGOMERY MD, MARK R	FAYETTE	MOYER MD, PAUL R	BUCKS
MILSTEIN MD, DAVID	PHILADELPHIA	MONTGOMERY MD, MAXINE	LANCASTER	MOYER MD, STANLEY M	BUCKS
MILSTEIN MD, SEYMOUR W	DELAWARE	MONTGOMERY MD, THADDEUS L	PHILADELPHIA	MOYER MD, THELBERT R	ERIE
MIMS III MD, JAMES L	PHILADELPHIA	MONTICELLO MD, ANTHONY R	DAUPHIN	MOYER MD, WARREN F	SCHUYLKILL
MIN MD, HENRY M	ELK-CAMERON	MONYAK MD, JOHN G	BEAVER	MOYERS MO, ROBERT N	CRAWFORD
MIN MD, TAE C	BEAVER	MOON MD, SUNG B	WESTMORELAND	MOYLAN MD, JOS E	LACKAWANNA
MINARD MD, WM D	MONTGOMERY	MOONDA MD, GULAMHUSAIN	MERCER	MOYLAN MD, ROBT E	LACKAWANNA
MINDE MD, ERIC J	ALLEGHENY	MOONEY MD, BENJ R	YORK	MRAZ MD, JAMES E	ERIE
MINDE MD, NORMAN	ALLEGHENY	MOONEY MD, WM E	ALLEGHENY	MRAZ MO, JOHN P	ERIE
MINEHART MD, CHARLES R	BUCKS	MOORE JR MD, SAML R	PHILADELPHIA	MREIDEN MD, TARIF	ALLEGHENY
MINEHART MD, JOHN R	PHILADELPHIA	MOORE MD, BARRY B	DAUPHIN	MRKICH MD, ROBT	CAMBRIA
MINEO MD, CYRUS L	CHESTER	MOORE MD, CHAS C	ALLEGHENY	MRVOS MD, DONALD M	ALLEGHENY
MINERVA MD, FELICISIMA B	PHILADELPHIA	MOORE MD, CLARENCE E	DAUPHIN	MRVOS MD, MILES D	ALLEGHENY
MINERVA MD, JUSTIND G	MONTGOMERY	MOORE MD, ERNEST E	BUTLER	MSZANDWSKI MD, EDWIN M	ERIE
MINES MD, SAML C	ALLEGHENY	MOORE MD, FRANCIS G	ALLEGHENY	MSZANDWSKI MD, MELCHIOR	ERIE
MINN MO, FREDRICK L	MONTGOMERY	MOORE MD, FRANK	PHILADELPHIA	MUCHLADD MD, FELIX J	ALLEGHENY
MINNER MD, ROGER J	LEHIGH	MOORE MD, GED W	LAWRENCE	MUCKLE MD, CRAIG W	PHILADELPHIA
MINNICH MO, PHILIP H	YORK	MOORE MD, JAMES P	ARMSTRONG	MUDRICK MD, DAVID L	DELAWARE
MINNO MD, ALEXANDER M	ALLEGHENY	MOORE MD, JAY R	PHILADELPHIA	MUELLER MD, EMMA C	PHILADELPHIA
MINORA MD, MICHAEL A	LACKAWANNA	MOORE MD, JOHN R	PHILADELPHIA	MUELLER-HEUBACH MD, EBERHARD	ALLEGHENY
MINTEER MD, DONALD W	ARMSTRONG	MOORE MD, JOS J	TIOGA	MUHAWI MD, GEORGE J	ALLEGHENY
MINTEER MD, JAMES W	ELK-CAMERON	MOORE MD, MATTHEW T	PHILADELPHIA	MUHLENBERG MD, JOHN P	BERKS
MINTON MD, RUSSELL F	PHILADELPHIA	MOQUIN MO, ROSS B	YORK	MUHLFELDER MD, WARREN J	DAUPHIN
MIR MD, DAVID J	ERIE	MORACA MD, JOHN I	ALLEGHENY	MUHONEN MD, OLIVER A	ALLEGHENY
MIRA MD, ALLAN J	DAUPHIN	MORAITIS MD, CONSTANTINE Z	ALLEGHENY	MUKHOPADHYAY MD, SUKANTA K	ALLEGHENY
MIRAGLIA MD, PAUL R	MONTGOMERY	MORALES MD, DIEGO	PHILADELPHIA	MULBERGER MD, ROBT D	PHILADELPHIA
MIRAGLIA MD, RICHARD J	MONROE	MORALES MD, JOSE D	PHILADELPHIA	MULCHIN MD, WM L	MONTGOMERY
MIRANDA MD, CESAR P	BUTLER	MORAN JR MD, JOHN F	DELAWARE	MULDAWER MD, MILTON E	PHILADELPHIA
MIRANDA MD, JORGE	LACKAWANNA	MORAN JR MD, THEODORE R	MERCER	MULHATTEN MD, DONALD E	CENTRE
MIRBACH MD, SIDNEY H	NORTHAMPTON	MORAN JR MD, THOS W	WESTMORELAND	MULHERN MD, CHARLES B	PHILADELPHIA

MULHERN MD, LAWRENCE M ALLEGHENY
MULHOLLAND MD, S GRANT PHILADELPHIA
MULL MD, JOS C WARREN
MULL MD, THOS D MONTGOMERY
MULLA MD, DAWOOD A WESTMORELAND
MULLEN MD, JAMES L PHILADELPHIA
MULLEN MD, STANLEY H LUZERNE
MULLER DD, ARTHUR J DAUPHIN
MULLER MD, ALFONS J PHILADELPHIA
MULLER MD, H ARNOLD DAUPHIN
MULLER MD, OTTO F DELAWARE
MULLIGAN MD, JAMES F YORK
MULLIGAN MD, ROBT L BERKS
MULLIN JR MD, EDWARD M LEHIGH
MULLIN JR MD, HUGH J LUZERNE
MULLIN MD, RAYMOND J BUCKS
MUNCHAK JR MD, JOHN LEHIGH
MUNCHAK MD, ALEXANDER M LACKAWANNA
MUNDTH MD, ELDRED D PHILADELPHIA
MUNIR MD, MOHAMMAD M NORTHUMBERLAND
MUNIR MD, MUHAMMAD SCHUYLKILL
MUNIZ MD, HERMINIO PHILADELPHIA
MUNOZ MD, JUAN T ALLEGHENY
MUNOZ MD, MARTIN PHILADELPHIA
MUNRO MD, ROSS F CHESTER
MUNSON MD, FREDERICK J NORTHAMPTON
MUNTEANU MD, VIRGIL P LANCASTER
MURCEK MD, MARTIN A WESTMORELAND
MURDOCK MD, FRED E JEFFERSON
MURDUCK MD, MORTON G PHILADELPHIA
MURPHEY MD, HENRY S PHILADELPHIA
MURPHY JR MD, ARTHUR I ALLEGHENY
MURPHY JR MD, MICHAEL E DAUPHIN
MURPHY JR MD, ROBT C LACKAWANNA
MURPHY MD, BARBARA J PHILADELPHIA
MURPHY MD, CHAS C ALLEGHENY
MURPHY MD, EDITH L LYCOMING
MURPHY MD, EDWARD J PHILADELPHIA
MURPHY MD, FRANCIS J DELAWARE
MURPHY MD, GERALD L CAMBRIA
MURPHY MD, J THOMAS MONTGOMERY
MURPHY MD, JAMES A CHESTER
MURPHY MD, JAMES H CLEARFIELD
MURPHY MD, JAMES P PHILADELPHIA
MURPHY MD, JOHN J PHILADELPHIA
MURPHY MD, JOHN T LACKAWANNA
MURPHY MD, LOUIS R LACKAWANNA
MURPHY MD, MICHAEL J LUZERNE
MURPHY MD, RICHARD J PHILADELPHIA
MURPHY MD, SCOTT PHILADELPHIA
MURPHY MD, THOS W PHILADELPHIA
MURR III MD, GEORGE A PHILADELPHIA
MURRAY MD, AUDREY CHESTER
MURRAY MD, AUSTIN P PHILADELPHIA
MURRAY MD, CARROLL A JEFFERSON
MURRAY MD, JOHN P MONTGOMERY
MURRAY MD, RICHARD C CAMBRIA
MURRAY MD, STEPHEN R NORTHAMPTON
MURRAY MD, THOS V MERCER
MURRAY MD, WILLIAM M DAUPHIN
MURTAGH MD, FREDERICK PHILADELPHIA
MURTLAND MD, ALBERT M BRADFORD
MUSGRAVE MD, ROSS H ALLEGHENY
MUSMANNO MD, SAML A ALLEGHENY
MUSSELMAN MD, CLYDE V LANCASTER
MUSSER JR MD, HAROLD E SOMERSET
MUSSER MD, BENJ G DAUPHIN
MUSSER MD, WM T UNION
MUSSIO MD, JOHN A CAMBRIA
MUTCHNICK MD, NORMAN PHILADELPHIA
MUTHIVEERAPPAN MD, VEERAPPAN BLAIR
MYCHAK MD, DENNIS M NORTHUMBERLAND
MYERS III MD, FRANKLIN J DAUPHIN
MYERS JR MD, HERBERT E LANCASTER
MYERS MD, ABRAHAM PHILADELPHIA
MYERS MD, CHAS E LUZERNE
MYERS MD, DAVID PHILADELPHIA
MYERS MD, DAVID P ALLEGHENY
MYERS MD, EUGENE N ALLEGHENY
MYERS MD, FREDERICK B LUZERNE
MYERS MD, GILBERT B YORK
MYERS MD, GORDON D DAUPHIN
MYERS MD, JAMES R BEDFORD
MYERS MD, LEONARD B ALLEGHENY
MYERS MD, MARTIN A MONTGOMERY
MYERS MD, PAUL R ELK-CAMERON
MYERS MD, RICHARD N PHILADELPHIA
MYERS MD, WILLIAM R LANCASTER
MYSLEWSKI MD, WALTER J WESTMORELAND
MYSTAKAS MD, FOTIS G LEBANON

N

NABATCHI MD, AHMAD CLARION
NABATI MD, ISMAIL MONTGOMERY
NABUT MD, SOPHIA H PHILADELPHIA
NACHUD MD, GRACE R PHILADELPHIA
NAGAL MD, RAMON B BUCKS
NADEAU MD, GERALD H NORTHAMPTON
NADEL MD, MARCELL-BERNH PHILADELPHIA
NADER MD, CHAS R WESTMORELAND
NADER MD, JOS N LEHIGH
NADIMDLA MD, CHENNAIAH C NORTHAMPTON
NADLER MD, M PRINCETON ALLEGHENY
NAEYE MD, RICHARD L DAUPHIN
NAGAKAWA MD, BUNICHI PHILADELPHIA
NAGARAJAN MD, GANESAN ALLEGHENY
NAGLE JR MD, FRANK O PHILADELPHIA
NAGLE MD, ARLINGTON A BERKS
NAGLE MD, DOUGLAS B ERIE
NAGLE MD, WALTER W DELAWARE
NAGLE MD, WARREN C BRADFORD
NAHAS MD, FREDERICK J PHILADELPHIA
NAHAS MD, WILLIAM A DAUPHIN
NAHRWOLD MD, DAVID L DAUPHIN
NAHRWOLD MD, MICHAEL L DAUPHIN
NAIDE MD, DAVID PHILADELPHIA
NAIDE MD, MEYER PHILADELPHIA
NAIDOFF MD, MICHAEL A PHILADELPHIA
NAJI MD, MOHAMMED H BUCKS
NAJMI MD, MOOSA NORTHAMPTON
NAKHGEVANY MD, KARIM B PHILADELPHIA
NAKHJAVAN MD, FRED K PHILADELPHIA
NALBANTIAN MD, MICHEL S PHILADELPHIA
NALEVANKO MD, ALBERT M LACKAWANNA
NALLATHAMBI MD, HELGA N BUTLER
NALLATHAMBI MD, SWAMIKKAN A BUTLER
NAMEY MD, JOHN T MERCER
NANGIA MD, SUSHMA R ALLEGHENY
NANSTEEL JR MD, JUHN F MONTGOMERY
NAPLES MD, JERRY F BUCKS
NAPLES MD, LOUIS A WESTMORELAND
NAPOLEON MD, LOUIS N ALLEGHENY
NAPOLI MD, MICHAEL J LEHIGH
NAPPI MD, DOMINIC F PHILADELPHIA
NARAYANAN MD, EDATHIL K BRADFORD
NARDINI MD, RENATO J PHILADELPHIA
NARDUCCI MD, ANTHONY E ERIE
NARDUZZI MD, JOANN V ALLEGHENY
NARTATEZ MD, PEDRO C CENTRE
NARUS MD, VETOLO T ERIE
NASE MD, ODNALO F BUCKS
NASE MD, PAUL K BERKS
NASE MO, PAUL M BUCKS
NASEEM MD, MOHAMMAD ALLEGHENY
NASH MD, MARGARET J PHILADELPHIA
NASO MD, FRANCIS PHILADELPHIA
NASS MD, JOEL LEHIGH
NASSAU OD, HARVEY B MONTGOMERY
NASSIRI-RAHIMI MD, CYRUS PHILADELPHIA
NAST MD, MAX S BUTLER
NAST MD, PHILIP R PHILADELPHIA
NASUTI MD, FLOYD T PHILADELPHIA
NATALI MD, OANL E ALLEGHENY
NATARAJAN MD, GANGAIAH PHILADELPHIA
NATHAN MD, ROBT J PHILADELPHIA
NATHANSON MD, ODNALD L PHILADELPHIA
NATHANSON MD, JULIET E PHILADELPHIA
NATOLI MD, THOS J MONTGOMERY
NAUGLE MD, INGRID E ALLEGHENY
NAUSS MD, THOS J LUZERNE
NAVARRO MD, ROBERTO N FRANKLIN
NAYAK MD, NARAYAN MC KEAN
NAZARI MD, AHMAD PHILADELPHIA
NAZZARO MD, RALPH VENANGO
NEAL JR MD, HARRY B INDIANA
NEAL MD, HUNTER S DELAWARE
NEAL MD, ROLAND A ALLEGHENY
NEALIS MD, HENRY J MONTGOMERY
NEALON MD, GERVASE F WESTMORELAND
NEALON MO, RITA C ALLEGHENY
NEALON MD, WM K ALLEGHENY
NEDURIAN MD, VRAM S PHILADELPHIA
NEDWICH MD, ALEXANDER LEHIGH
NEESE MO, PAUL H MONTGOMERY
NEFF MD, CHAS A LEBANON
NEFF MD, GEO R PHILADELPHIA
NEFT MD, BURTON H ALLEGHENY
NEGREY JR MD, JOHN N DELAWARE
NEGREY MD, JOHN N DELAWARE
NEIDHARDT MD, PAUL W LANCASTER
NEIGH MD, JOHN L PHILADELPHIA
NEILL MO, JOHN L MC KEAN
NEILSON MD, NEILON PHILADELPHIA
NEIMAN MD, LEE M ALLEGHENY
NELK MO, FRANKLIN K ALLEGHENY
NELLBADRA MD, ROCIO E MONTGOMERY
NELMS MD, WILLIAM F NORTHUMBERLAND
NELSON JR MD, HARRY M MONTGOMERY
NELSON MO, ELEANOR C PHILADELPHIA
NELSON MD, GUY M PHILADELPHIA
NELSUN MD, LYLE M ALLEGHENY
NELSUN MO, MORTIMER T BUCKS
NELSON MO, NICHOLAS M DAUPHIN
NELSON MD, PAUL B ALLEGHENY
NELSUN MD, PHILIP K LYCOMING
NELSON MO, THEODORE C ALLEGHENY
NELSUN MD, WALDO E PHILADELPHIA
NEMANI MD, PANDHARINATH WASHINGTON
NEMEC MD, JOHN E WESTMORELAND
NEMEZ MD, ALBERT PHILADELPHIA
NEMIR JR MD, PAUL PHILADELPHIA
NEMIROFF MD, RICHARD L PHILADELPHIA
NEMSER MD, SONDRA S PHILADELPHIA
NEMZOFF MD, SOL L MONTGOMERY
NESBITT MD, JOHN B CRAWFORD
NESE MD, ANTHONY J LACKAWANNA
NESI MD, DANL A BUCKS
NETTROUR III MO, WALTER S ALLEGHENY
NETTROUR MD, LEWIS F ALLEGHENY
NETTROUR MO, WALTER S ALLEGHENY
NEUBAUER MD, RICHARD A PHILADELPHIA
NEUMANN MD, GEO L LACKAWANNA
NEVERTTS MD, MATTHEW A SCHUYLKILL
NEVILLE MD, EDWIN C LACKAWANNA
NEVYAS MD, HERBERT J PHILADELPHIA
NEW 2NO MD, JOHN A ALLEGHENY
NEWBERG MD, AARON N PHILADELPHIA
NEWBERG MD, JAY A ALLEGHENY
NEWCOMER MD, DAVID L LANCASTER
NEWELL MD, MERL A VENANGO
NEWHALL MD, DANIEL L MONTGOMERY
NEWHOUSE MD, JOS J WESTMORELAND
NEWILL MO, ODMER S ALLEGHENY
NEWILL MD, WM K FAYETTE
NEWMAN OO, HARRIS MONTGOMERY
NEWMAN III MD, WM H LACKAWANNA
NEWMAN JR MD, CLYDE F MONTGOMERY
NEWMAN JR MD, WM H LACKAWANNA
NEWMAN MD, ANDREW PHILADELPHIA
NEWMAN MD, BENJ E PHILADELPHIA
NEWMAN MD, FRANK W DELAWARE
NEWMAN MD, JOHN H WESTMORELAND
NEWMAN MO, JULIUS MONTGOMERY
NEWMAN MD, LEROY PHILADELPHIA
NEWMAN MD, LEWIS L PHILADELPHIA
NEWMAN MD, RICHARD A CHESTER
NEWMARK MD, ABE A LAWRENCE
NEWMARK MD, MICHAEL J ALLEGHENY
NEWSOM MD, JOHN H BUCKS
NEWTON MD, FREDERICK C DAUPHIN
NEWTON MD, REX H ALLEGHENY
NEY MD, FRANCIS G BUTLER
NGAU MD, CURTIS A PHILADELPHIA
NIBBELINK MD, DONALD W PHILADELPHIA
NICASTRO MD, GENNARO C PHILADELPHIA
NICHINI MD, FRANCO M CHESTER
NICHOLAS MD, BRADLEY E YORK
NICHOLAS MD, GARY G DAUPHIN
NICHOLAS MD, JAMES L YORK
NICHOLAS MD, LESLIE PHILADELPHIA
NICHOLAS MD, W CHANNING CENTRE
NICHOLLS MD, ALBERT E LACKAWANNA
NICHOLLS MD, EOITH E MONTOUR
NICHOLLS MD, JOAN E SCHUYLKILL
NICHOLLS MD, RICHARD H SCHUYLKILL
NICHOLLS MD, S GLENNE WASHINGTON
NICHOLS MD, CLAUDE E DAUPHIN
NICHOLS MD, WM R ALLEGHENY
NICHOLSON JR MD, WALTER J YORK
NICHOLSON MD, JESSE T PHILADELPHIA
NICHOLSON MD, JOS T MONTGOMERY
NICKENS MD, CHAS G ALLEGHENY
NICKENS MD, OSWALD J ALLEGHENY
NICKESON MD, ROBT W ALLEGHENY
NICKLAS MD, DONALD A MONTGOMERY
NICKLAS MD, FLOYD W ALLEGHENY
NICKLAS MD, GILBERT L CLINTON
NICKLES MD, WM A FRANKLIN
NICOLAS MD, RUDY J CENTRE
NICUTERA MD, ANTHONY L WARREN
NICOTERO MD, JAMES A ALLEGHENY
NICU MD, NADIJA L PHILADELPHIA
NIDO MD, MICHAEL P CAMBRIA
NIEBAUM MO, ALBERT H BERKS
NIED MD, WALTER S PHILADELPHIA
NIEDELMAN MD, MEYER L PHILADELPHIA
NIELSEN MO, R CRAIG LYCOMING
NIEMEYER MD, RICHARD H LANCASTER
NIERLE MD, RICHARD H LYCOMING
NIES MO, GERALD F WASHINGTON
NIESEN MO, EMIL T WAYNE-PIKE
NIESENBAUM MD, LEONARD PHILADELPHIA
NIGBOROWICZ MO, RONALD J ALLEGHENY
NILES JR MD, JOHN S BRADFORD
NILES MD, ROBT A MC KEAN
NILL MO, CARL F ALLEGHENY
NILSON MD, JOHN P ALLEGHENY
NIMBKAR MD, NARYAN V PHILADELPHIA
NIMBKAR MD, NEELA N PHILADELPHIA
NIMOITYN MD, BENJ S PHILADELPHIA
NISENBAUM MD, HARVEY L PHILADELPHIA
NISSENBAUM MD, GERALD A PHILADELPHIA
NISTA MD, JOS A ALLEGHENY
NITZBERG MO, ROBERT S ALLEGHENY
NIX MO, ROBT D ALLEGHENY
NIXON MD, VAUGHN B ALLEGHENY
NJU MD, SOEN H MONTGOMERY
NOBEL MD, GOLDA R PHILADELPHIA
NOBEL MO, HELEN V ALLEGHENY
NOBEL MO, JOEL J PHILADELPHIA
NOBLE MD, ELLENETTA B WASHINGTON
NOBLE MD, NATHAN M PHILADELPHIA
NOBLE MD, PAUL H PHILADELPHIA
NUOEN MD, GEO T ALLEGHENY
NOE JR MO, WILLIAM L BUCKS
NOLAN JR MD, THOS F ERIE
NOLAN MO, J PHILIP MONTGOMERY
NOLLER MO, WILLIAM E LANCASTER
NOONE MD, JAMES P BRADFORD
NOONE MO, R BARRETT PHILADELPHIA
NORATO MD, JOS F DAUPHIN
NORO MO, ROLAND E LAWRENCE
NORDBERG JR MO, ROBERT E CAMBRIA
NORDENBERG MO, AARON DAUPHIN
NORUSTROM MD, CHESTER A VENANGO
NORK MD, EDWARD P LUZERNE
NORMINGTON II MD, ERNEST Y LEHIGH
NORRIS MD, CHAS M PHILADELPHIA
NORRIS MD, DAVID C ALLEGHENY
NORRIS MD, JOS A NORTHAMPTON
NORRIS MD, ROBT F PHILADELPHIA
NORTH MD, LEON L MONTGOMERY
NORTH MD, RONALD J ALLEGHENY
NORTHROP MO, HERBERT L MONTGOMERY
NORWOOD MD, GILBERT F NORTHUMBERLAND
NOSHENY MD, STANLEY Z PHILADELPHIA
NOTARI MO, EDWARO J LACKAWANNA
NOTARO MD, JOHN BEAVER
NOTHMANN MO, BRUCE J ALLEGHENY
NOURIAN MD, ALI A MONROE
NOVAK MO, ALBERT A CAMBRIA
NOVAK MD, JOS ALLEGHENY
NOVAK MO, JOSEPH F ALLEGHENY
NOVICKI MD, ZENON F PHILADELPHIA
NOVIK MD, LARRY ALLEGHENY
NOVOGRADAC MD, WM E ALLEGHENY
NOVOSEL MD, PETER S LANCASTER
NOWACKI MD, STANLEY M MONTGOMERY
NOWICKI MD, SIGMUND LACKAWANNA
NOWOSLAWSKI MD, JOSEPH F PHILADELPHIA
NOZNESKY MD, NATHAN M PHILADELPHIA
NSIER MD, NAWAF I ALLEGHENY
NUCUM MD, AFRODISIO N LEBANON
NUFFIELO MD, EDWARD J ALLEGHENY
NUGENT MO, FREO B BERKS
NULL MD, HARRY M ALLEGHENY
NULTY JR MD, WM E MONTGOMERY
NUNEZ MD, HERMES ALLEGHENY
NUNEZ MO, LUIS E PHILADELPHIA
NUNNA MD, NAGABHUSHANAM BUTLER
NUSBAUM MD, MOREYE PHILADELPHIA
NUSCHKE MO, JOHN D BUCKS

NUSSBAUM MD, JDS	PHILADELPHIA
NUTT III MD, JAMES N	MDNTGDMERY
NUTTER MD, RAYMDND B	ERIE
NWE MD, KHIN M	PHILADELPHIA
NYEMETZ MD, FERDINAND W	DELAWARE

O

DAKEY JR MD, RICHARD S	DELAWARE
DAKS JR MD, WILBUR W	PHILADELPHIA
DBER MD, HENRY E	WESTMDRELAND
DBETZ MD, MERRY L	MC KEAN
DBDYLE MD, JAMES P	LACKAWANNA
DBDYLE MD, TDMAS A	LACKAWANNA
DBRIEN MD, J ELMER	ERIE
DBRIEN MD, JAMES J	MDNTGDMERY
DBRIEN MD, JDHN P	LACKAWANNA
DBRIEN MD, JDS J	LACKAWANNA
DBRIEN MD, RDBT G	ALLEGHENY
DBRIEN MD, WM R	PHILADELPHIA
DCAMPD MD, RENATD G	MDNTGDMERY
DCHENRIDER MD, PAUL D	YDRK
DCDNNELL MD, BRENT J	DAUPHIN
DCDNNELL MD, C LEDNARD	GREENE
DCDNNELL MD, DANIEL J	WESTMDRELAND
DCDNNELL MD, FRED H	PHILADELPHIA
DCDNNELL MD, JAMES R	DELAWARE
DCDNNELL MD, RDSE R	PHILADELPHIA
DCDNNELL MD, WILLIAM A	PHILADELPHIA
DCDNNOR JR MD, JAMES J	LACKAWANNA
DCDNNDR MD, ARTHUR J	WARREN
DCDNNDR MD, JDHN P	ALLEGHENY
DCDNNOR MD, MAUREEN E	PHILADELPHIA
DCDNNDR MD, RAYMDND F	JEFFERSDN
DCDNNDR MD, THDS W	LANCASTER
DDABASHIAN MD, ARTHUR	DELAWARE
DUDI MD, FREDERICK J	ALLEGHENY
DDONNELL MD, GEO J	LUZERNE
DDDNNELL MD, JDHN H	ALLEGHENY
DDDNNELL MD, WALTER F	ALLEGHENY
DDDNNELL MD, WARD M	LANCASTER
DEHRLE MD, JDHN S	ALLEGHENY
DELS MD, HELEN C	LEHIGH
DESTERLING JR MD, EVERETT F	ALLEGHENY
DFFNER MD, THEDDDRE W	PHILADELPHIA
DGUNLEYE MD, AYDDELE D	ALLEGHENY
DH MD, KDNG T	PHILADELPHIA
DH MD, KDDK S	ALLEGHENY
DH MD, SUNG K	PHILADELPHIA
DHARA MD, ALBERT E	PHILADELPHIA
DHARA MD, EDWARD F	ALLEGHENY
DHLSDN MD, GUY E	DAUPHIN
DHDRA MD, WM A	LACKAWANNA
DJEDA MD, VIRGINIA L	PHILADELPHIA
DJERS MD, GAYLDRD W	NDRTHAMPTDN
DKEEFE MD, JAMES F	ALLEGHENY
DKEEFE MD, JDHN J	PHILADELPHIA
DKIN MD, E MICHAEL	PHILADELPHIA
DKUNSKI MD, WALTER J	LEHIGH
DLACK MD, JERDME A	ERIE
DLAH MD, GED W	ALLEGHENY
DLAVE MD, RAUL A	WESTMDRELAND
DLEARCHYK MD, ANDREW S	PHILADELPHIA
DLEARY MD, EUGENE F	WESTMDRELAND
DLEARY MD, JAMES M	BLAIR
DLEN MD, ELSE	PHILADELPHIA
DLEWILER JR MD, H NEWTDN	NDRTHAMPTDN
DLIM MD, DAVE B	MDNTGDMERY
DLIN MD, STEPHEN T	LANCASTER
DLIVER JR MD, THDMAS K	ALLEGHENY
DLIVER MD, JDHN G	NDRTHAMPTDN
DLIVER MD, ORLANDD P	WESTMORELAND
DLIVERID MD, ANTHDNY J	FAYETTE
DLIVERD MD, PETER A	MDNTGDMERY
DLIVES MD, MANUEL	DAUPHIN
DLKEN MD, MARK O	PHILADELPHIA
DLMES MD, FRANK S	SCHUYLKILL
DLNEY MD, FRANKLIN B	CENTRE
DLSEN MD, AXEL K	PHILADELPHIA
DLSDN MD, EMIL W	MDNTGDMERY
DLSDN MD, JANNE R	YDRK
DLSON MD, RDNALD A	LUZERNE
DMALLEY MD, DDNALD F	ALLEGHENY
DMALLEY MD, JDSEPH F	MDNTGDMERY
DMALLEY MD, KEVIN B	PHILADELPHIA
DMANA MD, JESUS E	BUCKS
DMBAD MD, JOSE R	BUCKS
DNDERKA MD, JAMES D	BUCKS
DNEAL JR MD, ALEXANDER H	MDNTGDMERY
DNEIL DD, RDBERT J	ALLEGHENY
DNEILL MD, HUGH	PHILADELPHIA
DNEILL MD, JOHN J	DELAWARE
DNEILL MD, THOMAS J	PHILADELPHIA
DNG MD, ARSENIO M	LUZERNE
DNG MD, BIENVENIDO S	LAWRENCE
DNIFER MD, THEDDDRE M	MONTGOMERY
DNQUE MD, GLDRIA C	ALLEGHENY
ONSANIT MD, TAWACHAI	LEHIGH
DPLINGER MD, ARTHUR F	BERKS
ORA MD, CARMEN S	PHILADELPHIA
ORAM MD, ALAN J	MDNTDUR
DRAM MD, MELVIN	LACKAWANNA
ORDER MD, ALBERT A	PHILADELPHIA
DROINARID JR MO, ANACLETD T	LACKAWANNA
ORDINARID JR MD, VICENTE R	CRAWFORD
OROIWAY MD, M VERNON	ELK-CAMERDN
DRIE MD, JDHN R	ALLEGHENY
ORIENTE MD, MICHAEL A	PHILADELPHIA
DRIORDAN MD, JOS P	PHILADELPHIA
ORLANDD MD, JDSEPH D	LUZERNE
ORLANDD MD, SALVATORE J	ALLEGHENY
DRLIDGE MD, ARTHUR E	SOMERSET
DRMAN MD, J MDRTON	PHILADELPHIA
DRMAN MD, STEVEN K	OAUPHIN
ORNE MO, MARTIN T	PHILADELPHIA
DRNSTEEN MD, ABRAHAM M	PHILADELPHIA
ORDURKE MD, TERENCE L	MDNTDUR
DRQUIZA MD, CLDDUALDD S	BERKS
ORR JR MO, RDSS M	NDRTHAMPTDN
DRR MD, LINDA S	PHILADELPHIA
DRR MD, MALCDLM D	ALLEGHENY
ORR MD, PAUL R	PHILADELPHIA
DRR MD, SIDNEY H	PHILADELPHIA
DRRINGER MD, DAVID	ALLEGHENY
DRRIS MD, DDNALD J	JEFFERSDN
DRSI MD, JAMES M	LEHIGH
URT MD, W FREDERICK	BUCKS
DRTEGA MD, RAFAEL D	MDNTGDMERY
DRVIS MD, HARDLD H	CHESTER
DSBORN MO, HAYLER H	MDNTGDMERY
DSCAR MD, ALVIN D	PHILADELPHIA
OSCHELL MD, WM J	PHILADELPHIA
DSHEKA MD, WM	ALLEGHENY
DSKANIAN MD, DHANES	MDNTGDMERY
DSKIN MD, HILBERT E	WESTMDRELAND
DSLICK MD, THEDDORE	PHILADELPHIA
DSMDND MD, LESLIE H	ALLEGHENY
DSDFSKY MD, MURRAY V	ALLEGHENY
DSDRID MD, EMMANUEL P	PHILADELPHIA
DSTERHOLM MD, JEWELL L	PHILADELPHIA
DSTERMAN MD, JURAJ	DAUPHIN
DSTMAN MD, ZENAIDA E	DAUPHIN
DSTRUM MD, BERNARD J	PHILADELPHIA
OTDULE MD, THDS F	PHILADELPHIA
DTTENBERG MD, DDNALD J	PHILADELPHIA
DTTERBEIN MD, RALPH F	WARREN
DTTO MD, WILLIAM S	PERRY
UTVDS MD, EMERY G	WASHINGTDN
DUTLAND MD, TDM	DAUPHIN
OVERFIELD MD, EDWARD M	ERIE
DVERLEESE MD, JDANNE	PHILADELPHIA
DVERLY MD, WYLIE L	WESTMDRELAND
OVITZ MD, MDRRIS	LEHIGH
OWCZYKOWSKY MD, BERNARD J	ARMSTRDNG
DWEIDA MD, NIZAR N	WESTMDRELAND
DWEN MD, BARBARA J	MDNTGDMERY
DWENS OD, EDWARD J	CRAWFDRD
DWENS MD, DAVID E	LUZERNE
DWENS MD, E REESE	ALLEGHENY
UWENS MD, HDBART N	WAYNE-PIKE
DZARDA MD, AHSEN T	WESTMDRELAND

P

PAAT MD, FLORANTE P	ALLEGHENY
PABLD MD, CARMELITA S	LEHIGH
PABLD MD, GIL E	PHILADELPHIA
PACANDWSKI MO, JDHN P	BRADFDRD
PACEK JR MD, JDHN	ARMSTRDNG
PACEK MD, RDBT F	ARMSTRDNG
PACHTMAN MD, ISADDRE	ALLEGHENY
PACIULLI MD, RAFFAELE	BERKS
PACKMAN MD, MARTIN	PHILADELPHIA
PACLISANU MD, ZEND G	BUCKS
PACURARIU MD, RADU I	MDNTDUR
PADGET MD, EDWARD S	PHILADELPHIA
PADIN MD, FREDERICO A	VENANGD
PADIS MD, NICHDLAS	PHILADELPHIA
PADDLINA MD, RUBY M	PHILADELPHIA
PADULA MD, ANTHDNY M	PHILADELPHIA
PAE MU, DDNG W	WESTMDRELAND
PAGANA MD, JDHN P	NORTHUMBERLAND
PAGE MD, RDBT B	DAUPHIN
PAGNIELLD MD, LUCIA	CRAWFDRD
PAIK MD, SUKYDUN R	JEFFERSDN
PAINTER MO, JOS C	LAWRENCE
PAK MD, HANHD	ERIE
PALAD MD, MANUEL C	NDRTHAMPTDN
PALATKA MD, ANOREW A	LAWRENCE
PALAZZOLO MD, ANTHDNY J	PHILADELPHIA
PALIN MD, WM E	BEDFDRD
PALKOVITZ MD, HARRY P	ALLEGHENY
PALKOVITZ MD, JOS	ALLEGHENY
PALLONE DD, LESLIE	BEAVER
PALM MU, CHARLES H	PHILADELPHIA
PALMACCID MD, ANTHONY J	PHILADELPHIA
PALMER JR MD, DALE H	CENTRE
PALMER JR MD, WM E	CAMBRIA
PALMER MD, ARTHUR H	ALLEGHENY
PALMER MD, CLARKSDN T	PHILADELPHIA
PALMER MD, DELMAR R	ERIE
PALMER MD, EARL A	DAUPHIN
PALMER MD, KARL A	CHESTER
PALMER MO, LDUIS H	MDNTGDMERY
PALMER MD, U GRANT	NORTHAMPTON
PALMER MD, WM D	ALLEGHENY
PALMGREN JR MD, EINAR A	LANCASTER
PALUMBO MD, JDHN A	LANCASTER
PALUS MD, BERNARO R	ALLEGHENY
PALUSO MD, ARTHUR K	WASHINGTDN
PALUSO MD, EUGENE F	WASHINGTDN
PALUSO MD, JDHN R	WASHINGTDN
PAN MD, EDWARD L	BERKS
PANAHANDEH MO, ABDLHASSAN	ALLEGHENY
PANARO MD, RUODLPH J	MONTGOMERY
PANAS MO, PAUL G	LEHIGH
PANAYDTDVA MD, MARIA L	NDRTHAMPTDN
PANCHAL MO, PRAVIN O	ALLEGHENY
PANOELIOIS MO, PANDELIS K	YDRK
PANOIT MD, DEVAYANI I	ALLEGHENY
PANDIT MD, INORAVADAN N	ALLEGHENY
PANDOLFI MD, FRANK J	PHILADELPHIA
PANEBIANCO MD, ANTONID C	LEHIGH
PANEK MD, BERNARD S	CAMBRIA
PANETTIERI MD, REYNDLD A	PHILADELPHIA
PANICCO OO, RICHARO J	PHILADELPHIA
PANTALDNE MO, ALBERT	BEAVER
PANTALDNE MD, ANGELD L	ALLEGHENY
PANTALDNE MD, FRANK A	WESTMDRELAND
PANTAND MD, JAMES A	LEHIGH
PANZER MD, HERMAN M	MDNTGDMERY
PAD MD, DAVID S	PHILADELPHIA
PADLINI MD, MAURD J	BERKS
PAPADOPDULDS MD, PANAYDTIS	ALLEGHENY
PAPAZIAN MD, ARA	ALLEGHENY
PAPDLA MD, GIND G	DELAWARE
PAPPAND JR MD, JDSEPH E	MDNTGDMERY
PAPPAS MD, MICHAEL T	ALLEGHENY
PARADDWSKI MD, FRANK W	PHILADELPHIA
PARAGAS SR MD, LAMBERTD S	CENTRE
PARAMESWARAN MD, R	PHILADELPHIA
PARC1NSKI DD, RICHARD E	CAMBRIA
PARDINE MD, MARILYN T	WAYNE-PIKE
PARENT JR MD, FERNAND N	WASHINGTDN
PARIS MD, MARK F	BLAIR
PARISH MD, LAWRENCE C	PHILADELPHIA
PARISI MD, ERIKA F	DELAWARE
PARK MD, BDYD N	BUTLER
PARK MD, CECIL R	LACKAWANNA
PARK MD, CHAN H	PHILADELPHIA
PARK MD, CHANG-SEANG	MERCER
PARK MD, CHDNG H	PHILADELPHIA
PARK MD, EUI J	ALLEGHENY
PARK MD, GREGORY P	ALLEGHENY
PARK MD, GUY K	PHILADELPHIA
PARK MD, HEE-DK	PHILADELPHIA
PARK MD, HYUNG K	PHILADELPHIA
PARK MD, JHONG D	CRAWFDRD
PARK MD, JDNGSODK	FAYETTE
PARK MD, JDS M	INDIANA
PARK MD, JUNESEDK	LEHIGH
PARK MD, MIN H	FAYETTE
PARK MD, MDDN W	MDNTGDMERY
PARK MD, NAE H	DAUPHIN
PARK MD, NEIL I H	CAMBRIA
PARK MD, PUM K	DELAWARE
PARK MD, SANG B	ALLEGHENY
PARK MD, SUNG H	LACKAWANNA
PARK MD, THDS E	FAYETTE
PARK MD, YDUNG C	WASHINGTDN
PARKER 3RD MD, EDWARD A	PHILADELPHIA
PARKER DD, FRANK W	CLINTDN
PARKER JR MD, JAMES H	BERKS
PARKER MD, ALBERT F	CHESTER
PARKER MD, ALBERT G	ALLEGHENY
PARKER MD, ANDREW J	MIFFLIN-JUNIATA
PARKER MD, ELEANDR K	CHESTER
PARKER MD, JANET A	PHILADELPHIA
PARKER MD, JDHN S	WESTMDRELAND
PARKER MD, WM S	MDNTGDMERY
PARKS JR MD, LYTLE R	CENTRE
PARLEE MD, DDNALD E	BUCKS
PARNES MD, HERBERT M	DAUPHIN
PARR MD, JUSTIN L	PHILADELPHIA
PARRILLD MD, DDUGLAS W	LACKAWANNA
PARRY MO, CARDLYN E	PHILADELPHIA
PARRY MD, H FRAZER	PHILADELPHIA
PARRY MD, PETER V	DELAWARE
PARRY MD, RHINARD O	NDRTHAMPTDN
PARSIA MD, KEYKHDSKOW S	DELAWARE
PARSDNS MD, FREDERICK A	ALLEGHENY
PARSDNS MD, JDHN A	ALLEGHENY
PARSDNS MD, RDBT B	MDNTGDMERY
PARSDNS MD, WM H	ERIE
PARVA MD, GHASEM	VENANGD
PASCUA MD, ALEXANDER V	NDRTHAMPTDN
PASCUAL MD, GENERDSD S	ALLEGHENY
PASCUCCI MD, STEPHEN E	LACKAWANNA
PASDAR MD, HDMAYDDN	PHILADELPHIA
PASHMAN MD, DAVID R	PHILADELPHIA
PASKIN MO, DAVID L	PHILADELPHIA
PASQUARIELLD MD, PATRICK S	PHILADELPHIA
PATADIA MD, CHANORAKANT	BERKS
PATAKI MD, RICHARD S	WASHINGTDN
PATANKAR MD, KALPANA U	MONTGOMERY
PATEL MD, BIPINCHANDRA M	LACKAWANNA
PATEL MO, HARSHADKUMAR B	LANCASTER
PATEL MD, MANDJKUMAR R	BEAVER
PATEL MD, MANUBHAI R	PHILADELPHIA
PATEL MD, NATVARBHAI	MDNTGDMERY
PATEL MD, PRAVIN C	PHILADELPHIA
PATEL MD, SHASHIKANT B	DAUPHIN
PATEL MD, VINOD M	ERIE
PATERNITI MD, SAML F	LEBANDN
PATHRDFF MD, RUBT	MDNTGDMERY
PATRICID MD, ALEJANDRO M	FAYETTE
PATRICK MD, DAVID R	BEAVER
PATRICK MD, MICHAEL A	NDRTHAMPTDN
PATRICK MD, NICHDLAS E	CENTRE
PATRICK MD, THDS E	CDLUMBIA
PATRIZID MD, RUDOLPH J	LYCDMING
PATTERSDN MD, ARTHUR J	GREENE
PATTERSDN MD, CHRIS	DELAWARE
PATTERSDN MD, ELIZABETH A	ALLEGHENY
PATTERSDN MD, GED W	ALLEGHENY
PATTERSDN MO, JDHN C	PHILADELPHIA
PATTERSDN MD, JDHN R	PHILADELPHIA
PATTERSDN MO, LELAND F	OAUPHIN
PATTERSDN MO, LEWIS T	DAUPHIN
PATTERSDN MD, RICHARD J	OAUPHIN
PATTERSDN MD, RDBT J	PHILADELPHIA
PATTERSDN MD, RDBT L	ALLEGHENY
PATTISHALL JR MD, EVAN G	DAUPHIN
PATTON MD, ANNA M	ALLEGHENY
PATTON MO, GEO O	ALLEGHENY
PATTDN MD, HDWARD R	WAYNE-PIKE
PATTON MO, VOLNEY G	ALLEGHENY
PATUKAS MO, PETER C	CHESTER
PAUCA MD, ALFREDO L	PHILADELPHIA
PAUL JR MD, JOHN D	LANCASTER
PAUL MD, ALBERT J	PHILADELPHIA
PAUL MD, ALVIN J	MDNTGDMERY
PAUL MD, ANTHDNY R	PHILADELPHIA
PAUL MD, CHAMPA	PHILADELPHIA
PAUL MD, FRANKLIN A	NDRTHAMPTDN
PAUL MD, GERSDN S	PHILADELPHIA
PAUL MD, HUGD B	ALLEGHENY
PAUL MD, JAMES P	YDRK
PAUL MD, JAY	ALLEGHENY

PAUL MO, PHYLLIS D	PHILADELPHIA	PETERNEL MO, WAYNE W	ALLEGHENY	PIZZI MD, WILSON B	WASHINGTON
PAUL MO, RICHARD	ALLEGHENY	PETERS JR MD, ROBT H	LUZERNE	PLACCI MO, CARLOS A	ALLEGHENY
PAUL MU, RONALD L	YORK	PETERS MD, ALEXANDER M	LEHIGH	PLACE MO, ELMER R	LEBANON
PAULETTD MO, FERREL J	DELAWARE	PETERS MO, CHAS D	LEHIGH	PLADD MO, QUINTIN M	BEDFORD
PAULEY MO, LOIS P	BUCKS	PETERS MO, FRANK S	LUZERNE	PLAGATA MO, EDITH M	DELAWARE
PAULEY MO, WM G	BUCKS	PETERS MO, HAROLD E	LANCASTER	PLAND DD, VINCENT F	LEHIGH
PAUTLER MO, STANISLAV	ALLEGHENY	PETERS MO, LEONARD L	VENANGO	PLASTER MO, ERNEST L	ALLEGHENY
PAVICH MO, RUDOLPH W	CAMBRIA	PETERS MO, MICHAEL	BUCKS	PLATT MO, BENJ B	SCHUYLKILL
PAVLIC MD, GEO J	ALLEGHENY	PETERS MO, RICHARD A	WARREN	PLATT MO, HOWARD A	LACKAWANNA
PAVLIDES MO, CONSTANTINOS A	PHILADELPHIA	PETERS MO, RICHARD J	MERCER	PLATT MO, RUTH M	PHILADELPHIA
PAVLIS MO, ROBT J	ALLEGHENY	PETERS MO, ROBT J	FAYETTE	PLESSET MD, MARVIN R	ALLEGHENY
PAVSEK MO, EDWARD J	ALLEGHENY	PETERS MO, STANLEY F	BUCKS	PLISKIN MD, MARK	MONROE
PAVUK MO, DANL J	LACKAWANNA	PETERS MO, THEODORE	FRANKLIN	PLOTKIN MO, STANLEY A	PHILADELPHIA
PAWELSKI MD, RICHARD J	DAUPHIN	PETERS MO, VAUGHAN	ALLEGHENY	PLOTZKER MO, RICHARD I	CHESTER
PAWLOSKY MD, FRANK X	ALLEGHENY	PETERS MO, WALTER K	NORTHAMPTON	PLOWMAN MO, JOHN W	DAUPHIN
PAXSON MO, NEWLIN F	PHILADELPHIA	PETERSOHN MO, J RANDOLPH	MONTGOMERY	PLUME MO, THEODORE W	MONTGOMERY
PAYNE MD, FRANKLIN L	PHILADELPHIA	PETERSON JR MO, CHAS B	LANCASTER	PLUMMER 3RD MO, WM	CHESTER
PAYNE MD, VIRGINIA L	NORTHUMBERLAND	PETERSON JR MO, JAY B	WESTMORELAND	PLUMMER JR MO, ROBERT E	MIFFLIN-JUNIATA
PEAL MU, STANLEY	ALLEGHENY	PETERSON MO, ALAN S	LANCASTER	PLUMMER MO, LLOYD G	WESTMORELAND
PEARAH MO, J DAVID	BERKS	PETERSON MO, CLIFFORD M	ERIE	PLUMMER MO, ROBT A	CAMBRIA
PEARCE MO, ALEXANDER E	PHILADELPHIA	PETERSON MO, HELEN H	BERKS	PLYMYER MO, RAY E	BERKS
PEARLMAN MO, REUBEN H	ALLEGHENY	PETERSON MO, KARL R	BRADFORD	POBER MO, HYMEN A	ALLEGHENY
PEARLSTINE MO, BEATRICE	PHILADELPHIA	PETERSON MO, ROGER O	LANCASTER	POCHAPIN MO, SHERMAN W	ALLEGHENY
PEARMAN MO, TREVOR J	LANCASTER	PETKUS MO, JOHN A	WAYNE-PIKE	POOBOY MO, AUGUST J	YORK
PEARSON MD, DIANE E	PHILADELPHIA	PETRAGLIA MO, ANGELO A	ALLEGHENY	POOELL MO, MORRIS J	PHILADELPHIA
PEARSON MO, FREDERICK J	NORTHAMPTON	PETRAGLIA MO, PAUL	ALLEGHENY	POGGI DO, ALFREO J	SOMERSET
PEARSON MD, LINWOOD J	NORTHAMPTON	PETRE MO, JOHN H	ERIE	POGORZELSKI MD, GEO H	ERIE
PEARSON MO, MANUEL M	PHILADELPHIA	PETRICK MO, THOS P	WESTMORELAND	POHL MO, CHAS E	LANCASTER
PEASE MO, FREO	CLEARFIELD	PETRIELLO MD, JOS A	LACKAWANNA	POINSARO MO, PAUL J	PHILADELPHIA
PEASE MO, WM E	DAUPHIN	PETRO MD, DIMITRI M	WASHINGTON	POIRIER MO, WILLIAM T	VENANGO
PEATICK MO, GEO E	WESTMORELAND	PETRO MO, JANE A	ADAMS	POLAKOFF 2ND MO, PEDRO	PHILADELPHIA
PECHIN MD, SERGIUS P	DELAWARE	PETROKUBI MD, ROBERT J	DAUPHIN	POLAN MD, SIMUN	PHILADELPHIA
PECHSTEIN MD, GEO R	MONTGOMERY	PETRUCCELLI MO, NICHOLAS D	NORTHAMPTON	POLANCO MD, ALFONSO	ARMSTRONG
PECMAN MD, JOANNA	ALLEGHENY	PETRUSCAK MO, JAROSLAW	ALLEGHENY	POLANSKY MD, JOHN B	MONTGOMERY
PEDROTTY JR MD, FRANCIS W	PHILADELPHIA	PETTAPIECE JR MD, MILTON C	ALLEGHENY	POLCINO MD, SAML C	PHILADELPHIA
PEGEL MD, LOUIS A	MONTGOMERY	PETTINATO MD, SALVATORE R	LACKAWANNA	POLENTZ MD, PAUL F	LACKAWANNA
PEIKES MD, IRWIN L	MONTGOMERY	PETTIT MD, HORACE	PHILADELPHIA	POLEVOY MD, POMEROY E	PHILADELPHIA
PEIRSOL MD, BETTY L	ALLEGHENY	PETTIT MO, MARY D	PHILADELPHIA	POLIDORA MO, JOS J	ALLEGHENY
PEKRUHN III MD, WILLIAM F	ALLEGHENY	PETTLER MD, MASHEL F	BEAVER	POLIN MD, EDWARD B	PHILADELPHIA
PELCZAR MD, EUGENE W	LUZERNE	PETZOLD MD, CAROL J	ALLEGHENY	POLIN MD, JOEL I	PHILADELPHIA
PELKOFER MD, CLETUS G	ALLEGHENY	PEWTERBAUGH MD, DAVID C	YORK	POLINER MO, HIME S	NORTHAMPTON
PELL III MD, EDWARD N	SOMERSET	PEZZI MD, PIO J	MONTGOMERY	POLISHOOK MD, ROBT D	PHILADELPHIA
PELLEGRINI MU, ROMALD V	ALLEGHENY	PEZZUTI MD, HAMIL R	DAUPHIN	POLK MD, DAVID S	MONTGOMERY
PELLIZZARI MU, RINALDO G	ERIE	PEZZUTI MD, JOHN E	DAUPHIN	POLK MD, LEWIS D	PHILADELPHIA
PELOSI MD, LOUIS M	PHILADELPHIA	PFAEFFLE MD, HUGO H	ALLEGHENY	POLK MD, MIRIAM R	DAUPHIN
PELSZYNSKI MD, EUGENE E	PHILADELPHIA	PFEFFER MD, WM H	YORK	POLLACK MD, DOROTHY J	ALLEGHENY
PELTIER MD, HUBERT C	PHILADELPHIA	PFEIFER III MO, WILLIAM F	WESTMORELAND	POLLACK MD, HOWARD M	PHILADELPHIA
PELTZ MD, DIETER E	MONTGOMERY	PFEIFFER MD, MILDRED C	PHILADELPHIA	POLLAK MD, LEWIS	BERKS
PELUCID MD, JOSE A	WESTMORELAND	PFEIL MD, RUSSELL W	LYCOMING	POLLER MD, WILLIAM R	ALLEGHENY
PENA MU, PEDRO M	ALLEGHENY	PFISTER MD, JOHN A	MONTGOMERY	POLLICE MO, PHILIP G	ALLEGHENY
PENADES MD, ENRIQUE	LANCASTER	PFROMM MO, JOHN	LEHIGH	POLLUCK MD, ARTHUR E	BLAIR
PENCHANSKY MD, BARRY H	LANCASTER	PFRUMMER MD, JAMES H	BUCKS	POLLOCK MD, BURTON H	ALLEGHENY
PENDERGRASS MD, EUGENE P	PHILADELPHIA	PHAUKE MD, MADHAV V	VENANGO	POMEROY MD, JAMES M	DELAWARE
PENULETON MD, JAMES L	MONTGOMERY	PHADKE MD, USHA M	VENANGO	POMMERSHEIM MO, WM J	LAWRENCE
PENDRAK MO, ROBT F	DAUPHIN	PHANSE MD, KALYANI M	WASHINGTON	POMPIZZI MD, ERMIN O	PHILADELPHIA
PENMAN MD, ROBT K	ERIE	PHANSE MD, MOHAN S	ALLEGHENY	POMPONIO MO, JOS G	NORTHAMPTON
PENMAN MD, WM R	CHESTER	PHARR MD, WILLIAM F	MONTOUR	PONU MO, HAROLD S	MONROE
PENN MD, SAML E	ALLEGHENY	PHEASANT MD, THOMAS R	PHILADELPHIA	PUNOYA MD, KAMLESHKUMAR N	ALLEGHENY
PENNELL JR MD, EDGAR L	PHILADELPHIA	PHERSON MD, WM J	BUTLER	PUNGSOMBOON MO, CHAVALIT	CRAWFORD
PENNES MD, EDWARD L	PHILADELPHIA	PHILLIPS III MO, CHESTER A	ALLEGHENY	PONTARELLI MD, DOMENIC J	PHILADELPHIA
PENNEYS MD, EDITH T	PHILADELPHIA	PHILLIPS JR MO, C AIKEN	ALLEGHENY	PONTEJUS MD, SERGIO D	CAMBRIA
PENNEYS MD, RAYMOND	PHILADELPHIA	PHILLIPS MD, DAVID J	PHILADELPHIA	PUNTIUS MD, JOHN G	LANCASTER
PENNUCK MD, JOHN L	DAUPHIN	PHILLIPS MD, J DOUGLAS	DAUPHIN	PONTZ MD, JACK B	LANCASTER
PENNOCK MD, L LEWIS	ALLEGHENY	PHILLIPS MD, JANE A	ALLEGHENY	PONTZER MD, HERBERT	ELK-CAMERON
PENNUCK MD, RONALD S	PHILADELPHIA	PHILLIPS MD, JOHN C	ALLEGHENY	POOL MD, CHAMPE C	DAUPHIN
PENROD MD, DALE S	PHILADELPHIA	PHILLIPS MD, JOHN D	LANCASTER	POOLE MD, ROBT	CHESTER
PENTA MD, JOHN J	BERKS	PHILLIPS MD, JOHN G	ALLEGHENY	POORE MD, GED C	POTTER
PENTA MD, JOHN M	BERKS	PHILLIPS MD, OTTO C	ALLEGHENY	POURMAN MD, S STURGIS	MONTGOMERY
PENTZ MO, CLARENCE R	MONTGOMERY	PHILLIPS MO, VERNON R	DAUPHIN	POPHAL MD, MAHLON J	LYCOMING
PENUGONDA MD, OWARAKI B	LUZERNE	PHILLIPS MO, WARREN C	DAUPHIN	POPIELARSKI MD, EDMUND P	LUZERNE
PENUGONDA MD, HARAGOPAL S	LUZERNE	PHILLIPS MO, WILLIAM A	PHILADELPHIA	PUPIELARSKI MD, JOS T	MONTGOMERY
PEPICELLO MD, JAMES A	ERIE	PHIPPEN MD, WM G	LANCASTER	PUPKY MD, GEORGE L	PHILADELPHIA
PEPPER MD, L DOUGLAS	ALLEGHENY	PHITAYAKORN MD, CHIT	ALLEGHENY	POPOLUM MD, MICHAEL L	MONTGOMERY
PEPPERMAN MD, LARUE E	LYCOMING	PICARD MD, GED A	ALLEGHENY	POPP MD, J LUMEN	LAWRENCE
PERALTA MD, JUAN D	NORTHUMBERLAND	PICCIONE MD, FRANK V	LUZERNE	PURR MD, GED H	DAUPHIN
PERCH MD, GERALD A	MONTGOMERY	PICK MO, ERNEST J	PHILADELPHIA	PORRECA MD, GED A	PHILADELPHIA
PERCH MD, ROBT B	MONTGOMERY	PICKERING MO, HARULD C	PHILADELPHIA	PORTER JR MD, WM F	LANCASTER
PEREIRA DGAN MD, JORGE A	CHESTER	PICKERING MD, JOHN	PHILADELPHIA	PORTER MD, EDGAR L	CHESTER
PERER MD, WM A	ALLEGHENY	PICKLE JR MD, J HARRY	LANCASTER	PORTER MD, MARY M	PHILADELPHIA
PEREZ MD, GODOFREDO B	FAYETTE	PICZON MD, SEVERIND Y	LACKAWANNA	PORTER MO, PAUL S	ALLEGHENY
PEREZ-TAMAYO MD, ROBERT	PHILADELPHIA	PIEKARSKI MD, JOS W	LUZERNE	PORTER MD, ROLAND D	MONTGOMERY
PERFECT MD, FREDERICK R	BERKS	PIERCE JR MO, HAROLD E	MONTGOMERY	PORTNER MD, JAY H	PHILADELPHIA
PERFETT MD, ALFRED A	MERCER	PIERCE MD, FRANK F	DAUPHIN	POSATKO MD, PETER C	LUZERNE
PERIS MD, LEON A	PHILADELPHIA	PIERCE MD, LESLIE S	WESTMORELAND	POSATKO MD, ROBT J	PHILADELPHIA
PERKINS MD, CHAS G	LUZERNE	PIERCE MD, WILLIAM S	DAUPHIN	POSEY MD, CHAS F	YORK
PERLMAN MD, ABRAHAM	PHILADELPHIA	PIERRO MD, ALFONSO L	PHILADELPHIA	POSEY MO, DALE M	LANCASTER
PERLMAN MD, HENRY H	PHILADELPHIA	PIERSOL MD, LLOYD C	LANCASTER	POSNEY MD, JOS J	MERCER
PERLMAN MD, HERBERT C	CUMBERLAND	PIETRAGALLO MD, LOUIS O	ALLEGHENY	POST MD, CHAS J	NORTHAMPTON
PERLMUTTER MD, GORDON S	BERKS	PIETROSZKA MD, MARVIN	ALLEGHENY	POST MD, DONALD F	DAUPHIN
PERLOFF MD, LEONARD J	PHILADELPHIA	PIFER DD, JOHN F	BERKS	POST MD, JARVIS H	CAMBRIA
PERLOFF MD, MILTON M	PHILADELPHIA	PIFER MD, GERALD W	ALLEGHENY	POST MD, ROBT M	LEHIGH
PERLOSKI MD, LEO	SCHUYLKILL	PIFER MD, PAUL W	ADAMS	POTASH MO, GEO C	LEBANON
PERNA MD, FRANCIS X	DAUPHIN	PIGOSSI MO, DANTE	ALLEGHENY	POTE JR MD, HARRY H	CAMBRIA
PERNESKI MD, ROBT L	ELK-CAMERON	PIGUZZI MO, WM N	ALLEGHENY	POTE MD, HARRY H	DELAWARE
PERRI MD, FRANCIS R	ALLEGHENY	PIKE MD, ANNE H	PHILADELPHIA	POTELUNAS MO, CLEMENT B	LACKAWANNA
PERRI MD, JOHN A	ALLEGHENY	PILEWSKI MD, ROBT M	VENANGO	POTEKA MD, LEO P	LUZERNE
PERRIGE MD, WM M	COLUMBIA	PILGRAM JR MO, RALPH E	CENTRE	POTKONSKI MD, LEOPOLD A	BERKS
PERRIN MD, GED M	PHILADELPHIA	PILLSBURY MD, ODNALD M	PHILADELPHIA	POTSIC MD, WILLIAM P	PHILADELPHIA
PERRIN MD, ROMALD L	ALLEGHENY	PINCUS MO, JACK H	ALLEGHENY	POTTASH MD, RUBEN R	PHILADELPHIA
PERRIN MD, SAML R	ALLEGHENY	PINSKY MO, WM	MONTGOMERY	POTTER 3RD MD, WM W	CENTRE
PERRINE MD, JANE E	PHILADELPHIA	PINTIMALLI MD, JOS T	PHILADELPHIA	POTTER JR MD, HOWARD P	CHESTER
PERRONE JR MD, FRANK P	WESTMORELAND	PIOTROWSKA MD, LUCY B	MONTGOMERY	POTTER MD, LEONARD L	ADAMS
PERROTTO MD, SANTLE L	PHILADELPHIA	PIPER MD, DONALD E	YORK	POTTER MD, ROBT H	ALLEGHENY
PERRY JR MD, SAML W	LAWRENCE	PIRO MD, FRANK A	PHILADELPHIA	POTTS MD, ASA W	CHESTER
PERRY MD, DAVID L	LAWRENCE	PIROCH MO, JOSEPH G	CRAWFORD	POULLIOTT MD, JEROME W	ELK-CAMERON
PERRY MO, RALPH L	MERCER	PIROLI MO, DUILIO D	BEAVER	POULSHOCK DO, MILTON J	PHILADELPHIA
PERRY MD, RAYMOND A	BRADFORD	PIRRELLO MD, ANTHONY M	BUTLER	POURHAMIDI MD, ABOL H	WESTMORELAND
PERRYMAN MD, CHAS R	ALLEGHENY	PIRRIS MD, JOHN	WASHINGTON	POUST MD, GED S	LEBANON
PERSHING MD, HUGH S	BUCKS	PISANO MD, DANL J	PHILADELPHIA	POUTOUS MO, GEORGE W	ALLEGHENY
PERSIC MO, LOUIS A	CENTRE	PISIDRIO MD, MICHAEL J	ERIE	POUX MD, PAUL T	CRAWFORD
PERSING JR MD, AMOS V	UNION	PISULA JR MD, VINCENT P	ADAMS	POWELL MD, EDWIN J	PHILADELPHIA
PERSING JR MD, HARRY M	BLAIR	PITCAVAGE MD, JAMES G	ALLEGHENY	POWELL MD, GROVER C	GREENE
PERSING MD, DAN H	PHILADELPHIA	PITKIN MD, JOHN T	MC KEAN	POWELL MO, L JOHN	ALLEGHENY
PERSING MO, JOHN H	UNION	PITKOW MO, RONALD B	BUCKS	POWELL MD, MARY M	MONTGOMERY
PERSING MD, KATHRYN C	PHILADELPHIA	PITT MD, LELODN P	CHESTER	POWERS JR MD, NORTHERN L	PHILADELPHIA
PERSKY MD, ABRAM H	PHILADELPHIA	PITTENGER MO, REX A	ALLEGHENY	POWERS MO, ODNALD V	DELAWARE
PERSON MD, MORGAN D	LEHIGH	PITTMAN MD, THOS A	ALLEGHENY	POWERS MO, WILLIAM E	PHILADELPHIA
PESDLAND MD, CARL J	ALLEGHENY	PITTS MD, WM H	ARMSTRONG	POZZA MD, NICHOLAS J	VENANGO
PESSDLAND MD, FRANK J	ALLEGHENY	PIWUZ MD, SEYMOUR	PHILADELPHIA	PRABHU MD, SRINIVASA K	LAWRENCE

PRADHAN MD, RAMESH S	PHILADELPHIA
PRAGER MD, DAVID	LEHIGH
PRALL MD, ROBT C	PHILADELPHIA
PRANKUN MD, PETER P	LANCASTER
PRASAD MD, AJIT K	CHESTER
PRASAD MD, C BABU	NORTHAMPTON
PRASAD MD, SHISHIR C	LUZERNE
PRASASVINICHAI MD, SRIPRAYDUN	PHILADELPHIA
PRASSASVINICHAI MD, SUPARB	DELAWARE
PRATT 2ND MD, JOHN W	CHESTER
PRATT MD, JORDAN C	YORK
PRATT MD, LINDSAY L	PHILADELPHIA
PRATT MD, MARY L	DELAWARE
PRATT MD, RUSSELL J	COLUMBIA
PREATE MD, DONALD L	LACKAWANNA
PREHATNY MD, JOHN R	PHILADELPHIA
PREININGER MD, EDWARD R	ALLEGHENY
PREIS MD, FRANCIS J	BUCKS
PRELETZ MD, RUDOLPH J	NORTHAMPTON
PRELI MD, OLINDO J	LACKAWANNA
PRENDERGAST MD, MICHAEL J	YORK
PRESCOD MD, HORACE J	PHILADELPHIA
PRESCOTT MD, FREDERICK A	ALLEGHENY
PRESCOTT MD, WM D	SCHUYLKILL
PRESS JR MD, RICHARD A	BUCKS
PRESS MD, ALLAN J	ALLEGHENY
PRESS MD, ARTHUR J	DELAWARE
PRESSMAN MD, EDMUND N	CHESTER
PRESSMAN MD, MAURIE D	PHILADELPHIA
PRESSMAN MD, ROBT S	PHILADELPHIA
PRESTIFILIPPO MD, DRAZID	NORTHAMPTON
PRESTILEO MD, FRANK G	SCHUYLKILL
PRETTER MD, PAUL D	ALLEGHENY
PREUCEL MD, ROBT W	PHILADELPHIA
PREVOST MD, JOHN V	FRANKLIN
PRICE JR MD, HENRY L	PHILADELPHIA
PRICE JR MD, STUART E	ALLEGHENY
PRICE MD, ALBERT C	LANCASTER
PRICE MD, ALFRED R	ALLEGHENY
PRICE MD, EDWIN M	SOMERSET
PRICE MD, JOS J	DELAWARE
PRICE MD, JOSEPH W	PHILADELPHIA
PRICE MD, RAPHAEL I	PHILADELPHIA
PRICE MD, RICHARD E	CAMBRIA
PRICE MD, RICHARD T	BUCKS
PRICKETT MD, JOHN A	BUCKS
PRIDEAUX JR MD, WM A	WASHINGTON
PRIMIANO MD, GEORGE A	MONROE
PRIMIANO MD, JOHN	PHILADELPHIA
PRIN MD, WM	ALLEGHENY
PRINGLE MD, ROBT W	ALLEGHENY
PRIOLETTI MD, JOHN P	LAWRENCE
PRIOLETTI MD, VINCENZO	LAWRENCE
PRIORE MD, ROBT M	ALLEGHENY
PRISTAS MD, MICHAEL S	SCHUYLKILL
PRITT MD, PAULINE	MONTGOMERY
PRITTS MD, ROSE M	WESTMORELAND
PROCACCI MD, PASQUALE M	MONTGOMERY
PROCUPIO MD, FRANK	DAUPHIN
PROMISH MD, DAVID S	PHILADELPHIA
PROMUBOL MD, YUWAREE	WESTMORELAND
PRUPST MD, HARRY D	WAYNE-PIKE
PRUROK MD, JOS J	LEHIGH
PRUSERPI MD, SERGIO V	BERKS
PRUSSER MD, JOHN D	BLAIR
PROUDFIT MD, J PAUL	WASHINGTON
PRUVENCIO MD, FLORENCIO	LEBANON
PRUVOST MD, CHAS T	ALLEGHENY
PRUWELL MD, JOS W	LANCASTER
PRUCHNIC MD, WILLIAM F	CAMBRIA
PRUITT MD, JOHN D	MONTGOMERY
PRUTZMAN MD, L DONALD	CHESTER
PRUZINSKY MD, STEPHEN R	BERKS
PRYOR JR MD, CHAS A	BUCKS
PRYOR MD, CHAS A	PHILADELPHIA
PRYSTOWSKY MD, HARRY	DAUPHIN
PUGH MD, GEO E	LACKAWANNA
PUGH MD, JAMES E	PHILADELPHIA
PUGLIESE MD, AUGUST A	ARMSTRONG
PUGLIESE MD, JUS F	LUZERNE
PUGLIESE MD, PETER T	BERKS
PUGLISI MD, ANTHONY S	PHILADELPHIA
PUGLISI MD, VINCENT	PHILADELPHIA
PULLEN MD, HARVEY T	MONROE
PUMA MD, SAML J	LUZERNE
PUNDIAK MD, TERRY J	NORTHAMPTON
PUPI MD, PAUL A	BEAVER
PURDUM MD, FREDERICK P	BUTLER
PURDY MD, RICHARD T	LANCASTER
PURPURA MD, THOS R	ALLEGHENY
PURVIS JR MD, JOS D	BUTLER
PUSCHAK MD, RUSSELL B	LEHIGH
PUSCHETT MD, JULES B	ALLEGHENY
PUTNAM MD, RICHARD C	PHILADELPHIA
PYTKO MD, VALENTINE F	MONTOUR
PYUN MD, KWANG W	LUZERNE

Q

QUAGLIA MD, NANNETTE D	MERCER
QUALLS MD, DONALD M	PHILADELPHIA
QUATTRONE MD, PAUL C	PHILADELPHIA
QUEREAU MD, J VAN DYKE	BERKS
QUERIMIT MD, JORGE A	LYCOMING
QUESADA MD, MANUEL F	DAUPHIN
QUETSCH MD, LEONARD J	WASHINGTON
QUICKEL JR MD, KENNETH E	MONTOUR
QUICKEL MD, KENNETH E	DAUPHIN
QUIETSON-RAVAND MD, PARALUMAN R	ALLEGHENY
QUILL MD, JOS R	MONTGOMERY
QUINEY JR MD, JAMES J	NORTHAMPTON
QUINN JR MD, NORMAN J	MONTGOMERY
QUINN MD, DONN R	NORTHAMPTON
QUINN MD, JOHN R	CAMBRIA
QUINT MD, DONALD H	ALLEGHENY

R

RAAB MD, DAVID B	LANCASTER
RABIN MD, SIDNEY C	CHESTER
RABINOWITZ MD, HOWARD K	PHILADELPHIA
RABINOWITZ MD, ISAAC	PHILADELPHIA
RABSON MD, MOSES	PHILADELPHIA
RACCIATO MD, PETER J	PHILADELPHIA
RACHU MD, GEO J	LUZERNE
RACKOW MD, LAWRENCE L	PHILADELPHIA
RADBILL MD, SAML X	PHILADELPHIA
RADBILL MD, SIDNEY G	PHILADELPHIA
RADER MD, HERBERT C	LEHIGH
RADER MD, MARK D	LEHIGH
RADIO MD, GREGORY J	LEHIGH
RADISAVLJEVIC MD, SAVA	ALLEGHENY
RADLER MD, JOHN K	BEAVER
RADNOR MD, LEONARD L	ALLEGHENY
RADUFF MD, MARVIN L	BUCKS
RADPARVAR MD, NASSER R	MONROE
RADSMA MD, DOUWE L	ADAMS
RAEUCHLE DO, RANDAL A	DAUPHIN
RAEZER MD, DAVID M	DELAWARE
RAFFENSPERGER MD, BRUCE W	PHILADELPHIA
RAGGI MD, FIDRA	PHILADELPHIA
RAGINS MD, NADMI	ALLEGHENY
RAGDOWANSI MD, TULSIDAS N	BEAVER
RAHAM MD, DAVID C	DAUPHIN
RAHAUSER MD, DAVID M	FRANKLIN
RAHNER MD, RICHARD A	ERIE
RAICH MD, WM A	LANCASTER
RAIFORD MD, JOHN W	BUCKS
RAINES MD, FREDERICK S	WASHINGTON
RAINES MD, HERBERT S	PHILADELPHIA
RAISCH MD, FREDERICK J	MERCER
RAIZMAN MD, RICHARD E	ALLEGHENY
RAJA MD, MOHD	PHILADELPHIA
RAJAN MD, SANDA	CHESTER
RAJARATNAM MD, EMMA P	PHILADELPHIA
RAJASENAN MD, VASUDEVAN	LAWRENCE
RAKUFF MD, ABRAHAM E	PHILADELPHIA
RALPH MD, NATHAN	PHILADELPHIA
RALSTON MD, EDGAR L	PHILADELPHIA
RALSTON MD, EMERALD M	ERIE
RALSTON MD, JAMES C	FAYETTE
RAMBACH MD, LEONARD	LANCASTER
RAMBO MD, VICTOR C	PHILADELPHIA
RAMIK MD, OTTO E	ALLEGHENY
RAMIREZ MD, CONSTANCIO A	FRANKLIN
RAMOS MD, CLARITA P	ALLEGHENY
RAMS MD, JAMES J	ALLEGHENY
RAMSEY 2ND MD, WM H	MONTGOMERY
RAMSEY JR MD, HARRY E	BERKS
RAMSEY MD, FRANK M	MONTGOMERY
RAMSEY MD, JAME H	MERCER
RANCIER MD, LEE F	LACKAWANNA
RANCK MD, SIDNEY G	BRADFORD
RAND MD, EMMETT G	CUMBERLAND
RANDALL IV MD, ALEXANDER	MONTGOMERY
RANDALL MD, JOHN L	LANCASTER
RANDALL MD, JOSEPHINE P	MONTGOMERY
RANDALL MD, PETER	PHILADELPHIA
RANDO MD, MARY J	MONTGOMERY
RANGARATHNAM MD, CANDADAI S	PHILADELPHIA
RANII MD, CARMELLO A	ALLEGHENY
RANKIN MD, CHAS A	DELAWARE
RANKIN MD, JAMES S	ALLEGHENY
RANKIN MD, LARRY S	CUMBERLAND
RANKIN MD, LYNN M	DELAWARE
RANKIN MD, PAUL H	MERCER
RANKIN MD, SAML G	ALLEGHENY
RANNELS MD, HERMAN W	LYCOMING
RAO MD, B VENKAT	ALLEGHENY
RAO MD, RAMDEV K	ALLEGHENY
RAO MD, T GOPAL	ALLEGHENY
RAO MD, TALLAM J	BEAVER
RAO MD, VAVILIKOLANU	HUNTINGDON
RAPHAEL MD, STEPHEN A	MONTGOMERY
RAPHAELY MD, RUSSELL C	PHILADELPHIA
RAPUPORT MD, ABRAHAM M	MONTGOMERY
RAPPAPORT MD, MELVIN M	LEHIGH
RASANSKY MD, HARRY N	PHILADELPHIA
RASCUE JR MD, ROBT R	PHILADELPHIA
RASHID MD, ABDUL	SCHUYLKILL
RASHKIS MD, HAROLD A	PHILADELPHIA
RASTI MD, REZA	ALLEGHENY
RATANAWONGSA MD, BOONLUA	POTTER
RATANAWONGSA MD, RATANA N	POTTER
RATHGEB MD, JOHN M	WESTMORELAND
RATKE MD, HENRY V	LYCOMING
RATNER MD, RICHARD R	DELAWARE
RAU MD, RAMNATH S	MERCER
RAU MD, RAYMOND L	ALLEGHENY
RAUB MD, JAMES A	ALLEGHENY
RAUER MD, FLORA H	PHILADELPHIA
RAUER MD, LESTER	PHILADELPHIA
RAVANU MD, JOSE F	ALLEGHENY
RAVDIN MD, ELIZABETH G	PHILADELPHIA
RAVEL MD, ROBT L	MONTGOMERY
RAVITCH MD, MARK M	ALLEGHENY
RAVITZ MD, GERALD A	SCHUYLKILL
RAVNEBY MD, WILLIAM D	DELAWARE
RAWDON MD, ROBT E	MIFFLIN-JUNIATA
RAWJI-FARKAS MD, FARIAL	ALLEGHENY
RAWNSLEY MD, HERBERT H	WASHINGTON
RAWSON MD, HELEN H	MONTGOMERY
RAY MD, HENRY M	ALLEGHENY
RAY MD, JOANNE T	DAUPHIN
RAYMOND JR MD, FRED D	MONTGOMERY
RAYMOND MD, EUGENE E	CAMBRIA
RAYMOND MD, JOS W	CAMBRIA
RAYMOND MD, PAUL A	CAMBRIA
RAYMONDO 3D MD, RICARDO B	LAWRENCE
RAYMONDO MD, ROSALINDA R	LAWRENCE
RAYNAK MD, FRANK R	MERCER
RAZA MD, HYDER S	CARBON
RAZON MD, FLORFERIDA A	WESTMORELAND
RAZUKI MD, RAFAEL G	NORTHAMPTON
REAGAN MD, MARIE A	ALLEGHENY
REAMER MD, DONALD M	VENANGO
REAMS MD, CARL L	MONTOUR
REANOUN MD, MARY R	PHILADELPHIA
REAVEY-CANTWELL MD, NELSON H	BUCKS
REBER MD, HOWARD F	BERKS
REBER MD, JACOB	PHILADELPHIA
RECH MD, FRANK M	DELAWARE
RECIK MD, HALIT	PHILADELPHIA
RECIO MD, CONRADO M	ERIE
RECIO MD, ROLANDO G	ALLEGHENY
RECTOR MD, ROBT D	FRANKLIN
REU MD, DONALD E	DELAWARE
REDA MD, FRANK A	ALLEGHENY
REDDING MD, WILLIS A	BRADFORD
REDDING SR MD, MARK L	YORK
REDDY MD, JAIVEER T	CLARION
REDDY MD, JOHN B	PHILADELPHIA
REDUY MD, ROHINI K	WESTMORELAND
REDDY MD, WM J	CAMBRIA
REDEL MD, WALTER A	LACKAWANNA
REED MD, CHARLES R	PHILADELPHIA
REED MD, DAVID E	ALLEGHENY
REED MD, DAVID T	MONTGOMERY
REED MD, ELMER M	CENTRE
REED MD, GILBERT C	NORTHUMBERLAND
REED MD, HARRY W	LEBANON
REED MD, JACK C	MERCER
REED MD, LOLA S	CHESTER
REED MD, MARK S	BERKS
REED MD, PETER W	PHILADELPHIA
REED MD, ROBERT C	DELAWARE
REED MD, RONALD W	BERKS
REED MD, THEODORE P	MONTGOMERY
REED MD, W GLENN	ALLEGHENY
REEDER MD, CHARLES F	CAMBRIA
REEL MD, CHAS M	WESTMORELAND
REES MD, DAVID B	PHILADELPHIA
REESE JR MD, EVAN C	NORTHAMPTON
REESE MD, EDWARD F	ALLEGHENY
REESE MD, FRED W	COLUMBIA
REESE MD, JACK W	CAMBRIA
REESE MD, WALTER D	PHILADELPHIA
REESE MD, WARREN S	PHILADELPHIA
REFOWICH MD, RICHARD S	NORTHAMPTON
REGALADO MD, REGULUS D	UNION
REGAN MD, JAMES R	NORTHAMPTON
REGANIS MD, JOHN C	NORTHAMPTON
REIBER MD, DAVID E	PHILADELPHIA
REICH MD, HARRY	LUZERNE
REICH MD, SYLVIA R	LUZERNE
REICH MD, WM P	TIOGA
REICHARD MD, JAMES L	CENTRE
REICHARD MD, RICHARD C	BERKS
REICHLE MD, FREDERICK A	PHILADELPHIA
REID MD, BARBARA S	ALLEGHENY
REIDELL MD, JOHN S	CENTRE
REIDENBERG MD, LEON	BERKS
REIDER MD, HORACE C	MONTGOMERY
REIFSNYDER MD, WM H	BERKS
REIGART MD, PAUL M	YORK
REIGEL MD, DONALD H	ALLEGHENY
REIGH MD, ERNEST E	BERKS
REILLY JR MD, PHILIP J	WESTMORELAND
REILLY JR MD, WM M	WASHINGTON
REILLY MD, CHAS M	YORK
REILLY MD, DESMOND J	DAUPHIN
REILLY MD, JAMES J	ALLEGHENY
REILLY MD, PHILLIP E	FAYETTE
REIN MD, ALEXANDER	ALLEGHENY
REINBOLD MD, RAYMOND L	MONTGOMERY
REINERS MD, CHAS R	HUNTINGDON
REINHARD MD, HAROLD J	WARREN
REINHARD MD, RONALD J	YORK
REINHARDT MD, PAULINE K	LEHIGH
REINHART MD, JOHN W	LEHIGH
REINHART MD, RAYMOND B	BUCKS
REINSEL MD, RICHARD C	BERKS
REIS MD, PAUL B	LYCOMING
REIS MD, WALTER J	ALLEGHENY
REISH MD, WILLIAM G	UNION
REISINGER JR MD, WM E	WASHINGTON
REISS JR MD, G RUSSELL	MONTGOMERY
REISS MD, ROSEMARIE C	MONTGOMERY
REITAND JR MD, JOSEPH F	DELAWARE
REITER MD, DAVID	PHILADELPHIA
REITSMA MD, DOUGLAS B	DELAWARE
REITZ MD, JOHN D	BEAVER
REITZ MD, MELVIN L	SCHUYLKILL
RELIGIOSO MD, ELOISA P	WESTMORELAND
RELIGIOSO MD, ERSON L	WESTMORELAND
RELKIN MD, RICHARD	NORTHAMPTON
RELMAN MD, ARNOLD S	PHILADELPHIA
RELUZ MD, JAVIER S	MONTGOMERY
REMLEY MD, LUKE K	YORK
RENDIN MD, LARRY J	DELAWARE
RENICK MD, CHAS A	ALLEGHENY
RENU MD, JOS D	DELAWARE
RENTFRO MD, JOELLE E	SUSQUEHANNA
RENTON MD, ALAN C	ALLEGHENY
RENTON MD, GORDON L	ALLEGHENY
RENTSCHLER MD, EDWIN B	BERKS
RENTSCHLER MD, HENRY D	BRADFORD
RENZ MD, ROBT T	ERIE
RENZI MD, ANTHONY M	PHILADELPHIA
RENZI MD, MARY A	MONTGOMERY
REPICE MD, RONALD M	DELAWARE
REPPERT MD, WM D	NORTHAMPTON
RESHMI MD, CHANDRAPPA S	ALLEGHENY
RESINGER MD, WM W	VENANGO
RESNICK MD, ALBERT B	PHILADELPHIA
RESNICK MD, EDWARD J	PHILADELPHIA
RESNICK MD, GEO J	PHILADELPHIA
RESNICK MD, MYRON E	DELAWARE
RESPET MD, PATRICK B	CAMBRIA
RESTAK MD, LEWIS J	ADAMS
RESURRECCION MD, ROSARIO	PHILADELPHIA

RETTEW MD, PHILIP L	BERKS	RITTENHOUSE MD, EMORY A	ALLEGHENY	ROMANO MD, VINCENT E	BUCKS
REITIG MD, STEPHEN J	FRANKLIN	RITTENHOUSE MD, FRANK H	ALLEGHENY	ROMANOW MD, PETER W	PHILADELPHIA
RETTINGER MD, BEATRICE F	NORTHUMBERLAND	RITTENHOUSE MD, GEO H	ALLEGHENY	ROMEIKA MD, MARY M	SCHUYLKILL
REUBEN MD, MARK S	BERKS	RITTER MD, BAIRD S	MONTGOMERY	ROMEO MD, VICTORIA J	CLINTON
REVAK OD, DAVID J	COLUMBIA	RITTER MD, CHAS W	PHILADELPHIA	ROMIG MD, JOHN E	DAUPHIN
REVAK MD, BLAIRANNE H	COLUMBIA	RITTER MD, JOS A	PHILADELPHIA	ROMIG MD, RONALD S	BERKS
REVAK MD, CONRAD S	ALLEGHENY	RITTER MD, JOS G	MONTGOMERY	ROMINGER MD, C JULES	CHESTER
REWBRIDGE MD, ALLEN G	ALLEGHENY	RITTER MD, MARIO	CAMBRIA	ROMMEL MD, FRANK L	ALLEGHENY
REX MD, EUGENE B	MONTGOMERY	RITTER MD, PAUL R	ALLEGHENY	RONAN MD, ROBT B	MONTGOMERY
REX MD, JAMES C	LEHIGH	RITTER MD, THOS J	SCHUYLKILL	RONGAUS MD, WALTER F	WASHINGTON
REX MD, RICHARD D	PHILADELPHIA	RIVAS MD, AURELIANO	MONTGOMERY	RONGAUS MD, WM J	WASHINGTON
REXRODE MD, WM D	YORK	RIVERA MD, EDWIN A	YORK	RONIS MD, MAX L	PHILADELPHIA
REYER MD, WM A	MERCER	RIVERA MD, VICTOR C	BUCKS	ROOOE MD, ALBERT G	VENANGO
REYES MD, ALFREDO M	CAMBRIA	RIVIELLO MD, MICHAEL S	CHESTER	ROOUE MD, PETER G	LYCOMING
REYES MD, SATURNO M	BEAVER	RIVKIND MD, JOLES	ALLEGHENY	ROOUE MD, PHILIP J	MONTOUR
REYNA MD, OSCAR O	WESTMORELAND	RIZK MD, LABIB S	ALLEGHENY	ROONEY MD, EDWARD F	ALLEGHENY
REYNOLDS MD, ARTHUR S	DELAWARE	RIZK MD, WAFA I	WESTMORELAND	ROUP MD, JOHN W	NORTHAMPTON
REYNOLDS MD, CHESTER	PHILADELPHIA	RIZZUTO MD, PAUL A	PHILADELPHIA	ROUS MD, ALFRED T	ERIE
REYNOLDS MD, L ALLEN	ALLEGHENY	ROACH MD, MICHAEL B	PHILADELPHIA	ROUS MD, LEON	ADAMS
REYNOLDS MD, VICTOR M	DELAWARE	ROBB MD, HARRY J	JEFFERSON	ROUSE MD, RICHARD M	PHILADELPHIA
REZNAK MD, STEPHEN E	PHILADELPHIA	ROBBINS MD, HOWARD S	LANCASTER	ROWKE III MD, JOHN H	CHESTER
RHEE MD, KY Y	FAYETTE	ROBBINS MD, ROBT	PHILADELPHIA	ROSAN DO, JAY R	MONTGOMERY
RHEE MD, YOUNG W	BLAIR	ROBBINS MD, WARREN J	LANCASTER	ROSATO MD, DONALD J	CHESTER
RHIEW MD, CHANG N	LACKAWANNA	ROBBINS MD, WM S	PHILADELPHIA	ROSATO MD, ERNEST F	PHILADELPHIA
RHOADS JR MD, JONATHAN E	PHILADELPHIA	ROBERTD MD, ALBERT E	WASHINGTON	ROSCH MD, JEFFREY M	BLAIR
RHOADS MD, DONALD V	PHILADELPHIA	ROBERTS JR MD, PHILIP G	CENTRE	ROSCH MD, JULIUS C	BLAIR
RHOADS MD, HARRY M	CAMBRIA	ROBERTS MD, ALAN K	ALLEGHENY	ROSCHEL MD, ROBT L	LANCASTER
RHOADS MD, JONATHAN E	PHILADELPHIA	ROBERTS MD, BRUCE	PHILADELPHIA	ROSCOE MD, CONSTANTINE	PHILADELPHIA
RHOADS MD, REBECCA M	PHILADELPHIA	ROBERTS MD, DEAN W	PHILADELPHIA	ROSCOE MD, FRANCIS W	LACKAWANNA
RHUDE MD, MARVIN C	MONTGOMERY	ROBERTS MD, DONALD H	DAUPHIN	ROSE JR MD, CHAS K	LEHIGH
RHODES JR MD, DAVID H	ALLEGHENY	ROBERTS MD, HASKELL E	LANCASTER	ROSE MD, EDWARD	PHILADELPHIA
RHODES MD, JOHN F	CARBON	ROBERTS MD, JUAN M	PHILADELPHIA	ROSE MD, ELIZABETH K	PHILADELPHIA
RHODES MD, MICHAEL	LEHIGH	ROBERTS MD, JOHN M	PHILADELPHIA	ROSE MD, ISADORE	PHILADELPHIA
RHOOD MD, SAML G	DELAWARE	ROBERTS MD, LINDA P	ALLEGHENY	ROSE MD, JOHN F	MONTOUR
RIAL MD, WM Y	DELAWARE	ROBERTSON MD, FRANK D	ARMSTRONG	ROSE MD, LESLIE I	PHILADELPHIA
RICCHIUTI MD, AMERIGO G	SCHUYLKILL	ROBERTSON MD, HUGH	PHILADELPHIA	ROSE MD, S ZIRA	PHILADELPHIA
RICCHIUTI MD, JOS F	SCHUYLKILL	ROBERTSON MD, JOHN J	BERKS	ROSE MD, STEVEN A	MONTGOMERY
RICCI MD, JOS A	DAUPHIN	ROBERTSON MD, JOHN L	WARREN	ROSEBERRY MD, PHILIP L	YORK
RICCIARELLI MD, GIACUMO	MONTGOMERY	ROBERTSON MD, JOHN W	PHILADELPHIA	ROSEL MD, EDMED C	FRANKLIN
RICCIUTTI MD, VINCENT	MERCER	ROBINS MD, HUGH B	ALLEGHENY	ROSEMAN MD, JAMES M	PHILADELPHIA
RICE MD, ALFRED C	SOMERSET	ROBINS MD, ISAODRE M	LUZERNE	ROSEMOND MD, GED P	PHILADELPHIA
RICE MD, DONALD H	BLAIR	ROBINSON JR MD, JAMES J	PHILADELPHIA	ROSEN MD, DAVID	PHILADELPHIA
RICE MD, MARC	ALLEGHENY	ROBINSON MD, EDWARD H	MERCER	ROSEN MD, JACOB C	PHILADELPHIA
RICE MD, SAML M	ALLEGHENY	ROBINSON MD, FREDERICK A	PHILADELPHIA	ROSEN MD, JAMES A	WESTMORELAND
RICE MD, SAMUEL A	LANCASTER	ROBINSON MD, HAROLD J	MONTGOMERY	ROSEN MD, JOHN N	BUCKS
RICE MD, WM T	BEAVER	ROBINSON MD, JAMES H	PHILADELPHIA	ROSEN MD, JOS H	PHILADELPHIA
RICH MD, DEAN C	MONTGOMERY	ROBINSON MD, JOHN N	ALLEGHENY	ROSEN MD, LEONARD	DELAWARE
RICHARDS MD, CARLETON C	PHILADELPHIA	ROBINSON MD, JOS	LUZERNE	ROSEN MD, MARVIN I	PHILADELPHIA
RICHARDS MD, DONALD C	NORTHAMPTON	ROBINSON MD, JOS P	NORTHAMPTON	ROSEN MD, RHODA	PHILADELPHIA
RICHARDS MD, HARRY L	ALLEGHENY	ROBINSON MD, LOUIS C	PHILADELPHIA	ROSENBACH MD, LOREN M	ALLEGHENY
RICHARDS MD, JOHN C	BUCKS	ROBINSON MD, MARTIN H	PHILADELPHIA	ROSENBAUM JR MD, LEON	PHILADELPHIA
RICHARDS MD, ROBT N	FRANKLIN	ROBINSON MD, NATHANIEL M	PHILADELPHIA	ROSENBAUM MD, ARMAND L	PHILADELPHIA
RICHARDSON MD, CLAUDE E	DELAWARE	ROBINSON MD, RICHARD F	YORK	ROSENBAUM MD, ARON	CAMBRIA
RICHARDSON MD, FRANCIS L	PHILADELPHIA	ROBINSON MD, WM D	ALLEGHENY	ROSENBAUM MD, JERRY L	PHILADELPHIA
RICHARDSON MD, GEO A	PHILADELPHIA	ROBINSON MD, WM P	PHILADELPHIA	ROSENBERG MD, FRANK	DELAWARE
RICHARDSON MD, GED S	ALLEGHENY	ROBY MD, ROSS	PHILADELPHIA	ROSENBERG MD, HARVEY W	ALLEGHENY
RICHARDSON MD, HARRISON H	BEAVER	ROCCARID DD, DANTE S	DELAWARE	ROSENBERG MD, IRVIN E	LUZERNE
RICHARDSON MD, JAMES E	WASHINGTON	ROCCO MD, NICHOLAS J	PHILADELPHIA	ROSENBERG MD, IRVING	PHILADELPHIA
RICHARDSON MD, ROOSEVELT	ALLEGHENY	ROCENETO MD, PAUL V	BEAVER	ROSENBERG MD, MARK M	MONTGOMERY
RICHARDSON MD, ROSS E	WASHINGTON	ROCHE JR MD, EDWARD J	MC KEAN	ROSENBERG MD, MORTON	PHILADELPHIA
RICHEY MD, JAMES E	ALLEGHENY	ROCHE MD, CHAS A	ALLEGHENY	ROSENBERG MD, PAUL E	PHILADELPHIA
RICHIE MD, A THOMAS	BUCKS	ROCHE MD, ROBT J	ERIE	ROSENBERG MD, PHILIP	MONTGOMERY
RICHMAN MD, MORTON W	PHILADELPHIA	ROCHMAN MD, ALAN J	PERRY	ROSENBERG MD, PHILIP	PHILADELPHIA
RICHMOND MD, SPENCER I	MONTGOMERY	ROCK MD, FREDERICK	ALLEGHENY	ROSENBERG MD, RANDY M	PHILADELPHIA
RICHTER MD, HOWARD A	DELAWARE	ROCK MD, JAMES A	CAMBRIA	ROSENBLATT MD, STANLEY A	LACKAWANNA
RICHTER MD, PAUL L	ALLEGHENY	ROCK MD, LEONARD L	SOMERSET	ROSENBLATT MD, STANLEY G	ALLEGHENY
RICKER MD, ARTHUR J	BUCKS	ROCKMAN MD, MANLEY	BRADFORD	ROSENBLOOM MD, MEYER A	ALLEGHENY
RICKETTS MD, J EDWARD	ALLEGHENY	ROCKOWER MD, ROGER A	CENTRE	ROSENBLOOM MD, STANLEY E	ALLEGHENY
RICKLOFF MD, RAYMOND J	ERIE	ROOELICD MD, JOSEPH M	PHILADELPHIA	ROSENBLUM MD, MARCUS P	CHESTER
RIDDLE MD, RANSFORD J	MERCER	RODENBERGER MD, BRUCE M	LEHIGH	ROSENBURG MD, SIDNEY A	ALLEGHENY
RIDDLES MD, PAUL W	CAMBRIA	RODGERS 3RD MD, WM H	MONTGOMERY	ROSENCRANS MD, DAVID L	ALLEGHENY
RIDEN MD, JAY M	MIFFLIN-JUNIATA	RODGERS MD, ALLAN F	PHILADELPHIA	ROSENFELD MD, BERNARD D	LACKAWANNA
RIDGLEY MD, FRANK H	CHESTER	RODGERS MD, CHAS J	LYCOMING	ROSENFELD MD, HOWARD	MONTGOMERY
RIDGWAY MD, WM G	LANCASTER	RODGERS MD, EDSON R	BEAVER	ROSENFELD MD, KARL	CHESTER
RIEGEL MD, GEO E	ALLEGHENY	RODGERS MD, JOS F	PHILADELPHIA	ROSENFELD MD, MYRON E	MONTGOMERY
RIEHL MD, EVAN D	DAUPHIN	RODGERS MD, LEROY A	CAMBRIA	ROSENFELD MD, PHILIP A	MONTGOMERY
RIEHS MD, JULES A	PHILADELPHIA	RODGERS MD, ROGER W	MONTOUR	ROSENFELD MD, RONALD N	DELAWARE
RIEMER MD, JOS T	MONTGOMERY	RODRIGUEZ MD, ADULFO E	BERKS	ROSENKRANTZ MD, HARVEY	PHILADELPHIA
RIES MD, ANTHONY N	PHILADELPHIA	RODRIGUEZ MD, EDSEL A	NORTHUMBERLAND	ROSENOW JR MD, EDWARD C	PHILADELPHIA
RIETHER MD, ROBERT D	LEHIGH	RODRIGUEZ MD, ERVIN E	MIFFLIN-JUNIATA	ROSENSTEIN MD, GLADYS	PHILADELPHIA
RIETHMILLER MD, GRACE L	ALLEGHENY	RODRIGUEZ MD, HUGO F	DELAWARE	ROSENSTEIN MD, HERMAN	PHILADELPHIA
RIFE MD, CHAS J	DAUPHIN	RODRIGUEZ MD, JULIO A	BLAIR	ROSENSWEIG MD, WM	LUZERNE
RIFFERT MD, PAUL M	LANCASTER	RODRIGUEZ MD, NORBERTO A	ALLEGHENY	ROSENTHAL MD, DAVID E	PHILADELPHIA
RIGAND DD, RUDOLPH	LANCASTER	RODRIGUEZ MD, RODOLFO E	DAUPHIN	ROSENTHAL MD, PHILLIP J	ALLEGHENY
RIGBERG MD, ISAAC H	PHILADELPHIA	RODRIGUEZ MD, TEODORICO C	LYCOMING	ROSENTHAL MD, RONALD S	MONTGOMERY
RIGG MD, L ISOBEL	PHILADELPHIA	RUE MD, EUGENE J	LACKAWANNA	ROSENTHAL MD, STEPHEN I	LACKAWANNA
RIGGLE MD, PAUL P	WASHINGTON	RUE MD, HANS S	CUMBERLAND	ROSENZWEIG MD, MAX	PHILADELPHIA
RIGHTMYER MD, JOHN N	BERKS	RUE MD, JACQUELINE F	LANCASTER	ROSIECKI MD, MICHAEL W	LACKAWANNA
RIGHTOR MD, JOHN T	VENANGO	RUEDER MD, DONALD K	CUMBERLAND	ROSINI MD, RITA M	ALLEGHENY
RIGHTS MD, THEODORE H	BERKS	RUEUER MD, JOHN H	BERKS	ROSNER MD, ALBERT	MONTGOMERY
RIKE MD, PAUL M	ALLEGHENY	RUEDER MD, KATHLEEN M	BUCKS	ROSNER MD, ISADOR K	PHILADELPHIA
RILEY MD, BERNARD J	ALLEGHENY	RUEDIGER MD, PAUL M	MONTGOMERY	ROSS OD, HARRIS A	PHILADELPHIA
RILEY MD, CYRIL A	PHILADELPHIA	RUGALLA MD, CHAS S	LACKAWANNA	ROSS JR MD, HARRY J	ALLEGHENY
RILEY MD, FRANCIS W	LACKAWANNA	ROGERS MD, ALAN N	MONTGOMERY	ROSS JR MD, PETER W	NORTHUMBERLAND
RILEY MD, VERYL M	WARREN	ROGERS MD, CLAUDE R	PHILADELPHIA	ROSS MD, ABRAHAM	LEHIGH
RIMPLE MD, DAVID F	LUZERNE	ROGERS MD, GEO E	CAMBRIA	ROSS MD, DONALD C	PHILADELPHIA
RINALDI MD, LUCIAN L	LACKAWANNA	ROGERS MD, HUGH J	CENTRE	ROSS MD, JOHN J	PHILADELPHIA
RINARD MD, GRAFFIDUS L	BEDFORD	ROGERS MD, JAMES F	PHILADELPHIA	ROSS MD, JOS V	COLOMBIA
RINCK 2ND MD, GED W	UNION	ROGERS MD, KENNETH D	ALLEGHENY	ROSS MD, MARTHA E	MONTGOMERY
RINEHIMER JR MD, JOHN S	WYOMING	ROGERS MD, PAUL H	CHESTER	ROSS MD, MAURICE V	BEAVER
RING JR MD, FLOYD D	GREENE	ROGERS MD, VINCENT P	LAWRENCE	ROSS MD, THOMAS H	PHILADELPHIA
RING MD, ILONA R	DELAWARE	ROGERS MD, WM C	PHILADELPHIA	ROSS MD, VINCENT L	LACKAWANNA
RING MD, STEPHEN I	DELAWARE	ROGERS MD, WM H	MONROE	ROSSI MD, JOHN C	ALLEGHENY
RINGAWA MD, PETER E	COLUMBIA	ROGERS MD, WM H	LANCASTER	ROSSI MD, RALPH A	PHILADELPHIA
RINGOLD MD, MURRAY H	BUCKS	ROGDON MD, EDWARD	ALLEGHENY	ROSSMAN MD, BERNARD S	PHILADELPHIA
RINGWALT MD, JOHN U	LANCASTER	ROGOWSKI MD, RAYMOND A	CHESTER	RUSSMAN MD, MAX	LEHIGH
RINKER MD, R JAMES	YORK	ROHLAND MD, DONALD V	DAUPHIN	RUSSMAN MD, RONALD E	PHILADELPHIA
RIPSKI MD, ANTHONY F	LUZERNE	ROHM MD, JACK Z	ALLEGHENY	ROTENBERG MD, LARRY A	BERKS
RIPPI MD, ANTHONY C	ALLEGHENY	ROHM MD, ROBT F	ALLEGHENY	ROTH JR MD, GEORGE R	DAUPHIN
RIPPI MD, PHILIP P	ALLEGHENY	ROHNER JR MD, THOS J	DAUPHIN	ROTH MD, JAMES L	PHILADELPHIA
RIPPLE MD, PAUL H	LANCASTER	ROHRABAUGH JR MD, CHAS M	DAUPHIN	ROTH MD, ROSSELL B	ERIE
RISHI MD, USHA S	ALLEGHENY	ROHRBECK MD, CHAS W	CENTRE	ROTHCHILD DO, OSCAR F	PHILADELPHIA
RISING MD, DAVID C	BUCKS	ROHRER MD, G VICTOR	DAUPHIN	ROTHENBERGER MD, MARVIN K	LEHIGH
RISMILLER MD, ROSS W	SCHUYLKILL	ROHRMAYER JR MD, FRANCIS P	CHESTER	ROTHERMEL MD, EARL W	BERKS
RISSER MD, MARK G	BERKS	ROITMAN MD, HARRY B	PHILADELPHIA	ROTHERMEL MD, FRANKLIN J	DAUPHIN
RISTIN MD, NORMAN	PHILADELPHIA	ROJER MD, CHAS L	MONTGOMERY	ROTHERMEL MD, JOHN K	BERKS
RITCHIE 3RD MD, JOHN C	PHILADELPHIA	ROLAND MD, FREDERICK H	LEHIGH	ROTHFUS MD, HELEN T	ALLEGHENY
RITCHIE MD, CHAS A	DELAWARE	ROLLINS MD, CLARK T	ALLEGHENY	ROTHKOPF MD, BRAD M	PHILADELPHIA
RITCHIE MD, DAVID J	PHILADELPHIA	ROMAN MD, LAURIAN	PHILADELPHIA	ROTHKOPF MD, HENRY	PHILADELPHIA

ROTHMAN MO, OAVIO L	ALLEGHENY
ROTHMAN MO, MAURICE M	PHILAOELPHIA
ROTHMAN MO, RICHARO H	PHILAOELPHIA
ROTHMAN MO, WARREN	FRANKLIN
ROTHROCK JR MO, HENRY A	CHESTER
ROTHROCK MO, GILMORE M	YORK
ROTHSCHILO MO, JOHN A	LUZERNE
ROTHSTEIN MO, EOWARO P	BUCKS
ROTKO MO, BERNARO B	PHILAOELPHIA
ROTTENBERG OO, LOUIS	PHILAOELPHIA
ROTTSCHAEFER MO, BERNARO L	ALLEGHENY
ROTZ JR MO, CLIFFORO T	CUMBERLAND
ROUCH MO, JON H	WARREN
ROUMANI MO, GHASSAN K	LACKAWANNA
ROUSE MO, PAUL V	PHILAOELPHIA
ROUSSELL MO, WILLIAM G	ALLEGHENY
ROVERUO MO, ELEANOR	PHILAOELPHIA
ROVNER MO, HAROLO	PHILAOELPHIA
ROVNO MO, HERBERT	PHILAOELPHIA
ROWAN MO, NOEL M	BERKS
ROWAN MO, PAUL J	LANCASTER
ROWAN MO, SANORA K	BERKS
ROWANO MO, ROBERT E	CHESTER
ROWE MO, STUART N	ALLEGHENY
ROWGHANI MO, MOHAMMAO I	CHESTER
ROWLANO MO, EOMUNO B	MERCER
ROWLANO MO, GEO A	COLUMBIA
ROWLANO MO, HAROLO A	MONTGOMERY
ROWLANO MO, IVO E	ALLEGHENY
ROWLANO MO, N OEAN	LANCASTER
ROWLEY MO, F LAWRENCE	NORTHAMPTON
ROWLEY MO, RICHARO S	PHILAOELPHIA
ROWMAN MO, LEO	PHILAOELPHIA
ROWSMAN MO, GHOORATOLLAH	NORTHAMPTON
ROXBY JR MO, JOHN B	PHILAOELPHIA
ROXBY MO, BRUCE S	PHILAOELPHIA
ROXBY MO, HAROLD C	OELAWARE
ROY MO, ROBT H	PHILAOELPHIA
ROYAL MO, OAVIO R	CUMBERLANO
ROYCE MO, PAUL C	BRAOFORO
ROYER MO, THOMAS C	MONTOOR
RUZANSKI MO, STANLEY J	BERKS
ROZWAOOWSKI MO, JACK V	ERIE
RUBEL MO, THEOOOR	ALLEGHENY
RUBEN MO, JEROLO R	WASHINGTON
RUBEN MO, MALCOLM E	WASHINGTON
RUBEN MO, RICHARO S	ALLEGHENY
RUBENFIELO MO, ARNOLO O	ALLEGHENY
RUBENSTEIN MO, LEONARO S	ALLEGHENY
RUBIN MO, ALAN	PHILAOELPHIA
RUBIN MO, HARRY	PHILAOELPHIA
RUBIN MO, HARVEY M	ALLEGHENY
RUBIN MO, I EDWARO	PHILAOELPHIA
RUBIN MO, JEFFRY F	MONTGOMERY
RUBIN MO, JEROME J	PHILAOELPHIA
RUBIN MO, LORE R	ALLEGHENY
RUBIN MO, MARC R	PHILAOELPHIA
RUBIN MO, MORTON L	OAUPHIN
RUBIN MO, MYRON M	LANCASTER
RUBIN MO, NATHAN W	MONTGOMERY
RUBIN MO, PETER E	MONTGOMERY
RUBIN MO, S BRUCE	PHILAOELPHIA
RUBINSTEIN MO, PERCY M	PHILAOELPHIA
RUBIO MO, EMIR W	OELAWARE
RUBIO MO, WILFREDO V	ALLEGHENY
RUBRIGHT MO, GEO L	BERKS
RUBRIGHT MO, HERBERT C	SCHUYLKILL
RUCH MO, ASHER G	FRANKLIN
RUDDELL MO, MILLARO A	MONTGOMERY
RUDOELL MO, THOS A	LEHIGH
RUDMAN MO, I ELLIS	PHILAOELPHIA
RUONICK MO, HERMAN O	PHILAOELPHIA
RUDNITZKY MO, JEROME	OELAWARE
RUOD MO, MARVIN	WASHINGTON
RUOOLPH JR MO, SAML F	MONTGOMERY
RUDOLPH MO, JOS	PHILAOELPHIA
RUOOLPH MO, ROBERT I	BERKS
RUOUSKY MO, BASIL M	LUZERNE
RUOZINSKI MO, OENNIS J	ALLEGHENY
RUEBEL MO, ARMIN A	BUCKS
RUEBEL MO, CATHERINE O	BUCKS
RUEDEMANN MO, EHRHAROT	ALLEGHENY
RUEGER MO, RAIMUNO G	ALLEGHENY
RUETSCHLIN MO, JAMES H	PHILAOELPHIA
RUFE MO, REOOING H	BUCKS
RUFF MO, CURTIS C	BUTLER
RUFFINI MO, JOHN A	OELAWARE
RUGART MO, KARL F	PHILAOELPHIA
RUGEL MO, STANLEY J	PHILAOELPHIA
RUGGIERO MO, NICHOLAS J	LUZERNE
RUGGIERO MO, ROBT A	CHESTER
RUHT MO, JOS C	CHESTER
RUIZ MO, CESAR A	ALLEGHENY
RULIN MO, MARVIN C	ALLEGHENY
RUMBAUGH JR MO, JAMES O	PERRY
RUMBAUGH MO, MARSHALL U	LUZERNE
RUMBAUGH MO, ROSS S	SOMERSET
RUMBLE JR MO, CHAS T	ALLEGHENY
RUMBLE MO, THOS R	ALLEGHENY
RUMSEY MO, JOHN L	MONROE
RUMSEY MO, WM P	OELAWARE
RUNCU MO, ANGELO S	ALLEGHENY
RUNK MO, LORENZO G	PHILAOELPHIA
RUNYEON MO, WM K	BERKS
RUPP MO, JOS J	PHILAOELPHIA
RUPP MO, ROBT A	FAYETTE
RUPPENTHAL MO, J BRUCE	LACKAWANNA
RUSBRIUGE MO, HAROLO W	ALLEGHENY
RUSCHAK MO, PAUL J	ALLEGHENY
RUSH MO, ALEXANOER	PHILAOELPHIA
RUSH MO, CALVIN C	GREENE
RUSH MO, GEORGE B	BEAVER
RUSH MO, IRVING A	PHILADELPHIA
RUSH MO, JOHN F	FAYETTE
RUSHFORO MO, ANTHONY J	ALLEGHENY
RUSIN MO, WM A	LUZERNE
RUSSELL MO, HOLLIS K	WYOMING
RUSSELL MO, RICHARO L	ALLEGHENY
RUSSELL MO, RICHARO L	OAUPHIN
RUSSMAN MO, RICHARO B	ALLEGHENY
RUSSO MO, JOHN F	SCHUYLKILL
RUTBERG MO, FRANKLIN L	PHILAOELPHIA
RUTH MO, JOHN F	BERKS
RUTHBERG MO, JACK	PHILAOELPHIA
ROTLANO MO, HEOLEY E	YORK
RUTT JR MO, CLARENCE H	LANCASTER
RUTT MO, GEO P	LEHIGH
ROTT MO, JOHN M	LANCASTER
RUTTENBERG OO, NORMAN F	PHILAOELPHIA
RUTTENBERG MO, BERTRAM A	PHILAOELPHIA
RUTTER MO, WM A	PHILAOELPHIA
RYAN MO, CHARLES S	PHILAOELPHIA
RYAN MO, OELLA M	PHILAOELPHIA
RYAN MO, HELEN M	PHILAOELPHIA
RYAN MO, JAMES J	PHILAOELPHIA
RYAN MO, JOHN J	NORTHAMPTON
RYAN MO, LAWRENCE W	MONTGOMERY
RYAN MO, ROBT J	LEBANON
RYAN MO, WM C	SOMERSET
RYOZE MO, ROBT A	ALLEGHENY
RYNES MO, SAML E	PHILAOELPHIA
RYNIER MO, OONALO L	LANCASTER
RYOO MO, IN O	ALLEGHENY
RYSCAVAGE MO, EOWARO T	SCHUYLKILL

S

SAAVEORA MO, OIOGENES A	CRAWFORO
SABAN MO, JOSE	ALLEGHENY
SABANAYAGAM MO, PONNAMPALAM	PHILAOELPHIA
SABATELLE MO, ROBT C	ALLEGHENY
SABEH MO, GEO	ALLEGHENY
SABEH MO, RAIF K	ALLEGHENY
SABLOSKY MO, LESTER	MONTGOMERY
SABO MO, JOSEPH R	CAMBRIA
SABOKAR MO, NASSER	MONTGOMERY
SABUL MO, LOUISE J	MONTUUR
SABOL MO, WM J	BUCKS
SABUW MO, L THOMAS	ALLEGHENY
SACCO MO, RUSSELL J	ALLEGHENY
SACHDEVA MO, RAJEEV	CHESTER
SACHOEVA MO, RAVINDRA K	MERCER
SACHS MO, MARVIN L	PHILAOELPHIA
SACHS MO, MURRAY	ALLEGHENY
SACHS MO, STEPHEN M	MONROE
SACKETT MO, CHAS F	PHILAOELPHIA
SACKEY MO, MAURICE S	PHILAOELPHIA
SACKS MO, CHAS L	PHILAOELPHIA
SACKS MO, RICHARO P	LEBANON
SAULER MO, JOHN M	ALLEGHENY
SAODFF MO, ROBT L	MONTGOMERY
SADUWSKI MO, HUBERT F	ALLEGHENY
SAOK MO, FARROKH S	LEHIGH
SAOWIN MO, ARNOLO	PHILAOELPHIA
SAEOI MO, SAEO F	ERIE
SAFAR MO, PETER	ALLEGHENY
SAFOAR-ALI MO, MOHAMMAO	SCHUYLKILL
SAFIER MO, JOEL	ALLEGHENY
SAFIK MO, OONALO	MONTGOMERY
SAFLEY MO, MAX W	ALLEGHENY
SAFRAN MO, SIONEY	WASHINGTON
SAGER MO, ETHEL	PHILAOELPHIA
SAGUNE MO, ARTHUR L	ALLEGHENY
SAHILLIOGLU MO, REFIK	LUZERNE
SAHL MO, HENRY G	MONTGOMERY
SAHLANEY MO, GEO	CAMBRIA
SAHLANEY MO, WM J	CAMBRIA
SAIUMAN MO, LESTER M	LUZERNE
SAIFEE MO, KUTUB M	ALLEGHENY
SAIN MO, FLETCHER O	MONTGOMERY
SALA MO, LUIS E	PHILAOELPHIA
SALAK MO, WASYL W	PHILAUELPHIA
SALAMA MO, RAMSIS H	PHILAOELPHIA
SALANO MO, OAVIO K	OELAWARE
SALANON MO, PAUL	PHILAOELPHIA
SALAZAR MO, EOGAROO P	CARBON
SALAZAR MO, PEORO A	LUZERNE
SALCEDO MO, WILFREOO G	NORTHAMPTON
SALEH MO, AHMED N	PHILAOELPHIA
SALEM MO, ANTHONY W	PHILAOELPHIA
SALES MO, IRVING J	PHILAOELPHIA
SALES MO, PHOENIX M	PHILAOELPHIA
SALGADO MO, EOWARO M	NORTHAMPTUN
SALIM MO, BOZORGMEHR	OELAWARE
SALINOUNG MO, JAIME P	MONTGOMERY
SALKO MO, GREGORY J	LACKAWANNA
SALLASH JR MO, ROBT J	NORTHAMPTON
SALNER MO, NATHAN P	PHILAOELPHIA
SALVA MO, RENATO H	UAUPHIN
SALVITTI MO, E RONALO	WASHINGTON
SALVU MO, PAUL J	PHILAOELPHIA
SALVUZA MO, MANUEL I	ALLEGHENY
SAMAO MO, MOHAMMAO A	NORTHUMBERLANO
SAMAOANI MO, SIROOS R	ALLEGHENY
SAMARASINGHE MO, GUNASIRI	ERIE
SAMELSON MO, LEO	YORK
SAMENT MO, SIONEY	NORTHAMPTON
SAMET MO, SHERWOOD L	MONROE
SAMII MO, ABOUL H	LUZERNE
SAMII MO, ALI M	CAMBRIA
SAMITZ MO, M HARRISS	PHILAOELPHIA
SAMPATHACHAR MO, KAKKAOASAM R	PHILAOELPHIA
SAMPSUN JR MO, JOSEPH L	ALLEGHENY
SAMPSUN MO, OAVIO A	PHILAOELPHIA
SAMPSON MO, WM C	PHILAOELPHIA
SAMSUN MO, BIENVENIOO T	PHILAOELPHIA
SAMUELS MO, SIONEY S	PHILAOELPHIA
SAMUELSON MO, JOEL S	MONROE
SANCHEZ MO, GUSTAVO	ALLEGHENY
SANOBERG MO, THEOOORE E	ALLEGHENY
SANDERS MO, FRANCIS A	PHILADELPHIA
SANDERS MO, WM M	LYCOMING
SANOERSON MO, OOUGLAS K	OAUPHIN
SANDERSON MO, VINCENT A	MERCER
SANOHAUS MO, BEATRICE W	LANCASTER
SANOHAUS MO, JULIUS L	LANCASTER
SANOLER MO, KENNETH R	CHESTER
SANOO MO, RALPH S	PHILADELPHIA
SANOOVAL MO, CONCHITA Q	WESTMORELANO
SANOSON MO, GERALO B	ALLEGHENY
SANOSTROM JR MO, FRANK T	MONTGOMERY
SANOSTROM MO, PAUL H	ERIE
SANOZEN JR MO, SIGORO C	MONTGOMERY
SANFORO MO, EOGAR J	OAUPHIN
SANFORO MO, FREOERIC E	LYCOMING
SANFORO MO, ROBERT G	OAUPHIN
SANFORO MO, ROBT S	TIOGA
SANGHI MO, JODH K	WARREN
SANGOOEYI MO, OLUYEMISI	ALLEGHENY
SANGROJEE MO, KANNIKA L	ALLEGHENY
SANGROJEE MO, WEERASAK	ALLEGHENY
SANKAR MO, SAYEE N	LACKAWANNA
SANNER JR MO, EOGAR G	ALLEGHENY
SANNER MO, JOHN C	LACKAWANNA
SANPEORO MO, ROMEO S	BEAVER
SANSONE MO, THOMAS C	MONTGOMERY
SANT KAM MO, OEEPAK	CHESTER
SANTAMARIA MO, FRANCISCO R	WESTMORELANO
SANTANGELO MO, SALVATURE C	ALLEGHENY
SANTANGELO MO, SAML C	MONTGOMERY
SANTARSIERO MO, O ANTHONY	LACKAWANNA
SANTEN MO, RICHARO J	OAUPHIN
SANTILLI MO, THOS F	PHILAOELPHIA
SANTINI MO, LEWIS C	MONTOUR
SANTUMENNA MO, MICHAEL A	ERIE
SANTORA JR MO, FRANK J	ALLEGHENY
SANTORA MO, FRANK J	ALLEGHENY
SANTORA MO, ROBT A	CRAWFORO
SANTOS MO, CESAR R	LAWRENCE
SANTOS MO, GASPAR A	JEFFERSON
SANTOS MO, RAMON O	ALLEGHENY
SANTOS MO, ROOOLFO J	BUCKS
SANTUS MO, ROOOLFO R	SOMERSET
SANTOSO MO, LIMJAOI	ERIE
SANTOYO-STEIN MO, MARIA C	PHILAOELPHIA
SAPIRA MO, HARRY A	ALLEGHENY
SAPINSTEIN MO, WOLF	OAUPHIN
SAQUIN MO, RAINELOO C	ALLEGHENY
SARAC MO, F IBRAHIM	COLUMBIA
SARACCO MO, THOS R	ALLEGHENY
SARACHEK MO, NORMAN S	LEHIGH
SARAOAR MO, RIAO	FAYETTE
SARAGOVI MO, ARMAND A	PHILAOELPHIA
SARAIN MO, ANTUNIO N	CRAWFORO
SARAJEOINI MO, HUSSAIN	MC KEAN
SARAS MO, PETER L	LUZERNE
SARDESAI MO, PRABHAKER G	ERIE
SARIN MO, LOV K	PHILAOELPHIA
SARIS MO, OEMETRIUS S	MONTGOMERY
SARKER MO, CHITTA R	MONTGOMERY
SARMIENTO HERRERA MO, LORDELITA S	PHILAOELPHIA
SARNI MO, CAESAR F	MONTGOMERY
SARSHIK MO, MILTON	PHILAOELPHIA
SARVER MO, RAY G	WESTMORELANO
SARVER MO, ROBT O	ALLEGHENY
SASS MO, ROBT E	MERCER
SASTRY MO, OASIKA M	PHILADELPHIA
SATALOFF MO, JOSEPH	PHILAOELPHIA
SATINSKY MO, JONATHAN O	PHILAOELPHIA
SATINSKY MO, VICTOR P	PHILAOELPHIA
SATTILARO MO, ANTHONY J	PHILAOELPHIA
SAUCU MO, M CONCEPCION	PHILAOELPHIA
SAUER MO, OIETER	WESTMORELAND
SAUERTIEG MO, ELLIOTT A	OAUPHIN
SAUL MO, LEON J	PHILAOELPHIA
SAUL MO, RICHARO B	PHILAOELPHIA
SAUL MO, RUBT W	ALLEGHENY
SAUL MO, SYONEY M	ALLEGHENY
SAUL MO, THEOORE J	LYCOMING
SAUNOERS MO, CHAS O	NORTHAMPTON
SAUNOERSON JR MO, ROBERT W	LANCASTER
SAUSSER MO, EUGENE W	MIFFLIN-JUNIATA
SAVACOUL MO, JACOB W	PHILAOELPHIA
SAVAGE MO, PETER J	LUZERNE
SAVIOGE MO, SAML L	NORTHUMBERLANO
SAVIOGE MO, THOS O	UNION
SAVINO MO, PETER J	PHILAOELPHIA
SAXON MO, JOS G	OAUPHIN
SAYEN MO, JOHN J	PHILADELPHIA
SAYERS MO, FRANCIS P	NORTHUMBERLANO
SAYERS MO, KENNETH H	INOIANA
SAYSON MO, JOSE N	LEBANON
SCAGLIUTTI MO, CHAS J	LEHIGH
SCARANO MO, OOMENICO	LUZERNE
SCARF MO, MAXWELL	PHILAOELPHIA
SCARFF MO, TIMOTHY B	ALLEGHENY
SCARPA MO, HARRY C	PHILAOELPHIA
SCARPITTI MO, WM F	ERIE
SCARSELLATO MO, JOHN N	ALLEGHENY
SCATARIGE MO, CAROL S	LANCASTER
SCATARIGE MO, JOHN C	LANCASTER
SCHAAF MO, CHAS F	ERIE
SCHAAF MO, JOHN T	ERIE
SCHACHTER MO, ALLAN B	ALLEGHENY
SCHACHTER MO, JOSEPH	ALLEGHENY
SCHACHTERLE MO, RALPH E	LANCASTER
SCHADE MO, JOHN F	LUZERNE
SCHADT JR MO, OLIVER S	LEHIGH
SCHAOT MO, OANL C	NORTHAMPTON
SCHAUT MO, THOS E	NORTHAMPTON
SCHAEBLER MO, M LEE	BERKS
SCHAEFER JR MO, WM L	OAUPHIN
SCHAEFER MO, C RUSSELL	ALLEGHENY
SCHAEFER MO, LEROY W	MIFFLIN-JUNIATA
SCHAEFER MO, THOS J	CAMBRIA
SCHAEFFER JR MO, WM E	LEBANON
SCHAEFFER MO, CHAS O	LEHIGH
SCHAEFFER MO, FRANCES C	PHILAOELPHIA
SCHAEFFER MO, WM A	LANCASTER
SCHAFFER MO, BURTON	PHILADELPHIA
SCHAFFER MO, OAVIO B	PHILAOELPHIA
SCHAFFER MO, OAVIO W	PHILAOELPHIA
SCHAFFNER MO, MEADE O	LANCASTER

SCHAFFZIN MD, LAWRENCE	PHILADELPHIA	SCHULMAN MD, BENJ L	ALLEGHENY	SEIFERT MD, THDS E	CAMBRIA		
SCHALL MD, RDY F	ALLEGHENY	SCHULMAN MD, NDRMAN	LUZERNE	SEIFERTH MD, WM J	ERIE		
SCHALLER MD, ABRAHAM L	PHILADELPHIA	SCHULTHEIS JR MD, CARL F	MDNTGDMERY	SEIPLE MD, HARVEY H	LANCASTER		
SCHALLER MD, JAMES A	PHILADELPHIA	SCHULTZ JR MD, WM C	FRANKLIN	SEITCHIK MD, MURRAY W	PHILADELPHIA		
SCHAMBERG MD, IRA L	PHILADELPHIA	SCHULTZ MD, EDWARD D	BLAIR	SEITZ MD, EDWARD R	ALLEGHENY		
SCHANER MD, PAUL J	ALLEGHENY	SCHULTZ MD, EDWARD J	BLAIR	SEITZ MD, NEVIN H	YDRK		
SCHANTZ MD, EDWARD T	LEHIGH	SCHULTZ MD, EDWARD M	ALLEGHENY	SEKARAN MD, KAMALESH K	BUTLER		
SCHANTZ MD, GLENN H	LEHIGH	SCHULTZ MD, HERBERT W	BUCKS	SEKARAN MD, SDMASUNDARAM K	BUTLER		
SCHANTZ MD, JDHN C	DAUPHIN	SCHULTZ MD, JDHN G	LUZERNE	SELHAT MD, JDRJ F	PHILADELPHIA		
SCHANTZ MD, PAUL S	LANCASTER	SCHULTZ MD, JDSEPH C	ALLEGHENY	SELICKMAN MD, MITCHELL A	PHILADELPHIA		
SCHAPIRA MD, DANIEL	LACKAWANNA	SCHULTZ MD, JULIUS	PHILADELPHIA	SELKER MD, RDBT G	ALLEGHENY		
SCHARADIN MD, NELSON S	LEBANDN	SCHULTZ MD, SAML K	CAMBRIA	SELKOVITS MD, SIDNEY	ALLEGHENY		
SCHARTEL DD, ALBERT P	BERKS	SCHULTZ MD, THEDDORE A	WESTMDRELAND	SELL MD, CHAS P	LEHIGH		
SCHATTNER MD, ALLEN S	ALLEGHENY	SCHULZ MD, AUGUST J	LANCASTER	SELLERS MD, ALFRED M	PHILADELPHIA		
SCHATZ MD, NDRMAN J	PHILADELPHIA	SCHULZ MD, JACDB A	LANCASTER	SELTZER MD, ALBERT P	PHILADELPHIA		
SCHAUB MD, DAVID H	ALLEGHENY	SCHUMACHER MD, LEWIS R	BUCKS	SELTZER MD, BENJ	PHILADELPHIA		
SCHEER MD, R SCDTT	PHILADELPHIA	SCHUMAKER MD, DDNALD H	WESTMDRELAND	SELTZER MD, HARRY	ALLEGHENY		
SCHEERS MD, GED F	LUZERNE	SCHUMAN MD, RDBERT A	LACKAWANNA	SELTZER MD, MAURICE	PHILADELPHIA		
SCHEID JR MD, JDHN E	WESTMDRELAND	SCHUMANN MD, FRANCIS	PHILADELPHIA	SEMBRDT MD, JDS T	LEHIGH		
SCHEID MD, GED R	WESTMDRELAND	SCHUMANN MD, MAX	PHILADELPHIA	SEMBRUT MD, WM B	PHILADELPHIA		
SCHEIE MD, HARDLD G	PHILADELPHIA	SCHUSTER MD, ALBERT H	PHILADELPHIA	SEMINS MD, HDWARD	ALLEGHENY		
SCHEIN MD, ALAN L	DAUPHIN	SCHUSTER MD, JAMES L	ERIE	SEMISCH 3RD MD, CHAS W	PHILADELPHIA		
SCHEIN MD, RDBT A	ALLEGHENY	SCHUT MD, JACDB	PHILADELPHIA	SEMPLE MD, JDS M	ERIE		
SCHENCK MD, HARRY P	PHILADELPHIA	SCHWAB MD, MDRTDN E	PHILADELPHIA	SENA MD, FRANK W	PHILADELPHIA		
SCHENCK MD, PAUL H	LEHIGH	SCHWAB MD, RDBT H	PHILADELPHIA	SENAN MD, PUSHPENDRA	ALLEGHENY		
SCHERER MD, HENRY	PHILADELPHIA	SCHWALM MD, LESLIE J	SCHUYLKILL	SENCINDIVER MD, PAIGE V	PHILADELPHIA		
SCHERZINGER MD, FELIX A	MDNTGDMERY	SCHWARTZ JR MD, GED J	PHILADELPHIA	SENIDW MD, RAYMDND V	LAWRENCE		
SCHEUER MD, JDHN W	LACKAWANNA	SCHWARTZ MD, ABRAHAM I	BERKS	SENITA MD, G RDBERT	ALLEGHENY		
SCHEUERMANN MD, HENRY A	DELAWARE	SCHWARTZ MD, ALBERT M	PHILADELPHIA	SED MD, JIN S	BERKS		
SCHICKLING MD, LEDNARD F	CLEARFIELD	SCHWARTZ MD, ALEC R	ALLEGHENY	SED MD, JUNG J	PHILADELPHIA		
SCHIELE MD, HERBERT	PHILADELPHIA	SCHWARTZ MD, ALLAN B	PHILADELPHIA	SED MD, SANG W	PHILADELPHIA		
SCHIFALACQUA MD, PHILIP A	PHILADELPHIA	SCHWARTZ MD, ANDREW R	PHILADELPHIA	SEPIC MD, RUDDLF	MERCER		
SCHIFF MD, MELVIN M	ALLEGHENY	SCHWARTZ MD, BARRY J	PHILADELPHIA	SERAFY MD, MICHAEL M	ARMSTRDNG		
SCHIFFER MD, LEWIS M	ALLEGHENY	SCHWARTZ MD, DANL N	ALLEGHENY	SERAPHIN MD, ALFRED R	PHILADELPHIA		
SCHILLER MD, HARVEY J	CAMBRIA	SCHWARTZ MD, DDNALD S	CHESTER	SERBER MD, WM	PHILADELPHIA		
SCHILLER MD, HERBERT M	PHILADELPHIA	SCHWARTZ MD, EDWARD	DELAWARE	SERENE MD, HARRY E	ALLEGHENY		
SCHILLER MD, RUTH P	BUCKS	SCHWARTZ MU, EMANUEL E	PHILADELPHIA	SERFAS MD, LEE S	NDRTHAMPTDN		
SCHIMERT MD, ARND P	PHILADELPHIA	SCHWARTZ MD, GDRDDN F	PHILADELPHIA	SERRA MD, RDBERT M	DAUPHIN		
SCHIMMEL MD, NELSDN H	PHILADELPHIA	SCHWARTZ MD, HEINZ G	PHILADELPHIA	SERVDSS MD, SPENCER J	LYCDMING		
SCHINDLER MD, PETER D	CHESTER	SCHWARTZ MD, HENRY J	ALLEGHENY	SESSIDN MD, WM C	ALLEGHENY		
SCHINFELD MU, LDUIS H	MDNTGDMERY	SCHWARTZ MD, IRVING R	PHILADELPHIA	SESSD MD, ANNA M	DELAWARE		
SCHIDWITZ MD, ALBERT	LUZERNE	SCHWARTZ MD, JDEL L	MDNTGDMERY	SESSDMS MD, FRANK E	ALLEGHENY		
SCHIRD MD, JDHN C	DAUPHIN	SCHWARTZ MD, JDNATHAN	WESTMDRELAND	SETHBHAKDI MD, SDMKIAT	PHILADELPHIA		
SCHLABACH MD, DDNALD M	ERIE	SCHWARTZ MD, LAURENCE M	PHILADELPHIA	SETHI MD, SURENDRA K	BUTLER		
SCHLACKMAN MD, NEIL	BUCKS	SCHWARTZ MD, LEDNARD	ALLEGHENY	SETD MD, HERBERT P	MDNTGDMERY		
SCHLAFF MD, SHELDDN	PHILADELPHIA	SCHWARTZ MD, LDUIS	PHILADELPHIA	SETTY MD, PDLEPALLI S	FAYETTE		
SCHLAFF MD, ZACKERY	PHILADELPHIA	SCHWARTZ MD, LDUIS W	MDNTGDMERY	SETTY MD, RAMACHANDRA K	ALLEGHENY		
SCHLAGER MD, CHAS E	YDRK	SCHWARTZ MD, MARINDA	PHILADELPHIA	SEVENTKD MD, JDSEPH M	LANCASTER		
SCHLEIFER MD, CHARLES R	PHILADELPHIA	SCHWARTZ MD, MILTDN A	BUCKS	SEVICK MD, MYRDN E	CENTRE		
SCHLESINGER MD, SAM	LUZERNE	SCHWARTZ MD, NURMAN A	ALLEGHENY	SEVIN MD, ELIZABETH G	PHILADELPHIA		
SCHLESINGER MD, STEPHEN A	ALLEGHENY	SCHWARTZ MD, RAYMDND	PHILADELPHIA	SEWAK MD, MICHAEL E	CAMBRIA		
SCHLESS MD, ARTHUR P	CHESTER	SCHWARTZ MD, REUBEN B	PHILADELPHIA	SEWELL MD, WM H	BRADFDRD		
SCHLESS MD, GUY L	PHILADELPHIA	SCHWARTZ MD, RUBT R	MUNTGDMERY	SEXAUER MD, JDHN F	ALLEGHENY		
SCHLESSEL MD, RICHARD B	PHILADELPHIA	SCHWARTZ MD, STANLEY N	ALLEGHENY	SEXTDN JR MD, GED L	BERKS		
SCHLEZINGER MD, NATHAN S	PHILADELPHIA	SCHWARTZ MD, STEPHEN L	PHILADELPHIA	SEYDEL MD, EMILY M	MDNTGDMERY		
SCHLITZER MD, WM H	SCHUYLKILL	SCHWARTZ MD, WM J	CENTRE	SEYDEL MD, H GUNTER	PHILADELPHIA		
SCHLOSSER MD, DAVID E	LANCASTER	SCHWARZ MD, GABRIEL A	PHILADELPHIA	SEYLER MD, RAYMDND Q	DELAWARE		
SCHLOSSER MD, WDDDRDW D	PHILADELPHIA	SCHWARZ MD, HENRY P	PHILADELPHIA	SEYMDUR MD, PARKER M	PHILADELPHIA		
SCHMAIER MD, ALVIN H	PHILADELPHIA	SCHWARZSCHILD MD, WALTER	PHILADELPHIA	SGARLAT MD, JDS R	LUZERNE		
SCHMELTZ MD, RALPH	ALLEGHENY	SCHWEGMAN MD, CLETUS W	PHILADELPHIA	SGRU MD, ANTDNID	PHILADELPHIA		
SCHMIDT JR MD, ERWIN R	PHILADELPHIA	SCHWEIKLE MD, MARY R	LYCDMING	SHACKLEFORD MD, RDBT W	MDNTGDMERY		
SCHMIDT MD, ARNOLD P	LUZERNE	SCHWEIZER MD, RDBT R	BERKS	SHACKLETT MD, DDRDTHY E	PHILADELPHIA		
SCHMIDT MD, H WILLIAM	MDNTGDMERY	SCHWEKHA MD, JDS J	ALLEGHENY	SHADE MD, JACDB G	MDNTGDMERY		
SCHMIDT MD, JAMES R	MDNTGDMERY	SCHWERIN MD, WM F	ALLEGHENY	SHADLE MD, JDHN W	BUTLER		
SCHMIELER MD, GED P	WASHINGTDN	SCHWINGE MD, ELAINE A	MDNRDE	SHAFER MD, EDWARD A	LUZERNE		
SCHMIELER MD, GEDRGE C	WASHINGTDN	SCIBETTA MD, MARID P	ERIE	SHAFFER MD, DDNALD Y	BEAVER		
SCHMITT MD, ALBRECHT	PHILADELPHIA	SCICCHITAND MD, DAVID C	NDRTHUMBERLAND	SHAFFER MD, FRANK W	MDNTGDMERY		
SCHMITT MD, CHAS L	ALLEGHENY	SCICCHITAND MD, LEUN P	SCHUYLKILL	SHAFFER MD, GEDRGE W	BUCKS		
SCHMITT MD, HERMAN L	ALLEGHENY	SCICCHITAND MD, RDMUALDD R	SCHUYLKILL	SHAFFER MD, HDWARD L	LAWRENCE		
SCHMUKLER DD, ANITA G	PHILADELPHIA	SCIDSCIA MD, EUGENE A	ALLEGHENY	SHAFFER MD, IRVIN G	BERKS		
SCHMUTZLER III MD, RDBT C	MDNTGDMERY	SCIUBBA MD, RDCCD P	DELAWARE	SHAFFER MD, JDHN F	DELAWARE		
SCHNALL MD, CHAS	PHILADELPHIA	SCUGLIETTI MD, VINCENT C	ALLEGHENY	SHAFFER MD, LIONEL B	MDNTGDMERY		
SCHNALL MD, DAVID J	PHILADELPHIA	SCURNAVACCHI MD, JUS M	BERKS	SHAFFER MD, WALTER L	ALLEGHENY		
SCHNALL MD, NATHAN	PHILADELPHIA	SCOTT MD, ALVIN J	LUZERNE	SHAFIA MD, HASS	PHILADELPHIA		
SCHNAUFER MD, LDUISE	PHILADELPHIA	SCDTT MD, DDKOTHY C	ALLEGHENY	SHAGASS MD, CHAS	PHILADELPHIA		
SCHNEEBERG MD, ARTHUR L	PHILADELPHIA	SCDTT MD, DURELLE T	LUZERNE	SHAH MD, DAKSHA A	WASHINGTDN		
SCHNEEBERG MD, J MYRDN	PHILADELPHIA	SCDTT MD, EARL S	PHILADELPHIA	SHAH MD, HARNISHKUMAR	BERKS		
SCHNEEBERG MD, NDRMAN G	PHILADELPHIA	SCUTT MD, HENRY	PHILADELPHIA	SHAH MD, KANTILAL J	PHILADELPHIA		
SCHNEIDER JR MD, HENRY C	MDNTGDMERY	SCUTT MD, J CLIFFDRD	CHESTER	SHAH MD, MANSDDR S	ALLEGHENY		
SCHNEIDER MD, BENJ	NDRTHUMBERLAND	SCUTT MD, JACK A	ALLEGHENY	SHAH MD, NARAYAN	MDNTDUR		
SCHNEIDER MD, BERNARD	PHILADELPHIA	SCUTT MD, JAMES P	CENTRE	SHAH MD, RAJNIKANT S	BUCKS		
SCHNEIDER MD, CHESTER L	MDNTGDMERY	SCDTT MU, JDHN H	ALLEGHENY	SHAH MD, RANJAN R	DELAWARE		
SCHNEIDER MD, EDWARD K	ALLEGHENY	SCDTT MU, JDHN P	PHILADELPHIA	SHAH MD, SHAH N	JEFFERSDN		
SCHNEIDER MD, HENRY C	PHILADELPHIA	SCDTT MD, MICHAEL	PHILADELPHIA	SHAHEEN MD, RDBT G	BLAIR		
SCHNEIDER MD, JDHN A	ALLEGHENY	SCUTT MD, NDRMAN E	ALLEGHENY	SHAIKH MD, BAHU S	DAUPHIN		
SCHNEIDER MD, LAWRENCE H	PHILADELPHIA	SCDTTI MD, LDUIS N	ALLEGHENY	SHAIKH MD, MDHAMMED N	WESTMDRELAND		
SCHNEIDER MD, RDBT E	ALLEGHENY	SCRANTON JR MD, PIERCE E	ALLEGHENY	SHALLENBERGER MD, PAUL L	BRADFDRD		
SCHNEIMAN MD, MAURICE H	PHILADELPHIA	SCRDBULA MD, CHAS C	LUZERNE	SHAMAI MD, HARDUN A	LEHIGH		
SCHNITZLER MD, JDS	NDRTHAMPTDN	SCULLIN III MD, JDHN P	MERCER	SHAMBLIN MD, JERRY D	ALLEGHENY		
SCHNURER MD, CHAS I	ALLEGHENY	SCULLY MD, DENNIS M	ERIE	SHANAHAN MD, J RUSH	PHILADELPHIA		
SCHUCK MD, WM W	HUNTINGDDN	SCULLY MD, JDHN P	BERKS	SHANDER MD, ERNEST G	LACKAWANNA		
SCHUENFELD MD, CLYDE D	ALLEGHENY	SEAKFDSS MD, RDGER C	WESTMDRELAND	SHANK MD, IRENE A	ALLEGHENY		
SCHUFIELD MD, RICHARD A	MDNTGDMERY	SEBASTIAN MD, EUGENE F	DAUPHIN	SHANKAR MD, RAM G	BUCKS		
SCHULL JR MD, HARVEY W	PHILADELPHIA	SEBASTIANELLI MD, MARID J	LACKAWANNA	SHANKAR MD, V S	PHILADELPHIA		
SCHULL MD, HARVEY W	MDNTGDMERY	SEBASTIANI MD, GUILLERMD B	LACKAWANNA	SHANNDN MD, DEAN R	BUTLER		
SCHULLAERT MD, RICHARD A	ALLEGHENY	SEBDK MD, MARIANNE	PHILADELPHIA	SHANNDN MD, GERARD M	PHILADELPHIA		
SCHDNAUER MD, THDS D	YDRK	SECHLER MD, EDITH W	VENANGO	SHANNUN MD, RDBT E	DAUPHIN		
SCHDULEY MD, FRANK B	LUZERNE	SECKINGER MD, RAYMDND P	LEHIGH	SHAPERA MD, RICHARD P	ALLEGHENY		
SCHDLWERTH MD, ANTDN C	DAUPHIN	SECUNDA MD, STEVEN K	DELAWARE	SHAPIRU DD, BERTRAM P	PHILADELPHIA		
SCHUPFER MD, RALPH E	LYCDMING	SEDA MD, HECTDR J	BERKS	SHAPIRO DD, HDWARD M	PHILADELPHIA		
SCHUTT JR MD, CLIFFDRD E	PHILADELPHIA	SEEBER MD, JDHN J	CAMBRIA	SHAPIRU MD, ALVIN P	ALLEGHENY		
SCHUTZ MD, SEYMDUR	PHILADELPHIA	SEEDDR MD, JDHN W	DELAWARE	SHAPIRD MD, BERNARD	PHILADELPHIA		
SCHWACK JR MD, WM D	DAUPHIN	SEGAL MD, ARTHUR M	LACKAWANNA	SHAPIRD MD, CHAS J	FRANKLIN		
SCHWAGGER MD, ALAN H	LEHIGH	SEGAL MD, ASHER	PHILADELPHIA	SHAPIRU MD, JACDB	PHILADELPHIA		
SCHWAMM JR MD, VICTDR L	ALLEGHENY	SEGAL MD, BERNARD L	PHILADELPHIA	SHAPIRU MD, LEDNARD H	PHILADELPHIA		
SCHWAMM MD, FRANK E	NDRTHAMPTDN	SEGAL MD, HYMAN I	PHILADELPHIA	SHAPIRU MD, LESTER F	ALLEGHENY		
SCHWECK MD, FRED M	NDRTHUMBERLAND	SEGAL MD, LDUIS	PHILADELPHIA	SHAPIRO MD, MDRRY	ALLEGHENY		
SCHWEIBER MD, RICHARD D	LEBANDN	SEGALL MD, NATHAN T	ALLEGHENY	SHAPIRU MD, RICHARD P	PHILADELPHIA		
SCHWEIBMAN MD, BEATRICE K	PHILADELPHIA	SEGDA MD, WALTER J	DAUPHIN	SHAPIRU MD, SAML S	PHILADELPHIA		
SCHWEINER MD, GLENWDUD K	LUZERNE	SEGEL MD, DAVID P	ALLEGHENY	SHARBAUGH MD, DDNALD G	CAMBRIA		
SCHWEINER MD, HERMAN M	MDNTGDMERY	SEGIN MD, RDBT S	PHILADELPHIA	SHARE MD, FREDERICK S	LYCDMING		
SCHWUCK MD, LAURA J	CAMBRIA	SEGU MD, SUBRAMANYAM	BUTLER	SHARE MD, ISAIAH A	PHILADELPHIA		
SCHWODE MD, PAUL F	PHILADELPHIA	SEHGAL MD, KULDEEP	BEAVER	SHARIFI-AZAD MD, SAID	PHILADELPHIA		
SCHWUTH MD, THDS A	DELAWARE	SEIDEL MD, HDRACE Y	NDRTHAMPTDN	SHARKEY JR MD, DENNIS A	ELK-CAMERDN		
SCHUBART MD, GEDRGE R	DELAWARE	SEIDEL MD, RAYMDND E	PHILADELPHIA	SHARKEY MD, JDHN A	PHILADELPHIA		
SCHUBERT MD, JDHN J	LANCASTER	SEIDEN MD, JDS A	PHILADELPHIA	SHARMA MD, SUKH D	ERIE		
SCHUCKER MD, CHAS L	HUNTINGDDN	SEIDLER MD, ELEANDR E	MDNTGDMERY	SHARMAN MD, MICHAEL H	WASHINGTDN		
SCHUESSLER MD, PAUL W	NDRTHAMPTDN	SEIDLICH MD, FRANKLIN T	DAUPHIN	SHARPLES MD, WYNNE	PHILADELPHIA		
SCHULLER MD, DIANE E	MDNTDUR	SEIFERT MD, GED L	PHILADELPHIA	SHARPLESS MD, EDWIN D	DELAWARE		

SHARPS MD, FRANK	PHILADELPHIA
SHAKRAR MO, KAREN E	PHILADELPHIA
SHARREK MO, MARGARET C	ALLEGHENY
SHASHIKUMAK MD, V L	PHILADELPHIA
SHATOUHY MD, JOS	OELAWARE
SHAUB JR MO, HOWARD G	BLAIR
SHAUB MO, A PAUL	LANCASTER
SHAUB MO, PAUL D	YDRK
SHAUGHNESSY MD, MICHAEL J	ALLEGHENY
SHAVEK MD, JAMES A	ALLEGHENY
SHAVER MO, JOHN C	ALLEGHENY
SHAVER MO, VERNE C	ALLEGHENY
SHAVER MO, WM A	LEBANDN
SHAW JR MO, OANL L	PHILADELPHIA
SHAW MO, HARRY E	ALLEGHENY
SHAW MO, JOHN L	MONTGOMERY
SHAW MD, KATHAKINE L	ALLEGHENY
SHAW MD, RALPH A	PHILADELPHIA
SHAWALUK MO, PAUL D	PHILADELPHIA
SHAWKY MO, MDHAMMEO S	LAWRENCE
SHEA MD, FRANCIS J	PHILADELPHIA
SHEAFFER MD, HARDLD C	OELAWARE
SHEAKBURN MD, EOWIN W	PHILADELPHIA
SHEARER MO, OAVID M	YORK
SHEAKER MO, ODNALD E	LYCOMING
SHECHTER MO, FREOERICK R	PHILADELPHIA
SHEDRD MO, HECTOR	WESTMORELANO
SHEEDY MD, JDHN G	BLAIR
SHEEHAN MO, JOHN H	ALLEGHENY
SHEELY MO, RAYMDND F	ADAMS
SHEER MO, GEORGE W	PHILADELPHIA
SHEETS MO, EVERETT O	PHILADELPHIA
SHEETS MO, JAMES A	LEHIGH
SHEETS MD, RAYMDND L	BEAVER
SHEFFER MO, M LEONARO	BERKS
SHELBY MO, JOSEPH E	FAYETTE
SHELLEY MO, ELMER G	ERIE
SHELLEY MO, WALTER B	PHILADELPHIA
SHELLEY MO, WM L	CUMBERLAND
SHELLING MO, RICHAKO E	BRAOFORO
SHELLMAN MO, ALEXANDER	LACKAWANNA
SHELLY MO, ROBT M	SUSQUEHANNA
SHELLY MO, W DAYTON	MONTGOMERY
SHELTON MO, JOS M	WASHINGTON
SHEMANSKI MO, CLEM J	BERKS
SHENKIN MO, HENRY A	PHILADELPHIA
SHEPTAK MD, PETER E	ALLEGHENY
SHERAFAT MO, MOSTAFA	ERIE
SHERIDAN DO, JOSEPH F	CAMBRIA
SHERK MO, CARL R	LEBANDN
SHERMAN MO, ALFRED J	OAUPHIN
SHERMAN MD, BRUCE P	PHILADELPHIA
SHERMAN MD, HENRY K	WESTMORELAND
SHERMAN MD, HUGH I	MIFFLIN-JUNIATA
SHERMAN MD, JDHN W	ALLEGHENY
SHERMAN MD, LOUISE S	ALLEGHENY
SHERMAN MD, M JACKSON	PHILADELPHIA
SHERMAN MD, MATHEW H	DAUPHIN
SHERMAN MD, SAML	ALLEGHENY
SHERR MD, VIRGINIA T	MONTGOMERY
SHERRDD MD, JDHN H	ALLEGHENY
SHERRY MD, SDL	PHILADELPHIA
SHERTZER MD, JDHN H	LANCASTER
SHERWIN MD, GERALD P	LEHIGH
SHERWIN MD, LYSLE W	CAMBRIA
SHERWIN MD, WILLIAM K	DELAWARE
SHERWODD MD, ARTHUR W	WYDMING
SHERWDDD MD, JDHN W	LUZERNE
SHETE MD, LEENA P	ALLEGHENY
SHETTY MD, KANOAVAR N	BEAVER
SHETTY MD, KARUNAKAR S	WESTMORELAND
SHETTY MD, RATNAKAR S	BERKS
SHETZLEY MD, CARL M	BUCKS
SHIBLEY MD, GEO J	LACKAWANNA
SHIEH MD, RICHARD C	LYCOMING
SHIELDS JR MD, RICHARD A	PHILADELPHIA
SHIELDS MD, EDWARD A	BEDFORD
SHIELDS MD, JERRY A	PHILADELPHIA
SHIELDS MD, JDHN J	MONTGOMERY
SHIELDS MD, LEE H	DAUPHIN
SHIELDS MD, MARSHALL F	DELAWARE
SHIELDS MD, RALPH K	NORTHAMPTON
SHIELDS MD, RALPH L	NORTHAMPTON
SHIELDS MD, THOMAS J	MONTGOMERY
SHIELDS MD, WM E	DELAWARE
SHIGEOKA MD, EDWARD H	PHILADELPHIA
SHILLINGFORD MD, RUBT P	DELAWARE
SHIN MD, GRACE E	PHILADELPHIA
SHIN MD, HYUNG R	MONTGOMERY
SHINOEL MD, JAMES H	BLAIR
SHINDLER MD, ROBT L	OAUPHIN
SHINGALA MD, ARUN J	LACKAWANNA
SHINN MD, ELLIOTT T	ALLEGHENY
SHINNICK DD, JAMES P	PHILADELPHIA
SHIPKOVITZ MD, HARVEY D	ALLEGHENY
SHIPLEY MD, ALAN E	INDIANA
SHIPMAN MD, MARK W	MONTGOMERY
SHIPPEN MD, EUGENE R	BERKS
SHIREY MD, ELAINE D	PHILADELPHIA
SHIKOFF MD, ROBERT A	DAUPHIN
SHISLER MD, FREDERICK H	MONTGOMERY
SHLANSKY MD, ELLIOTT	PHILADELPHIA
SHLOMCHIK MD, SEYMOUR	PHILADELPHIA
SHMUKLER MD, LEON	PHILADELPHIA
SHOAFF MD, PARIS A	LAWRENCE
SHOBER MD, JOHN J	PHILADELPHIA
SHOCHAT MD, STEPHEN J	DAUPHIN
SHOEMAKER JR MD, LESTER E	BUCKS
SHOEMAKER MD, DAVID M	BUCKS
SHOEMAKER MD, NORVILLE E	YDRK
SHOEMAKER MD, PAUL C	LEHIGH
SHOEMAKER MD, ROBT E	LEHIGH
SHOEMAKER MD, ROBT J	ALLEGHENY
SHOENER MD, JOHN A	ALLEGHENY
SHOENTHAL MD, WM J	BUCKS
SHOFF MD, JOHN F	CENTRE
SHOFF MD, WILLIAM H	DAUPHIN
SHOLEHVAR MD, JAVAD	LEHIGH
SHONBERG MD, IRVING L	ALLEGHENY
SHOPE MO, EARL S	CAMBRIA
SHOPE MO, WM B	WESTMORELAND
SHORE DO, ERIC E	PHILADELPHIA
SHORE MO, GED R	ALLEGHENY
SHORE MD, PAUL D	OELAWARE
SHORE MO, ROGER J	ALLEGHENY
SHORE MO, SEYMOUR M	PHILADELPHIA
SHORE MO, SIONEY	MONTGOMERY
SHORT MO, JOHN G	DAUPHIN
SHORT MO, WM J	CUMBERLAND
SHOUP MD, GED O	PHILADELPHIA
SHOVLIN MD, JOHN M	LACKAWANNA
SHOVLIN MD, JOHN P	LACKAWANNA
SHRADER MO, LESTER C	ALLEGHENY
SHRAGER MD, DANL S	ALLEGHENY
SHRAGER MD, JOS D	PHILADELPHIA
SHRIVER MO, ALAN W	WESTMORELAND
SHUBERT MD, EDWARD	ERIE
SHUBIN MD, HARRY	PHILADELPHIA
SHUE MO, WM M	YORK
SHUGERT MO, GUY S	BEAVER
SHUGERT MO, JOHN H	BEAVER
SHUKLA MO, LAKSHMI S	PHILADELPHIA
SHUKLA MD, RDHITKUMAR S	FRANKLIN
SHULKIN MO, MARK W	OELAWARE
SHULMAN MD, JERRY J	PHILADELPHIA
SHULTZ MO, BARRY S	BERKS
SHULTZ MO, LEWIS O	SCHUYLKILL
SHULTZ MO, MARGARITA M	LANCASTER
SHULTZ MD, THOS E	BERKS
SHUMAN MO, CHAS R	PHILADELPHIA
SHUMAN MO, JOHN F	BERKS
SHUMAN MO, NANCY A	BERKS
SHUSTER MD, EUGENE	PHILADELPHIA
SHUTTER MO, WALTER D	WESTMORELAND
SHUTTLEWORTH MD, LAMONT V	ALLEGHENY
SHYAMALAN MD, NELLIATE C	PHILADELPHIA
SIA MO, JOSE K	BEAVER
SIAR MD, WM J	ALLEGHENY
SIBERSKI MD, JDHN R	LUZERNE
SIBOLBORO MO, ISABELD Z	INDIANA
SICHER MD, BRUND P	MC KEAN
SICKEL MD, EDWARO F	OAUPHIN
SICONOLFI MD, ERNEST P	ALLEGHENY
SIDOW DO, WILLIAM H	WASHINGTON
SIEBER JR MD, PAUL R	ALLEGHENY
SIEBER MO, WM K	ALLEGHENY
SIEGAL MO, EDWARO I	PHILADELPHIA
SIEGEL MO, ALVIN	MONTGOMERY
SIEGEL MO, BERNARO	PHILADELPHIA
SIEGEL MD, JDHN E	DAUPHIN
SIEGEL MO, JUS F	WASHINGTON
SIEGEL MD, PAUL D	PHILADELPHIA
SIEGEL MD, SEYMOUR	PHILADELPHIA
SIEGEL MD, WM	BUCKS
SIEGER MD, CHAS E	LEHIGH
SIEGER MD, JOS P	BUCKS
SIEGFRIED MD, JDHN D	MONTGOMERY
SIEGFRIED MD, MYRTLE M	LEHIGH
SIEGLER MD, PETER E	PHILADELPHIA
SIEGRIST MD, J DONALD	LANCASTER
SIENKIEWICZ MD, JOS M	NORTHUMBERLAND
SIEWERS MD, RALPH D	ALLEGHENY
SIGLER MD, MILES H	PHILADELPHIA
SIGMANN MD, PETER	PHILADELPHIA
SIGMUND MD, HENRY I	PHILADELPHIA
SIGMUNO MD, WM J	LANCASTER
SIGNORELLA MD, LOUIS	WASHINGTON
SIHA MD, VICTOR L	ALLEGHENY
SIKER MD, EPHRAIM S	ALLEGHENY
SILBERG MD, SAML J	LEHIGH
SILBERMAN MD, HARVEY D	PHILADELPHIA
SILBERMAN MD, IRA	PHILADELPHIA
SILBERMAN MD, J DEWOLF	LEBANDN
SILBERMAN MD, LESLIE J	ALLEGHENY
SILBERSTEIN MD, MARSHA M	PHILADELPHIA
SILBERSTEIN MD, STEPHEN D	PHILADELPHIA
SILCOX MD, LOUIS E	PHILADELPHIA
SILEK MD, JANET N	PHILADELPHIA
SILIQUINI MD, JOHN J	PHILADELPHIA
SILK MD, RAYMOND E	PHILADELPHIA
SILLA MD, ENRIQUE B	PHILADELPHIA
SILLARS MO, CHAS H	MONTGOMERY
SILON MD, NATHANIEL	LEHIGH
SILVA MD, OSCAR R	HUNTINGDON
SILVER MD, BARRY A	MONTGOMERY
SILVER MD, BERNICE S	PHILADELPHIA
SILVER MD, BRUCE G	MONTGOMERY
SILVER MD, ISRAEL D	OAUPHIN
SILVER MD, LAURENCE M	MONTGOMERY
SILVER MD, LAWRENCE B	OAUPHIN
SILVERBERG MD, JAY H	ALLEGHENY
SILVERBERG MD, ROBERT L	BERKS
SILVERBLATT MD, BERNARD L	ALLEGHENY
SILVERBLATT MD, MARVIN L	ALLEGHENY
SILVERID MD, JOHN	CHESTER
SILVERMAN MD, ALEXANDER	ALLEGHENY
SILVERMAN MD, HOWARD A	LEHIGH
SILVERMAN MD, JERRY O	ALLEGHENY
SILVERMAN MD, JOS S	BLAIR
SILVERMAN MO, LEWIS O	PHILADELPHIA
SILVERMAN MD, MENOAL	ALLEGHENY
SILVERMAN MD, MORTON I	LEHIGH
SILVERMAN MD, MORTON L	LEHIGH
SILVERMAN MD, NEIL I	OELAWARE
SILVERMAN MD, WILLIAM S	PHILADELPHIA
SILVERMAN MD, WM H	NORTHAMPTON
SILVERS MD, ABIGAIL A	MONTGOMERY
SILVERS MD, ARTHUR H	OELAWARE
SILVERSTEIN MD, ALEXANDER	PHILADELPHIA
SILVERSTINE MD, LESLIE B	MC KEAN
SILVESTER MD, MICHAEL J	ALLEGHENY
SILVESTRI MO, ARCHIMEOE J	PHILADELPHIA
SIMAN MD, BERNARD	PHILADELPHIA
SIMENDOFF MD, MICHAEL L	PHILADELPHIA
SIMENSON MD, ROBT A	PHILADELPHIA
SIMITHRAARATCHY MD, CHRISANTHA N	ALLEGHENY
SIMMONDS MD, MARY ANNE	MONTOUR
SIMMONS MD, VAUGHAN P	PHILADELPHIA
SIMOES MD, ANTONIO J	MONTGOMERY
SIMON MO, DAVIO J	ALLEGHENY
SIMON MO, JOS H	PHILADELPHIA
SIMON MD, WM H	PHILADELPHIA
SIMONE JR MD, SAMUEL T	ALLEGHENY
SIMONS MO, CARL I	BUCKS
SIMONS MO, HOWARD M	PHILADELPHIA
SIMONS MO, WM M	MONROE
SIMUNSEN MD, RONALD W	WARREN
SIMOKA MO, FELIX S	ERIE
SIMPSON MO, DAVID M	MERCER
SIMPSON MO, JAMES W	BERKS
SIMPSON MD, JOS W	PHILADELPHIA
SIMPSON MD, ROBT C	ELK-CAMERON
SIMPSON MO, ROY W	LACKAWANNA
SIMPSON MD, ZACHARY A	BUCKS
SIMS OD, LEWIS J	SCHUYLKILL
SINAIKO MO, PETER A	BUCKS
SINCHIOCO MO, CEFERINO S	ALLEGHENY
SINCLAIR MO, CATHERINE P	GREENE
SINCLAIR MD, SYONEY E	LYCOMING
SINGER MO, BARRY L	MONTGOMERY
SINGER MO, IRVIN	PHILADELPHIA
SINGH MD, AMARJEET	WESTMORELAND
SINGH MO, BALOEV	BLAIR
SINGH MO, BIJAI B	INDIANA
SINGH MD, DATAR	ALLEGHENY
SINGH MO, GURCHARAN	PHILADELPHIA
SINGH MO, KRIPA S	ERIE
SINGH MO, SAWRAJ	MONTGOMERY
SINGH MD, VIJAI P	FAYETTE
SINGLETARY MO, ROBERT W	ALLEGHENY
SINGZON MD, JAIME M	NORTHUMBERLAND
SINHA MO, ASOK K	CAMBRIA
SINHA MD, RAMANANDA	PHILADELPHIA
SIPE MO, WM U	WESTMORELAND
SIPES MD, OWIGHT R	BEDFORO
SIPES MO, EARL K	LEHIGH
SIPOWICZ MD, CARL P	MONROE
SIKKEN MD, JOS G	PHILADELPHIA
SIKOTNAK MO, JOHN J	LACKAWANNA
SIVAK MD, MICHAEL V	ERIE
SIVAK MO, STANLEY J	WARREN
SIVITZ MO, FRANK H	PHILADELPHIA
SIVITZ MO, JAY M	PHILADELPHIA
SIVITZ MO, MARTA E	PHILADELPHIA
SIVULICH MO, MICHAEL J	CAMBRIA
SKEOCH MD, JAMES R	LACKAWANNA
SKETTINO MD, JOS A	LACKAWANNA
SKEZAS MO, MARION	ALLEGHENY
SKINNER 3RD MD, ROBT W	LANCASTER
SKIKPAN MD, JOHN M	WESTMORELAND
SKLARUFF MD, DAVID M	PHILADELPHIA
SKOLE MO, SIMON M	LAWRENCE
SKOVIKA MO, EDWARD M	LACKAWANNA
SKOVRON MO, MICHAEL	ERIE
SKOWRONSKI MD, THEODORE J	MONTGOMERY
SKRENTA MD, RICHARD J	ALLEGHENY
SKRENINY MD, THOS T	BLAIR
SKWOMAK MD, STANLEY J	PHILADELPHIA
SKWTCHES MD, JOS M	NORTHAMPTON
SKVERSKY MD, NORMAN J	PHILADELPHIA
SKWEIK MD, LEON A	CHESTER
SKWIRUT MD, FRANK A	DELAWARE
SLADEN MD, ARNOLD	ALLEGHENY
SLAGLE MD, EDWARD H	ALLEGHENY
SLAP MD, JOS W	PHILADELPHIA
SLATER MD, HARVEY	ALLEGHENY
SLATER MD, ROBT	DELAWARE
SLATON MD, STEPHEN S	SCHUYLKILL
SLAVCOFF MD, ALEXANDER	DAUPHIN
SLAVIN MD, JAMES W	PHILADELPHIA
SLAVKIN MD, MARVIN D	ALLEGHENY
SLAVKIN MD, SERIL I	ALLEGHENY
SLEASE MD, CYRUS B	ARMSTRONG
SLEDZ MD, DONALD M	LEHIGH
SLEZAK MD, JOS A	WESTMORELAND
SLIMMER JR MD, SAML C	BERKS
SLIPYAN MD, PHILIP	PHILADELPHIA
SLOAN MD, CHAS R	FAYETTE
SLOAN MD, GERALD H	CAMBRIA
SLOANE MD, HENRY D	PHILADELPHIA
SLOANE MD, NORMAN G	PHILADELPHIA
SLOANE MD, PAUL	PHILADELPHIA
SLOCUM MD, HARDLD E	MONTOUR
SLONE MD, JACOB	ALLEGHENY
SLUSS MD, JAMES D	BEAVER
SLOTNICK MD, VICTOR B	PHILADELPHIA
SLUVAK MD, JAMES P	LACKAWANNA
SMALL MD, RICHARD E	YDRK
SMALLWOOD MD, JOHN T	PHILADELPHIA
SMARR MD, ERWIN R	MONTGOMERY
SMART MD, LAWSON C	CRAWFORD
SMEDLEY MD, WM P	LUZERNE
SMELTZER MD, KENNETH L	DAUPHIN
SMELZER MD, DONALD C	LANCASTER
SMIGELSKY MD, ISADORE E	NORTHUMBERLAND
SMILEY MD, JOS W	DELAWARE
SMINK JR MD, RUBT D	DELAWARE
SMITH JR MD, BENJ V	ALLEGHENY
SMITH JR MD, EDGAR C	PHILADELPHIA
SMITH JR MD, GED S	LEHIGH
SMITH JR MD, HARRY A	LUZERNE
SMITH JR MD, J STANLEY	DAUPHIN
SMITH JR MD, JAMES W	BEAVER
SMITH JR MD, MORGAN T	MONTGOMERY
SMITH JR MD, PERRY C	WASHINGTON
SMITH JR MD, RAYMOND M	LEHIGH
SMITH JR MD, ROSS H	ALLEGHENY
SMITH MD, A MITCHELL	PHILADELPHIA
SMITH MD, ALBERT T	ALLEGHENY
SMITH MD, ARTHUR E	PHILADELPHIA
SMITH MD, AUSTIN T	PHILADELPHIA
SMITH MD, BARTON L	BERKS
SMITH MD, C STUART	LANCASTER
SMITH MD, CHAS F	CARBON
SMITH MD, CHAS W	DAUPHIN
SMITH MD, DAVID A	DAUPHIN
SMITH MD, DAVID J	ALLEGHENY

SMITH MD, DAVID S	PHILADELPHIA	SULIROFF MD, JACK G	PHILADELPHIA	STABILE MD, JEROME G	NORTHAMPTON
SMITH MD, ODNALD C	LUZERNE	SULWAY MD, SYDNEY A	WESTMORELAND	STACK MO, WM T	PHILADELPHIA
SMITH MD, DUNALD H	NORTHAMPTON	SUMA MD, JOS J	LACKAWANNA	STACKHOUSE MD, OUANE E	NORTHAMPTON
SMITH MD, EARL B	ALLEGHENY	SUMASUNDARAM MD, ANASUYA	NORTHAMPTON	STACKOWSKI MD, MARYJANE	UNION
SMITH MD, EDGAR C	DELAWARE	SUMERS MD, ERNEST E	FRANKLIN	STACKS JR MD, JACOB C	CUMBERLAND
SMITH MD, EUGENE C	LANCASTER	SUMERS MD, HERBERT J	PHILADELPHIA	STAUER MO, DONALD E	LEHIGH
SMITH MD, FORREST F	FRANKLIN	SUMERS MD, LAURENCE A	PHILADELPHIA	STADER MD, RICHARD D	FRANKLIN
SMITH MD, GLEN T	PHILADELPHIA	SUMERS MD, ROBT G	PHILADELPHIA	STAFFORD MD, CALVIN R	DELAWARE
SMITH MD, GLENN D	ALLEGHENY	SUMMA MD, RICHARD M	DAUPHIN	STAFFORD MD, REGIS W	ALLEGHENY
SMITH MO, HAROLO C	LUZERNE	SUMMARIPA MO, AMORY M	PHILADELPHIA	STAHL MD, CARL E	WASHINGTON
SMITH MO, HARRY A	LUZERNE	SUMMERFELD MD, JAMES P	LAWRENCE	STAHL MD, ROBT W	DAUPHIN
SMITH MO, HENRY F	LUZERNE	SUNDER MD, MAX J	PHILADELPHIA	STAHLE MO, DALE C	DAUPHIN
SMITH MO, ISAAC R	LUZERNE	SUNES MD, MAURICE	PHILADELPHIA	STAHLER MD, EARLIN J	LEHIGH
SMITH MD, IVAN S	MONTGOMERY	SUNG MD, MICHAELA C	PHILADELPHIA	STAHLGREN MD, LERDY H	PHILADELPHIA
SMITH MD, J SHEPARD	PHILADELPHIA	SUNG MO, SANG W	BUCKS	STAHLMAN MD, FREDERICK B	CLARION
SMITH MD, J WINSLOW	DELAWARE	SUNG MD, STEVEN S	MONTGOMERY	STAHLNECKER MD, C STEPHEN	DELAWARE
SMITH MO, JACK D	ALLEGHENY	SUNG MD, YOUNG J	WESTMORELAND	STAINBACK MO, WM C	MONTGOMERY
SMITH MD, JAMES M	PHILADELPHIA	SUNG MD, YUNG-ODD	PHILADELPHIA	STALEY MD, JOS C	ALLEGHENY
SMITH MD, JAMES M	CUMBERLAND	SUNGSANAND MD, PRACHARK	ALLEGHENY	STALEY MD, ROBT W	ALLEGHENY
SMITH MD, JAMES W	YORK	SUNI MD, VINEY	PHILADELPHIA	STALTER MD, RALPH J	ALLEGHENY
SMITH MD, JAMES W	BEAVER	SUNNE MD, JOHN C	PHILADELPHIA	STAMAN MD, HARRY	FAYETTE
SMITH MD, JAY O	DAUPHIN	SUNNEBURN DO, MEYER R	GREENE	STAMATAKOS MO, MICHAEL J	LEHIGH
SMITH MD, JERE P	LEHIGH	SUNNEBURN MD, DUANE G	PHILADELPHIA	STAMEY MD, HARRY C	MONTOUR
SMITH MD, JOHN M	YORK	SUNSTEIN MD, ALLEN	LUZERNE	STANDEN MD, CALVIN W	BUTLER
SMITH MD, JOHN W	ALLEGHENY	SUOHU MD, ALAN M	PHILADELPHIA	STANGER MD, ROBT H	ALLEGHENY
SMITH MD, KAIGHN	PHILADELPHIA	SURCE MD, RICHARD C	ALLEGHENY	STANISH MD, FRANK X	ALLEGHENY
SMITH MD, KEITH B	ALLEGHENY	SURENSEN MD, ALFRED L	WASHINGTON	STANITSKI MD, CARL L	ALLEGHENY
SMITH MO, LAUREN H	PHILADELPHIA	SURIAND MD, MANUEL G	ELK-CAMERON	STANKUVIC MD, LJUBISA	DAUPHIN
SMITH MO, ORA R	PHILADELPHIA	SURR MD, EDWARD M	ALLEGHENY	STANTON JR MO, JAMES N	ALLEGHENY
SMITH MD, RAYMOND L	BERKS	SUSETT MD, JEFFREY S	PHILADELPHIA	STANTON JR MD, JOHN J	PHILADELPHIA
SMITH MD, REGINALD B	ALLEGHENY	SUSIS MD, ARTHUR C	LEHIGH	STANTON MD, ROBT W	PHILADELPHIA
SMITH MD, RICHARD H	CHESTER	SUSS UO, MURRAY C	PHILADELPHIA	STANULONIS MD, STANLEY W	SCHUYLKILL
SMITH MO, ROBT A	DELAWARE	SUTELO MD, AUGUSTO	WESTMORELAND	STAPINSKI MD, CYRIL C	LANCASTER
SMITH MD, ROBT G	WARREN	SUTODDEHFAR MO, RAHIM	ALLEGHENY	STAPLES MD, HERMAN D	DELAWARE
SMITH MD, ROBT W	MONTGOMERY	SUTUS MD, L NICHOLAS	ARMSTRONG	STAPP MD, HARRIET L	MONTGOMERY
SMITH MD, ROGER M	MONTGOMERY	SUUDER MO, C LAWRENCE	LEHIGH	STARER MO, LARRIMORE J	DELAWARE
SMITH MD, ROY M	ALLEGHENY	SUUDER MD, FRANCIS R	BUCKS	STARKWEATHER MD, GED A	DELAWARE
SMITH MD, RUSSELL C	LANCASTER	SUUDERS MD, THUS B	BERKS	STARUSCIK MD, RUDOLF N	PHILADELPHIA
SMITH MD, RUSSELL G	ALLEGHENY	SUUILLIARD MD, DONALD H	BUCKS	STARR MD, ALBERT M	ERIE
SMITH MD, STEPHEN R	LANCASTER	SUULEN MD, RENATE L	PHILADELPHIA	STARR MD, ISAAC	PHILADELPHIA
SMITH MD, VICTORIA T	CAMBRIA	SUUMERAI MD, SIMON	PHILADELPHIA	STARRELS MD, MICHAEL E	PHILADELPHIA
SMITH MD, WALTER M	BUCKS	SUUNDARARAJAN MD, RANGANATHA	LYCOMING	STARRELS MO, SIDNEY H	PHILADELPHIA
SMITH MO, WM D	DELAWARE	SUUSER MD, ROSLYN C	MONTGOMERY	STARUNKO MD, BASILID	PHILADELPHIA
SMITH MD, WM K	ALLEGHENY	SUUTHARD MD, MARTHA E	PHILADELPHIA	STARZ MD, WALTER E	ALLEGHENY
SMITH MD, WM P	CAMBRIA	SUVETSKY UD, CHARLES L	PHILADELPHIA	STASIK JR MO, JOHN J	LEHIGH
SMITH MO, WM T	ALLEGHENY	SUWELL MO, GEO A	FRANKLIN	STAUB JR MO, CARL A	DELAWARE
SMITH SR MO, GEO S	NORTHAMPTON	SUWERS MD, JOHN W	FRANKLIN	STAUB MO, ALICE W	PHILADELPHIA
SMOLKO MO, JAMES R	YORK	SPAETH MD, GEO L	PHILADELPHIA	STAUFFER MO, HAROLD E	LANCASTER
SNUYER MO, RONALD L	CAMBRIA	SPAETH MO, PHILIP G	PHILADELPHIA	STAUFFER MO, STANLEY S	NORTHAMPTON
SNUKLER MO, ARTHUR J	BUCKS	SPAGNA MO, PASCHAL M	PHILADELPHIA	STAVRIDES MO, ALEXANDER	ALLEGHENY
SNUKLER MO, NATHAN M	PHILADELPHIA	SPAHR MD, ROBERT C	MONTOUR	STAYMAN JR MD, JOS W	PHILADELPHIA
SNULLENS MO, STANTON N	PHILADELPHIA	SPALLETTA MO, CAMILLUS H	LACKAWANNA	STEARLEY MD, JOHN S	CLARION
SNYTH MD, LAWRENCE T	NORTHAMPTON	SPANARO MO, RUSSELL A	ALLEGHENY	STEC MO, EUGENE G	LACKAWANNA
SNYTH MO, WM T	ERIE	SPANGLER OO, MARTIN L	BERKS	STECKEL MO, DONALD C	UNION
SNEDDEN MO, HAL E	MONTGOMERY	SPANGLER MD, JOHN G	MONTOUR	STEELE MO, JOHN E	CARBON
SNIDER MO, B LEONARD	ERIE	SPANNUTH MO, JOHN R	BERKS	STEELE MO, LOGAN H	ALLEGHENY
SNITZER MO, ARNOLD J	ALLEGHENY	SPANO MO, ANSELMO V	DELAWARE	STEELE MD, MARK W	ALLEGHENY
SNODGRASS JR MD, W HOMER	ALLEGHENY	SPANOGIANS MD, ANGELO J	WASHINGTON	STEELE MO, R EDWARD	DAUPHIN
SNOVER MO, SETH W	MONTOUR	SPARK MD, ISAOURE	PHILADELPHIA	STEEN MD, OLIVER T	ALLEGHENY
SNOW JR MO, JAMES B	PHILADELPHIA	SPARKMAN JR MO, THORNE	PHILADELPHIA	STEFFY OO, HARRY L	LANCASTER
SNOW MD, DANL S	ERIE	SPARTA MO, ANTHONY J	NORTHAMPTON	STEG MO, JOS	MONTGOMERY
SNYDER OO, ALLEN R	MONTGOMERY	SPAULDING MO, HERBERT E	ERIE	STEGURA MD, BARNEY A	LUZERNE
SNYDER JR MD, CHAS F	NORTHAMPTON	SPEAR MO, BARBARA A	BUCKS	STEICHEN MO, FELICIEN M	ALLEGHENY
SNYDER JR MD, CHAS P	WESTMORELAND	SPECTER MO, JACOB	PHILADELPHIA	STEIGERWALT MO, JOHN L	MONTGOMERY
SNYDER MO, ALAN I	BUCKS	SPECTOR MD, GUS	MONTGOMERY	STEIKER MO, DANL O	PHILADELPHIA
SNYDER MO, ALBERT J	DELAWARE	SPECTOR MD, HARVEY B	DELAWARE	STEIN JR MO, DONALD B	DELAWARE
SNYDER MO, ALLEN P	ALLEGHENY	SPECTOR MD, MARTIN	PHILADELPHIA	STEIN MO, BERNARD B	PHILADELPHIA
SNYDER MD, ANN E	MONROE	SPECTOR MO, SAMUEL S	CHESTER	STEIN MD, ELEANOR R	DAUPHIN
SNYDER MD, CLAUDE E	BLAIR	SPEEDY MO, HARRY W	WESTMORELAND	STEIN MO, FRANKLIN M	PHILADELPHIA
SNYDER MO, DAVID A	PHILADELPHIA	SPEER MO, ANDREW B	ALLEGHENY	STEIN MO, GEO H	DAUPHIN
SNYDER MO, DEWEY A	PHILADELPHIA	SPEERS MO, HERBERT K	BUCKS	STEIN MO, GEO N	PHILADELPHIA
SNYDER MO, EARL J	LEBANON	SPELLER MO, J FINTON	PHILADELPHIA	STEIN MD, HERBERT	PHILADELPHIA
SNYDER MO, HARRY O	MONTGOMERY	SPENCER MD, DOUGLAS M	CHESTER	STEIN MO, HYMEN O	PHILADELPHIA
SNYDER MD, HARRY I	BEAVER	SPENCER MO, H NEWTON	DELAWARE	STEIN MO, IRVIN	PHILADELPHIA
SNYDER MO, HENRY R	YORK	SPERLING MO, HERBERT V	ALLEGHENY	STEIN MD, MARTIN	PHILADELPHIA
SNYDER MD, JAMES V	ALLEGHENY	SPICER MD, ALOINE R	CHESTER	STEIN MO, NATALIO	PHILADELPHIA
SNYDER MD, JOHN J	DAUPHIN	SPIEGEL MD, CHAS	ALLEGHENY	STEIN MD, RAYMOND O	PHILADELPHIA
SNYDER MO, JOHN M	NORTHAMPTON	SPIEGEL MD, DANIEL	ALLEGHENY	STEIN MO, RICHARD N	NORTHAMPTON
SNYDER MO, KERMAN	PHILADELPHIA	SPIEGEL MO, ERNEST A	PHILADELPHIA	STEIN MO, ROBERT S	NORTHAMPTON
SNYDER MO, M WILSON	MERCER	SPIEGELMAN MO, JAY	MONTGOMERY	STEIN MD, SAML C	PHILADELPHIA
SNYDER MO, MARVIN C	CARBON	SPIGNER MD, DONALD W	DAUPHIN	STEIN MO, SEYMOUR	PHILADELPHIA
SNYDER MD, RALPH E	BUCKS	SPILLMAN MD, MURRAY K	LANCASTER	STEIN MO, STANLEY I	NORTHAMPTON
SNYDER MD, RANDALL W	LACKAWANNA	SPILSBURY MO, PAUL R	MONTOUR	STEINBACH III MO, WM A	LACKAWANNA
SNYDER MO, RICHARD C	ALLEGHENY	SPINA JR MO, JOS	DELAWARE	STEINBERG OO, FRANK	PHILADELPHIA
SNYDER MD, ROBERT B	ALLEGHENY	SPINA MO, CARMEN M	BUTLER	STEINBERG MO, ABRAAM	ALLEGHENY
SNYDER MD, ROBT L	NORTHAMPTON	SPINNER MD, MORTON H	MONROE	STEINBERG MO, ARTHUR	PHILADELPHIA
SNYDER MO, STANLEY	LEHIGH	SPINNEY MO, CARMEN E	LYCOMING	STEINBERG MD, MARVIN E	PHILADELPHIA
SNYDER MO, WM J	ALLEGHENY	SPINO MO, PASCAL O	WESTMORELAND	STEINBERG MO, NATHAN	PHILADELPHIA
SNYDERMAN MO, RUBEN	ALLEGHENY	SPITZ MO, EUGENE B	PHILADELPHIA	STEINBERG MO, SAML	PHILADELPHIA
SNYOMAN MD, LEONARD	PHILADELPHIA	SPITZ MO, LAWRENCE K	PHILADELPHIA	STEINBERG MO, STANFORD M	PHILADELPHIA
SOELMAN MD, PAUL B	LUZERNE	SPITZER MO, JOHN J	LACKAWANNA	STEINBERG MO, STANLEY B	PHILADELPHIA
SOESKI MO, JOSEPH	ALLEGHENY	SPITZER MO, STANLEY	PHILADELPHIA	STEINUEL MO, CARL R	LACKAWANNA
SOIL MO, BERNARD H	WASHINGTON	SPIVACK MO, JACK	BUCKS	STEINGARO MO, JOS J	PHILADELPHIA
SOLEMAN MD, WILLIAM A	PHILADELPHIA	SPLENDIDO MO, JOS A	PHILADELPHIA	STEINMAN MD, ARNOLO M	ALLEGHENY
SOLFE MD, ALVIN M	PHILADELPHIA	SPOCK MO, NICHOLAS	NORTHUMBERLAND	STEINMAN MO, DAVID	ALLEGHENY
SOLFER MO, MARVIN	PHILADELPHIA	SPUEHR MO, LUTHER W	ALLEGHENY	STEINMAN MO, ROBT C	LANCASTER
SOLRANKO MO, JOS E	ALLEGHENY	SPOLL DO, EDWARD A	NORTHAMPTON	STEINMETZ JR MO, CHAS G	PHILADELPHIA
SOLSSON JR MD, FEROINANO L	CAMBRIA	SPUNSLER MO, ROONEY L	BLAIR	STEINMEYER JR MD, HARRY H	MONTGOMERY
SOLALCHUK MO, ANDREW	PHILADELPHIA	SPRAGUE MD, GEO S	PHILADELPHIA	STELLMACHER MO, VIRGINIA M	LEHIGH
SOLOL MO, DONALO Z	MONTGOMERY	SPRAGUE MO, GROVER J	YORK	STELMACH MD, W PETER	BERKS
SOLOLOFF MO, MARTIN J	PHILADELPHIA	SPRATT OO, OAVID M	PHILADELPHIA	STEM MO, THEODORE B	ALLEGHENY
SOLI MD, SOLEIMAN M	PHILADELPHIA	SPRATT MO, ROBT H	BUCKS	STEMMLER MD, EDWARD J	PHILADELPHIA
SOLIMAN MO, MANAL O	PHILADELPHIA	SPRING JR MO, WM C	DAUPHIN	STENGEL MD, WM F	ALLEGHENY
SOLIS MD, WALTER	ALLEGHENY	SPRINGER MO, ROY A	GREENE	STENGER MO, VINCENT G	DAUPHIN
SOLISH MD, LAWRENCE	PHILADELPHIA	SPRITZER MD, ALBERT A	ALLEGHENY	STEPANSKY MD, WM	MONTGOMERY
SOLIT MO, ROBT W	PHILADELPHIA	SPRITZER MD, SUSAN M	ALLEGHENY	STEPHAN MD, THURSTEN	ALLEGHENY
SOLL MD, DAVID B	PHILADELPHIA	SPRUCH MO, THUS M	WESTMORELAND	STEPHENS JR MD, HARRY W	LEHIGH
SOLLENBERGER MO, FRANKLIN S	FRANKLIN	SPROWLS MO, JAY R	WASHINGTON	STEPHENS MD, JOSEPHINE M	WASHINGTON
SOLLER MD, HERBERT I	DAUPHIN	SPYRUPUULOS MD, NICHOLAS G	CHESTER	STEPHENS MO, MARILYN H	CENTRE
SOLNICK MO, PAUL B	PHILADELPHIA	SUUAOMITO MD, JAMES F	DELAWARE	STEPHENSON MO, ORLANDO K	PERRY
SOLOMDN MO, ELIAS M	LANCASTER	SUUIRES MO, CHAS L	WASHINGTON	STEPHENSON MO, RUTH	PHILADELPHIA
SOLOMON MO, JACK L	PHILADELPHIA	SRINIVASAGAM MO, NARASIMMAN	ALLEGHENY	STEPPACHER MO, LESTER G	PHILADELPHIA
SOLOMUN MO, MACY B	CHESTER	SRITULANONOHA MO, NOWARATANA	LANCASTER	STEPPACHER MO, ROBT C	PHILADELPHIA
SOLOMON MO, SOLOMON D	ADAMS	SRIVASTAVA MO, SHEONATH P	CAMBRIA	STEPT MD, LEONARD A	ALLEGHENY
SOLOMUN MD, STEPHEN J	LEBANON	SRODES MO, CHAS H	ALLEGHENY	STEPT MO, RAYMOND	ALLEGHENY
SOLOSKU MO, ALEXANDER	SOMERSET	SRUDES MO, W GLENN	ALLEGHENY	STEPT MO, WM J	WESTMORELAND
SOLOSKU MO, DAVID	ALLEGHENY	SROUJI MO, MAURICE N	PHILADELPHIA	STERLING MO, MARY P	PHILADELPHIA
SOLOW MO, EDWARD A	PHILADELPHIA	SROUJI MO, SAMIR J	DAUPHIN	STERN MO, ALAN L	PHILADELPHIA
SOLOW MO, IRWIN A	ALLEGHENY	STAAS JR MO, WILLIAM E	PHILADELPHIA	STERN MO, BERTHOLO M	PHILADELPHIA

STERN MD, JAMES M	FRANKLIN
STERN MD, JDAN G	PHILADELPHIA
STERN MD, LILLIAN H	PHILADELPHIA
STERNLIEB MD, SANFORD B	LUZERNE
STERNS MD, GWEN K	PHILADELPHIA
STEWRETT MD, W NORTH	ADAMS
STETSUN MD, DERWDDD L	FRANKLIN
STETTLER MD, WAYNE D	DAUPHIN
STEVENS JR MD, JDHN M	PHILADELPHIA
STEVENS MD, GRANT G	CDLUMBIA
STEVENS MD, LLUYD W	PHILADELPHIA
STEVENS MD, RDBT G	LYCDMING
STEVENS MD, STEPHEN A	ALLEGHENY
STEVENSDN MD, MALCDLM S	WASHINGTDN
STEVENSDN MD, PETER T	ALLEGHENY
STEVENSDN MD, RICHARD D	MDNTGDMERY
STEWART 3D DD, JDSEPH H	FRANKLIN
STEWART DDS, JAMES D	PHILADELPHIA
STEWART JR MD, WM G	MDNTGDMERY
STEWART MD, ALEXANDER	FRANKLIN
STEWART MD, ARTHUR I	BUTLER
STEWART MD, DAVID A	MDNTGDMERY
STEWART MD, DDNALD J	ALLEGHENY
STEWART MD, H WILLIAM	MUNTINGDDN
STEWART MD, MERVIN S	ALLEGHENY
STEWART MD, PATRICIA E	MUNTGDMERY
STEWART MD, PAUL F	MDNTGDMERY
STEWART MD, RICHARD P	DAUPHIN
STEWART MD, RDBT C	MDNTGDMERY
STEWART MD, THOMAS A	BERKS
STEWART MD, W WAYNE	PHILADELPHIA
STEWART MD, WILLARD D	VENANGD
STEWART MD, WM D	ALLEGHENY
STEWART MD, WM P	PHILADELPHIA
STIBLER MD, MARY G	BUCKS
STICK MD, EDWARD W	YDRK
STICK MD, W DEHAVEN	YURK
STIEF MD, MICHAEL J	NDRTHUMBERLAND
STIERSTDRFER MD, MAX J	LEHIGH
STIFFEL MD, ARTHUR	PHILADELPHIA
STIFFEL MD, JERRY	PHILADELPHIA
STILL MD, GED J	MC KEAN
STILLEY MD, JDHN W	WESTMDRELAND
STINE MD, SUSAN B	DELAWARE
STINELY MD, REGIS W	WASHINGTDN
STIRLING MD, JAMES W	ALLEGHENY
STISH MD, WESLEY G	LUZERNE
STITT MD, DDNALD G	MERCER
STITT MD, HUGH I	ARMSTRDNG
STITZEL MD, ELWDDD W	BLAIR
STUCKDALE MD, RDBT H	ARMSTRDNG
STUKER MD, JDHN W	BLAIR
STDKES MD, LDUIS C	CHESTER
STULAK MD, JDHN	CRAWFDRD
STDLDFF MD, IRWIN L	PHILADELPHIA
STULTZFUS MD, VIRGIL D	LANCASTER
STDLZ MD, JUHN C	BERKS
STULZ MD, JDNATHAN L	BERKS
STDLZ MD, PAUL K	BERKS
STDLZER MD, BERTRAND L	ALLEGHENY
STDNE JR MD, CHAS S	ALLEGHENY
STUNE MD, CHAS H	CHESTER
STONE MD, JDHN P	CAMBRIA
STDNE MD, RALPH E	FAYETTE
STUNE MD, RDBT K	MDNTGDMERY
STUNE MD, WALKER H	LYCDMING
STUNE MD, WILLIAM A	ALLEGHENY
STUNEK JR MD, RDBT R	DAUPHIN
STUNER MD, DAVID C	ADAMS
STUNER MD, EMERY K	PHILADELPHIA
STONER MD, JDHN C	DAUPHIN
STONER MD, MAX A	DAUPHIN
STDNER MD, PAUL S	DAUPHIN
STDNER MD, RDBT E	LANCASTER
STDNEY MD, PATRICK B	PHILADELPHIA
STDRM MD, CHAS T	DELAWARE
STDTE MD, RDBT M	PHILADELPHIA
STUUDT MD, DDNALD E	BERKS
STUUDT MD, K DDNALD	MERCER
STUUFFER JR MD, VANCE R	YDRK
STDUFFER MD, DDNALD B	DAUPHIN
STUUT MD, WM J	LANCASTER
STUVER MD, DUNALD L	CAMBRIA
STUWELL MD, JDS M	BLAIR
STWAESSLEY MD, FRANCIS X	ALLEGHENY
STRAKA MD, JDHN A	ALLEGHENY
STRALEY MD, RICHARD K	LYCDMING
STRANG MD, JAMES M	ALLEGHENY
STRANG MD, JDHN E	PHILADELPHIA
STRANG MD, MARY S	ERIE
STRASSER MD, EUGENE J	YDRK
STRASSMAN MD, JACK	BLAIR
STRATTDN MD, HENRY A	PHILADELPHIA
STRAUB MD, PAUL M	CAMBRIA
STRAUB MD, RUSSELL E	BERKS
STRAUS MD, JDS F	PHILADELPHIA
STRAUSE JR MD, HARDLD L	BERKS
STRAUSE MD, HARDLD L	BERKS
STRAUSS MD, ABRAHAM J	BERKS
STRAUSS MD, MELVIN	DAUPHIN
STRAUSS MD, RICHARD E	BUCKS
STRAUSS MD, RDBT D	LEHIGH
STRAVIND MD, VINCENT D	NDRTHAMPTDN
STRAWITZ MD, JUS G	PHILADELPHIA
STRAX MD, THDS E	PHILADELPHIA
STREMPLE MD, JDHN F	ALLEGHENY
STRENGE MD, HENRY J	PHILADELPHIA
STREUBERT MD, GED E	NDRTHAMPTDN
STRICKER MD, RDBERT S	LUZERNE
STRICKLAND MD, S CLYDE	PHILADELPHIA
STRICKLER MD, JANE M	CENTRE
STRIMEL JR MD, WILLIAM H	PHILADELPHIA
STRIMLAN MD, CHARLES V	ALLEGHENY
STRITE JR MD, JAMES A	ADAMS
STRITE MD, JDS D	FRANKLIN
STRITTMATTER MD, ISIDDR T	PHILADELPHIA
STRDCK MD, BRADFDRD K	DAUPHIN
STRDCKBINE MD, MELVIN F	YURK
STRODE MD, MARSHALL D	CHESTER
STRDNG DD, FRANKLIN D	PHILADELPHIA
STRONG III MD, MICHAEL D	PHILADELPHIA
STRDNG MD, GED H	PHILADELPHIA
STRUUD III MD, MDRRIS W	CHESTER
STRUUP MD, GDDDELL W	PHILADELPHIA
STRUUSE MD, J WILLARD	BUCKS
STRUMIA MD, PAUL V	MDNTGDMERY
STRUNK DD, HERBERT A	INDIANA
STRUNK MD, HARDLD A	BERKS
STRUNK MD, THDS J	CAMBRIA
STRUNK MD, WM M	NDRTHAMPTDN
STRYKER MD, JDHN A	DAUPHIN
STUART MD, RDBT B	ERIE
STUART MD, THDS J	LANCASTER
STUBA MD, STELLA	MDNTGDMERY
STUBBS MD, G WINSTDN	PHILADELPHIA
STUBBS MD, JDHN J	ALLEGHENY
STUCCIU MD, DUMINICK A	LUZERNE
STUCCIU MD, JOS J	LUZERNE
STUUDIFURD MD, JAMES S	PHILADELPHIA
STULL JR MD, WALTER F	LEHIGH
STUPNIKER MD, SDNIA	PHILADELPHIA
STURGEDN JR MD, JDHN D	FAYETTE
STURGIS MD, KATHARINE R	PHILADELPHIA
STURGIS MD, SAML B	MDNTGDMERY
STURTEVANT MD, CHARLES N	PHILADELPHIA
STUTMAN MD, FRED A	PHILADELPHIA
STUTZ MD, IRVING L	ALLEGHENY
STUTZ MD, MARTIN	WASHINGTDN
STYPULA MD, RICHARU W	MERCER
SU MD, CHAU C	PHILADELPHIA
SU MU, LANG-PAO	LACKAWANNA
SU MD, SHYM-MIN	ALLEGHENY
SUANLAKM MD, CHINTANA	PHILADELPHIA
SUAREZ MD, RAMDN U	LEBANDN
SUATUNI JR MD, FRANK J	ALLEGHENY
SUDHEERAKRAILAS MD, WITODN	PHILADELPHIA
SUFIAN MD, SHEKEEB	PHILADELPHIA
SUGARMAN MD, HARVEY J	LEHIGH
SUGARMAN MD, SAML	PHILADELPHIA
SUGUEN MD, WM A	BUCKS
SUGERMAN MD, HARVEY J	LEHIGH
SUGIURA MD, HENRY T	PHILADELPHIA
SUGIURA MD, SUMIKD M	PHILADELPHIA
SUM MD, SANG J	LACKAWANNA
SUK MD, JIN H	VENANGD
SUKANICH MD, KRIENGSAK	ALLEGHENY
SUKARUCHANA MD, KAMTHDRN	ALLEGHENY
SULLIVAN JR MD, HDWARD E	MONTGUMERY
SULLIVAN MD, ANDREW A	DELAWARE
SULLIVAN MD, EDWARD M	DELAWARE
SULLIVAN MD, LAWRENCE X	ALLEGHENY
SULLIVAN MD, WM A	DAUPHIN
SULLIVAN MD, WM H	PHILADELPHIA
SULTZ DD, MARVIN E	PHILADELPHIA
SUMMERS MD, DAVID S	ERIE
SUMMERS MD, KERMIT L	LANCASTER
SUMMERS MD, WILLIAM K	ALLEGHENY
SUMMUNS MD, HDWARD J	BERKS
SUMNER MD, HARDLD R	LAWRENCE
SUNDER MD, JDS E	ELK-CAMERUN
SUNDERMAN MD, F WILLIAM	PHILADELPHIA
SUNDHEIM MD, JAMES L	LACKAWANNA
SUNDMAKER MD, WILFRIED K	DELAWARE
SUNG MU, PYUUNG	LAWRENCE
SUPER MD, BENJ	ALLEGHENY
SUPPA MD, DSVALDD S	ERIE
SURAMPUDI MD, KAMANA K	ALLEGHENY
SURRY MD, JUHN H	LANCASTER
SURYANARAYANA MD, B V	PHILADELPHIA
SUSAN MD, LUAY P	ERIE
SUSEN MD, ANTHUNY F	ALLEGHENY
SUSSER MD, MURRAY R	ALLEGHENY
SUSSMAN MD, DAVID	LEHIGH
SUSSMAN MD, MARCEL S	PHILADELPHIA
SUSSMAN MD, NATHAN	DAUPHIN
SUSSMAN MD, SYLVIA	LEHIGH
SUTER MD, HARRY J	LYCDMING
SUTER MD, STANLEY C	LEBANUN
SUTLIFF MD, CHAS S	LYCUMING
SUTLIFF MD, FREDERICK P	MDNTGDMERY
SUTNICK MD, ALTDN I	PHILADELPHIA
SUTTUN JR MD, EDWARD L	BUTLER
SUTTUN JR MD, JDHN C	BEAVER
SUTTON MD, CHAS A	BLAIR
SUTTON MD, RUBT L	ALLEGHENY
SUTULA MD, JDHN V	LUZERNE
SUTULA MD, JDSEPH A	LACKAWANNA
SUWANSIRIKUL MU, NIPAPAN	ARMSTRDNG
SUWANSIRIKUL MU, SAKDIDEJ	ARMSTRDNG
SWAMI MD, R KUMAR	PHILADELPHIA
SWAMI MD, SRI C	BLAIR
SWAMY MD, MALLIKARTUNA S	ALLEGHENY
SWAN MU, REYER D	LANCASTER
SWAN MU, THEDUDRE H	MUNTGUMERY
SWANSIGER MD, RDBERT J	SDMERSET
SWARTZ JR MD, ULIVER H	DAUPHIN
SWARTZ MD, CHAS D	PHILADELPHIA
SWARTZ MD, EDWARD F	FRANKLIN
SWARTZ MD, DLIVER H	DAUPHIN
SWEENEY MD, J RUSSELL	SCHUYLKILL
SWEET MD, WM A	BERKS
SWEITSER JR MD, ARTHUR A	BUCKS
SWEGAL MD, DTID F	ALLEGHENY
SWEIGART MD, GENE M	BRADFDRD
SWEITZER MD, CARL E	BERKS
SWENSEN MD, HARDLD E	ALLEGHENY
SWENSEN MD, NANCY M	ALLEGHENY
SWETERLITSCH MD, LDUIS H	ALLEGHENY
SWETERLITSCH MD, LDUIS H	NDRTHAMPTDN
SWETERLITSCH MD, PAUL K	MUNTGDMERY
SWICK 2ND MD, J HUWARD	BEAVER
SWIFT MD, FRANK L	LACKAWANNA
SWIFT MD, JDHN E	LACKAWANNA
SWISHER II MD, CHARLES L	LACKAWANNA
SWITKES MD, HERMAN I	ALLEGHENY
SYLVESTER MD, HANS M	PHILADELPHIA
SYMS MU, CHAS A	PHILADELPHIA
SYREK MD, SUSAN J	MDNTGDMERY
SZABU MD, FERDINAND F	CDLUMBIA
SZABU MD, RUDULPH G	CDLUMBIA
SZAL MD, JDS J	PHILADELPHIA
SZARKU MD, FRANK J	BERKS
SZAYNA MD, STANLEY	PHILADELPHIA
SZETD MD, UNWARD	BUCKS
SZUTUWICZ DD, MICHAEL P	LANCASTER

T

TABACHNICK MD, THEDDDRE M	ALLEGHENY
TABDRA MD, EMMANUEL J	ERIE
TACHDJIAN MD, VAHAKEN	PHILADELPHIA
TACHUVSKY MD, THDMAS J	NDRTHAMPTDN
TAEFFNER MD, JUHN H	PHILADELPHIA
TAGGART MD, GEU W	LUZERNE
TAGGART MD, HARDLD A	PHILADELPHIA
TAHIR MD, SYED M	MDNTGDMERY
TAIT MD, EDWIN C	MDNTGDMERY
TAITELBAUM MD, BEN	ALLEGHENY
TAJ ELDIN MD, ADAN	ALLEGHENY
TAKACH MD, STEPHEN J	INDIANA
TAKEDA MD, MISAD	PHILADELPHIA
TALBUT JR MD, TIMDTHY R	PHILADELPHIA
TALBDTT MD, JDHN B	ALLEGHENY
TALL MD, MILTUN G	ALLEGHENY
TALLMAN MD, EDWIN H	BERKS
TALMAGE MD, EDWARD A	BRADFDRD
TALSANIA MD, SURYAKANT J	PHILADELPHIA
TAMA MU, LAWRENCE	BRADFDRD
TAMAKI MD, HITDSHI T	MDNTGDMERY
TAMARELLI MD, JDHN A	ALLEGHENY
TAN JR MD, RAMDN N	CAMBRIA
TAN MD, ANTDNIUS H	LEHIGH
TAN MD, ISABEL G	MERCER
TAN MD, KEE T	MDNTGDMERY
TAN MD, MYRNA M	PHILADELPHIA
TAN MU, TJIAUW-LING	DAUPHIN
TAN MU, WILFREDD S	ERIE
TAN MD, YDKE Y	DAUPHIN
TANANIS MD, ANTHDNY A	YDRK
TANANIS MD, HELEN F	FRANKLIN
TANANIS MD, LEDNARD J	SCHUYLKILL
TANCUK MD, BENITD	PHILADELPHIA
TANDDN MD, DEVINDER L	ALLEGHENY
TANNEHILL MD, NDRMAN B	ALLEGHENY
TANNENBAUM MD, PHILIP J	PHILADELPHIA
TANNER MD, LEDNARD M	LEBANDN
TANNING MD, HDWARD M	ALLEGHENY
TANRIBILIR MD, ABDUL K	CDLUMBIA
TANTISIRA MD, BDDNRAK	ALLEGHENY
TANTISIRA MD, SDMPHDNG	WESTMDRELAND
TANTUM MD, KERMIT R	DAUPHIN
TANYDL MD, HASIB	MDNTGUMERY
TARRUM MD, ARTHUR B	PHILADELPHIA
TART JR MD, BRASTDN I	YDRK
TASMAN MD, WM S	PHILADELPHIA
TATE MD, FREDERICK J	LEHIGH
TATE MD, J HARRISDN	ERIE
TATEM 3RD MD, HENRY R	BUCKS
TATTERSALL MD, HARDLD A	MDNRDE
TAUBEL MD, LDUIS E	MDNTGDMERY
TAUBER MD, JDS B	ALLEGHENY
TAUBER MD, RDBERT	PHILADELPHIA
TAUBER MD, STANLEY A	PHILADELPHIA
TAUBERG MD, HERBERT R	ALLEGHENY
TAVANA MD, MANDUCHER	ERIE
TAVDULARIS MD, MARJDRIE D	ALLEGHENY
TAYAD TESDRD MD, ALICIA C	PHILADELPHIA
TAYENGCD-MAISDG MD, VICTDRIA S	LAWRENCE
TAYLDR III MD, JAMES S	DAUPHIN
TAYLDR JR MD, JDHN D	CRAWFDRD
TAYLDR MD, ANN G	PHILADELPHIA
TAYLDR MD, ARTHUR R	LYCDMING
TAYLOR MD, DANL B	PHILADELPHIA
TAYLUR MD, HARRY E	MC KEAN
TAYLDR MD, JAMES A	MDNRDE
TAYLUR MD, JAMES E	PHILADELPHIA
TAYLUR MD, JAMES T	CAMBRIA
TAYLDR MD, MDRGAN F	BEAVER
TAYLDR MD, RAYMDND A	YDRK
TAYLDR MD, RDBT L	VENANGD
TCHDNG MD, KUD-LIANG	DELAWARE
TE MD, TDMAS T	BUCKS
TEAHAN MD, RDSCDE W	PHILADELPHIA
TEDESCD MD, DRLANDD P	DELAWARE
TEED MD, EDWARD L	ERIE
TEEHAN MD, BRENDAN P	MDNTGDMERY
TEETER MD, JAMES H	FRANKLIN
TEGZES JR MD, GED	ALLEGHENY
TEITELBAUM MD, CARL	LUZERNE
TEMELES MD, LAWRENCE	PHILADELPHIA
TEMELES MD, RDY S	ALLEGHENY
TEMPLETDN MD, JDHN Y	PHILADELPHIA
TEMPLIN JR MD, WM B	CAMBRIA
TENENUUSER MD, BARRY	ALLEGHENY
TENICELA MD, RUBEN	ALLEGHENY
TENNANT MD, JDHN S	DAUPHIN
TENSUAN JR MD, LEDNARDD S	SDMERSET
TEPLICK MD, JDS G	PHILADELPHIA
TEPLITZKY MD, ARTHUR L	PHILADELPHIA
TEPPER MD, MAURICE C	PHILADELPHIA
TEREDESAI MD, PRADIP E	ALLEGHENY
TERKEL MD, FREDERICK J	ALLEGHENY
TERMINI MD, JDS T	LEHIGH
TERNER MD, IRWIN S	ALLEGHENY
TERRY MD, F LEE	BERKS
TESSARU MD, ANNE N	ALLEGHENY
TESTA MD, JDHN W	LUZERNE
TESTA MD, JDS A	WESTMDRELAND
TETLDW MD, FRANK N	ALLEGHENY
TEUFEL MD, SEVERIN	PHILADELPHIA
THAMES DD, RICHARD	JEFFERSDN
THEERAKULSTIT MD, VIRACHAI	ALLEGHENY
THEIS MD, STEVEN W	ALLEGHENY

THEL JR MD, HENRY C BEAVER
THEL MD, HENRY C BEAVER
THEDDDS MD, PETER A PHILADELPHIA
THEUERKAUF JR MD, FRANK J ERIE
THEUERKAUF MD, FRANK J ERIE
THEUKKAUF JR MD, EDWARD A CHESTER
THIERS MD, GED F ALLEGHENY
THOMA MO, GED M ALLEGHENY
THOMAS JR MO, DAVID W CLINTDN
THOMAS JR MD, FRANK W WESTMORELAND
THUMAS JR MD, GED P CARBDN
THOMAS JR MD, HARDLD D BEAVER
THOMAS JR MD, HDWARD P BUCKS
THDMAS JR MD, JAMES A DELAWARE
THDMAS JR MD, JAMES J ERIE
THDMAS JR MO, JOHN W PHILADELPHIA
THDMAS MD, ALBERT M LUZERNE
THDMAS MD, CARMEN C PHILADELPHIA
THDMAS MD, CHESTER G DAUPHIN
THDMAS MD, CHRISTOPHER W CRAWFORD
THUMAS MD, EUGENE L PHILADELPHIA
THOMAS MD, F ARDELL TIOGA
THUMAS MD, GED J ALLEGHENY
THDMAS MD, GED P CARBDN
THUMAS MD, HARDLD W WESTMDRELAND
THUMAS MD, HARRY L PHILADELPHIA
THDMAS MD, HENRY W ALLEGHENY
THDMAS MD, IRVING D LUZERNE
THDMAS MD, JAMES H WESTMDRELAND
THDMAS MD, JOHN M BRADFDRD
THUMAS MD, JDHN W ALLEGHENY
THDMAS MD, KANDATHINDARA MDNRDE
THDMAS MD, LEWIS B LUZERNE
THDMAS MD, MERLE J BLAIR
THUMAS MD, NATHAN D CAMBRIA
THDMAS MD, THDS VENANGD
THDMAS MD, WILBUR C CRAWFDRD
THDMPSDN MO, C FRED NDRTHAMPTDN
THDMPSDN MD, CHAS M PHILADELPHIA
THDMPSDN MD, CHAS W ARMSTRDNG
THUMPSDN MD, DAVID A ALLEGHENY
THUMPSDN MD, DAVID I CUMBERLAND
THDMPSDN MD, ELMER L OELAWARE
THUMPSDN MD, FRANK V NDRTHAMPTDN
THUMPSDN MD, HARRY J ARMSTRONG
HDMPSDN MD, HERBERT ALLEGHENY
HDMPSUN MD, JAMES S ALLEGHENY
HDMPSDN MD, JAMES W MDNTGDMERY
HDMPSDN MD, JOHN E WARREN
HUMPSDN MD, MARK E ALLEGHENY
HDMPSDN MD, PETER J VENANGD
HDMPSDN MD, RUBERT E CAMBRIA
HDMPSDN MO, ROBERT L ALLEGHENY
HDMPSDN MD, RDBT L CUMBERLAND
HDMPSDN MD, T EWING ALLEGHENY
HDMPSDN MD, WM G ALLEGHENY
HDMPSDN MD, WM W ELK-CAMERDN
HDMS MD, JDS F ALLEGHENY
HDMSDN MD, ALVERNDN H CHESTER
HUNET MD, MARCEL A PHILADELPHIA
HDRINGTDN MD, J MONRDE PHILADELPHIA
HURNE MD, CHAS G CHESTER
HDRNTDN MD, EVA A LACKAWANNA
HDRDUGHGDDD MD, WM C PHILADELPHIA
HDRP MD, T RAMSEY PHILADELPHIA
HDRPE MD, HARVEY E ALLEGHENY
HORSEN JR MD, WM B YDRK
HDRWARTH MD, WM T PHILADELPHIA
HRESHER MD, DLIVER S PHILADELPHIA
HUKMAN MD, JDHN N DELAWARE
.AN MD, WILL T MERCER
BBELS MD, EWING W BUCKS
BBENS MD, GED F WASHINGTDN
BBITTS MD, JAMES A LEBANDN
BURCID JR MD, ALBIND F BUTLER
CE MD, WALTER R BUCKS
CKNER MD, LDUIS PHILADELPHIA
CZDN MD, ANDRES R ALLEGHENY
DD MD, RALPH M ERIE
EFF DD, MICHAEL W MDNRDE
EGEL MD, WM J ALLEGHENY
ETBDHL JR MD, RALPH H BERKS
ETJEN MD, GEDRGE W WAYNE-PIKE
GER MD, MELVYN E PHILADELPHIA
GHE MD, PATRICK L LACKAWANNA
GNDR MD, RICHARD F LYCDMING
HANSKY MD, THEDDDRE B SCHUYLKILL
LLGER MD, JDHN J PHILADELPHIA
LLMAN JR MD, JDS M PHILADELPHIA
LLY MD, DAVID A LEHIGH
MMDNS MD, RDBT G ERIE
MNEY MD, THDS E VENANGD
N MD, AURDRA D PHILADELPHIA
NDALL MD, DDRDTHY D MDNTGDMERY
NDALL MD, HERBERT L LANCASTER
NNEY JR MD, WM S LANCASTER
NSMAN MD, J HERBERT PHILADELPHIA
J MD, TIDNG D ALLEGHENY
DNGSDN MD, ELEANDR S DELAWARE
PPING MD, JAMES S ALLEGHENY
PTON DD, MARY E BLAIR
RACCHIA MD, JDS PHILADELPHIA
RDL MD, FRANCISCD T ERIE
SHERMAN MD, SAML E ALLEGHENY
TCHWORTH MD, RDY L ALLEGHENY
TTDN MD, BARRY S PHILADELPHIA
TUS MD, LABDRDE PHILADELPHIA
SIA MD, ENID W DELAWARE
SIAS MD, GDRDDN L MDNTGDMERY
SIAS MD, RICHARD B LYCDMING
SIN MD, JAMES V PHILADELPHIA
SAKO MD, SAML R LACKAWANNA
SD MD, RICHARD A DAUPHIN
SHUNTER MD, WM D LYCDMING
TLIA MD, JDS U PHILADELPHIA
TARZ MD, JDHN P DAUPHIN
TAND 3RD MD, JDS J PHILADELPHIA
TAND MD, JDSEPH C PHILADELPHIA
TAT MD, PRATIMA R PHILADELPHIA
TDLENTIND MD, JULIAN C BUTLER
TDLENTIND MD, PABLITD L BUCKS
TDLIS MO, BASILE O BLAIR
TULLETT MD, CHARLES A PHILADELPHIA
TDLOFF MD, EDWARD M BUTLER
TDLSCIK MD, RICHARD Z MDNTGDMERY
TDLSTOI MO, GED FAYETTE
TDMARELLI MD, RAYMDND C ALLEGHENY
TDMASI MD, SAML J BEAVER
TDMCI MD, GED E WESTMDRELAND
TOMHAVE MD, RDBT H CAMBRIA
TOMKIEWICZ MO, THADOEUS J BERKS
TOMLEY MD, JDHN E ALLEGHENY
TOMLIN MO, JDS G SCHUYLKILL
TOMLINSDN MD, JDHN W DELAWARE
TDMPA MD, ALEXANDER F LEHIGH
TDMPKINS MD, H ERNEST MDNTGDMERY
TOMPKINS MD, RDBT R DAUPHIN
TDNDREAU MD, RODERICK L PHILADELPHIA
TDNEY MD, DAVID M WESTMDRELAND
TONG MD, SHIU Y PHILADELPHIA
TUNKIN MD, HARDLD L LYCDMING
TONKDNDW MD, WM PHILADELPHIA
TDNREY MD, FRANCIS G LUZERNE
TDNSEY MD, HABIB PHILADELPHIA
TDDNDER MD, F GEDFFREY LEHIGH
TDDVEY MD, EONA W PHILADELPHIA
TUDZE MD, FRANK M ERIE
TDPERZER MD, BETTY C ERIE
TDREKI MD, WILLIAM BUCKS
TDRG MD, JDS S PHILADELPHIA
TORI MD, LEANDER P PHILADELPHIA
TDRIN MD, JACK E ALLEGHENY
TDRID MD, REYNALDD M WESTMDRELAND
TORNAY MD, ANTHONY S PHILADELPHIA
TDRNETTA MD, FRANK J MDNTGDMERY
TDRPEY JR MD, DAVID J ALLEGHENY
TORRANCE MD, EDWARD G DELAWARE
TORRES MD, JULID E LEHIGH
TDRRES MD, RDBIN G BEDFDRD
TDRRES MD, VICTDR L PHILADELPHIA
TORREY MD, EOWIN H YDRK
TDSO MD, GIANFRANCD F BERKS
TUTIND MD, JDS A DELAWARE
TOUCH MD, RALPH J LACKAWANNA
TOURISH MD, WM J PHILADELPHIA
TDURTELLDTTE MD, CHARLES O PHILADELPHIA
TDWNES MD, HDWARD E PHILADELPHIA
TDWNSEND MD, JAMES E WESTMORELAND
TDWNSEND MD, JAY A CUMBERLAND
TDWNSEND MD, WM H ALLEGHENY
TRACHTENBERG MD, LEE A ALLEGHENY
TRACHTENBERG MD, WILLIAM M LEHIGH
TRACY MD, GERALD P LACKAWANNA
TRAIMAN MD, RICHARD G CHESTER
TRANSUE MD, MARY A BUCKS
TRANSUE MD, SEWARD M YDRK
TRATNIK MD, LEK PHILADELPHIA
TRAUM MD, RDNALD E PHILADELPHIA
TRAUPMAN MD, ARNDLD F NDRTHAMPTDN
TRAUTLEIN MD, JDS J DAUPHIN
TRAVISAND MD, FRANK J DAUPHIN
TREDENNICK MD, CHAS K CAMBRIA
TREOENNICK MD, CHAS N BUTLER
TREDENNICK MD, JDHN T CAMBRIA
TREDICI MD, LUIS M BUCKS
TREDWAY MD, JDHN B ERIE
TREGER MD, ALBERT ALLEGHENY
TREIBER MD, KENNETH S ERIE
TREIDEL MD, ERNEST E BEAVER
TREIMAN MD, HARRIS I BUCKS
TREIRES MD, GED J CLINTDN
TRELLIS MD, EMIL S ALLEGHENY
TREMBLAY MD, ERNEST A DELAWARE
TRENT MD, DDUGLAS E BEAVER
TRESCDTT MD, ALFRED P TIDGA
TREVASKIS MD, ALLAN E LEHIGH
TREXLER MD, ETHAN L BERKS
TREXLER MD, HARDLD L BERKS
TRIAND MD, GENE J DAUPHIN
TRIBIT JR MD, CHAS B PHILADELPHIA
TRIBOLETTI MD, ELEANDR D DELAWARE
TRIBOLETTI MD, FRANCES M DELAWARE
TRIESTER MD, ARTHUR N PHILADELPHIA
TRIMMER MD, JDHN H YDRK
TRIMMER MD, MICHAEL N ALLEGHENY
TRIMPI MD, HDWARD D LEHIGH
TRINIDAD MD, TITD B CENTRE
TRINKLE MD, WILMER S NDRTHAMPTDN
TRIPDLI MD, CHAS J WASHINGTDN
TRIPPE MD, FRANK A ERIE
TRISTAN MD, THEDDDRE A DAUPHIN
TRITSCHLER MD, JDS P BEAVER
TROEN MD, PHILIP ALLEGHENY
TROILO MD, CAMILLD T FAYETTE
TRDMBETTA MD, FIDRE F PHILADELPHIA
TRDMMER MD, PHILIP R PHILADELPHIA
TRONCELLITI MD, A WAYNE MDNTGDMERY
TRONCELLITI MD, ALFRED E MDNTGDMERY
TRUNCELLITI MD, EDWARD A MDNTGDMERY
TRONCELLITI MD, MANRICD A MDNTGDMERY
TRONCELLITI MD, MARID V PHILADELPHIA
TRDPEA JR MD, FRANK PHILADELPHIA
TRDUT MD, E EARL DELAWARE
TRUUT MD, RDBT G PHILADELPHIA
TRDXEL MD, RICHARD S LEHIGH
TRDYAN MD, BEATRICE P PHILADELPHIA
TROYEN MD, HARRY D BERKS
TRUE MD, A CURTIS BUCKS
TRUEMAN MD, RUBT H PHILADELPHIA
TRUEX MD, RAYMDND C PHILADELPHIA
TRUITT JR MD, R MARSHALL PHILADELPHIA
TRUITT MD, GED W CHESTER
TRUNZO MD, FRANCIS J JEFFERSDN
TRUSCOTT MD, WM R MDNTGDMERY
TRUTER MD, CARL W ALLEGHENY
TRUTER MD, EDMUND F ALLEGHENY
TSAI MD, EDWARD M INDIANA
TSAI MD, JER Y GREENE
TSAI MD, LDNGWAY NDRTHUMBERLAND
TSAI MD, MICHAEL M INDIANA
TSAI MD, MING C ERIE
TSAI MD, MING C BLAIR
TSAI MD, MING-SHANG BUTLER
TSAI MU, WEI C JEFFERSDN
TSAI MD, YU J MONTGDMERY
TSAI MD, YUNG-HSIEN MERCER
TSE MD, ROSE L PHILADELPHIA
TSDUTSDPLIDES MD, GEDRGE C CDLUMBIA
TSUNG MO, WEN-HAN BEAVER
TUCH MD, ARTHUR F OELAWARE
TUCHINDA MD, JALIT ALLEGHENY
TUCHINOA MD, KANCHANA V MDNTGDMERY
TUCKER MO, JDHN A PHILADELPHIA
TUCKER MD, THOS W CHESTER
TUCKMAN MO, DAVID J PHILADELPHIA
TUODENHAM MD, WM J PHILADELPHIA
TUFT MD, LDUIS PHILADELPHIA
TUKANOWICZ MD, STANISLAW A CAMBRIA
TULL MD, JDHN W YDRK
TULLAI MD, JDHN DELAWARE
TULLY MO, VINCENT J WAYNE-PIKE
TULSKY MD, EMANUEL G PHILADELPHIA
TUMEN MD, HENRY J PHILADELPHIA
TUNG MO, ALFRED S ALLEGHENY
TUNG MD, RU-LIN K PHILADELPHIA
TURAKHIA MD, BHARATI V ALLEGHENY
TURBESSI MD, ALBERT J WARREN
TURCHETTI MO, ANTHDNY J LUZERNE
TUREL MD, ANTHDNY P MDNTDUR
TUREL MD, STANLEY E NORTHAMPTDN
TURKER MD, SAIP E CRAWFDRD
TURMAN MO, CHRISTDPHER PHILADELPHIA
TURNBLACER MD, CHAS B BUTLER
TURNER DD, DDNALD E PHILADELPHIA
TURNER DD, MELVIN L PHILADELPHIA
TURNER MD, J ELLIS DELAWARE
TURNER MD, LINTDN W PHILADELPHIA
TURNER MO, MDRRIS E ALLEGHENY
TURNER MD, DLIVER E ALLEGHENY
TURNER MD, VERNA V CAMBRIA
TURNER MD, WAYNE E CDLUMBIA
TURDCK MD, MICHAEL J LACKAWANNA
TURSI MD, JDS J PHILADELPHIA
TURSKY MD, RDSEMARIE J DAUPHIN
TURTZU MD, DOUGLAS F NDRTHAMPTDN
TURTZU MD, JDHN A NDRTHAMPTON
TUSHIM MD, GED A CLINTDN
TUSHIM MD, JDS N BLAIR
TUTHILL MD, CHAS W ALLEGHENY
TUTTLE MD, ALFRED ALLEGHENY
TUTTLE MD, WM B ALLEGHENY
TWADDELL MD, DDNALD N CHESTER
TWAROY MD, BERNADETTE E PHILADELPHIA
TWER MD, HARRIS PHILADELPHIA
TWERSKI MD, ABRAHAM J ALLEGHENY
TWIGGAR II MD, EDWARD V NDRTHUMBERLAND
TY MD, JAMES S BRADFDRD
TYERS MD, GEDDES F DAUPHIN
TYSDN MD, CHARLES H ALLEGHENY
TYSON MD, R RDBERT PHILADELPHIA
TYSON MD, RDBT G ALLEGHENY
TYSDN MD, RUSSELL R CHESTER
TZANIS MD, LDUCAS C DAUPHIN

U

UBER MD, THDS R LAWRENCE
UBINGER MD, WM N ARMSTRDNG
UDDSTRDM MD, CLARENCE N ALLEGHENY
UDELL MD, LDUIS PHILADELPHIA
UFBERG MD, MICHAEL H LEHIGH
UHLE MD, CHAS A PHILADELPHIA
UHLMAN MD, RICHARD C CHESTER
UHRICH MD, KATHRYN H LEBANDN
UHRICH MD, RDBT W LEBANDN
ULANSKI MD, BENJAMIN PHILADELPHIA
ULICNY MD, THDMAS L ALLEGHENY
ULIN MO, ALEXANDER W PHILADELPHIA
ULRICH MD, JACK M ALLEGHENY
ULRICH MD, RICHARD G DAUPHIN
ULRICH MD, SAML D DAUPHIN
ULUS MD, AHMET PHILADELPHIA
UMAR MU, KENAN MDNTGDMERY
UMIKER MD, WM D LANCASTER
UMLAUF MD, CHAS W LEHIGH
UNDERHILL MD, WM L ERIE
UPDEGRAFF MD, WM C ALLEGHENY
UPDEGRDVE MD, JDHN H NDRTHAMPTDN
UPDEGROVE MD, RDBT A LYCDMING
UPUIKE JR MD, FURMAN T YDRK
URAL MD, WILLIAM F WARREN
URAM MD, HERBERT ALLEGHENY
URBACH MD, FREDERICK MDNTGDMERY
URBACH MD, JDHN R PHILADELPHIA
URBAITIS MD, JDHN C WARREN
URBAITIS MD, PETER W BERKS
URBAN MD, CLIFFDRD H MDNTGOMERY
URBAN MD, DDNALD G CUMBERLAND
URBAN MD, RENA L ALLEGHENY
URBAN MD, RDBT R WESTMDRELAND
URBANSKI MD, TIMDTHY E MDNTGDMERY
URICCHID MD, JDS F PHILADELPHIA
URIE MD, JDHN C DELAWARE
URDSKIE MD, THEDDDRE W LACKAWANNA
URREA MD, J OSCAR ALLEGHENY
USHINSKI MD, STANLEY C LUZERNE
UTBERG MD, JDHN R ALLEGHENY
UY MD, HENRY T WASHINGTDN
UY MD, NDNITA T ALLEGHENY
UZYCH MD, WALTER DELAWARE

V

VACCARO MD, PHILIP F — WASHINGTON
VACCARO MD, V MICHAEL — PHILADELPHIA
VACCARO MD, VINCENT M — DELAWARE
VACHARAT MD, NIBONDH — PHILADELPHIA
VACHRANUKUNKIET MD, THEERASAKDI — PHILADELPHIA
VAGLEY MD, RICHARD T — ALLEGHENY
VAHEDI MD, HOUSHANG M — MONTGOMERY
VAIDYA MD, KALPANA A — PHILADELPHIA
VAKAMUDI MD, HEMA K — WESTMORELAND
VAKIL MD, HASSAN C — DELAWARE
VALCARCEL MD, SOFRONID J — ALLEGHENY
VALENA MD, ELENA V — MERCER
VALENA MD, LOE V — MERCER
VALENCIA MD, CELEDONIO C — BERKS
VALENTEEN MD, JOHN W — DELAWARE
VALENTI MD, JOHN T — LUZERNE
VALENTINE MD, JEROME O — PHILADELPHIA
VALIGORSKY MD, PAUL J — ELK-CAMERON
VALLEJO MD, MANUEL C — WASHINGTON
VALLESTEROS MD, FEOFICIO P — MERCER
VALLOTI MD, JOS M — DELAWARE
VALUNE MD, J THEODORE — WARREN
VALVERDE MD, MARIO F — LACKAWANNA
VALVO MD, BARBARA-ANN V — LEHIGH
VANBUSKIRK MD, CHAS — YORK
VANBUSKIRK MD, E MICHAEL — DAUPHIN
VANBUSKIRK MD, GORDON P — FRANKLIN
VANCE MD, MAUDE V — WASHINGTON
VANDAMIA MD, DONALD N — ERIE
VANDEGRIFT MD, EARL — ALLEGHENY
VANDENBOSCH MD, JOHN T — BERKS
VANDENNOORT MD, GORDON — MONTGOMERY
VANDERBEEK MD, RICHARD R — BUCKS
VANDERLIN MD, ROBT L — LYCOMING
VANDERMEER MD, HERMAN — CHESTER
VANDERVEER MD, JOS B — MONTGOMERY
VANDYK MD, KLAAS — WESTMORELAND
VANKIRK JR MD, JOHN S — ALLEGHENY
VANKIRK MD, JAMES K — FRANKLIN
VANLOON MD, EMILY L — PHILADELPHIA
VANNUCCI MD, ROBT C — DAUPHIN
VANSCUTT MD, EUGENE J — MONTGOMERY
VANSTRIEN MD, ADRIAN R — WASHINGTON
VANTILBURG MD, CHAS P — VENANGO
VARADARAJAN MD, SUSHILA — PHILADELPHIA
VARAND MD, LOTTIE A — DAUPHIN
VARAND MD, NICHOLAS R — PHILADELPHIA
VARAND MD, VINCENT J — MONTOUR
VARDARD MD, LINA G — PHILADELPHIA
VARE JR MD, VICTOR B — MONTGOMERY
VARGA MD, ARTHUR B — FAYETTE
VARKER MD, MARY D — PHILADELPHIA
VARLEY MD, WM J — ALLEGHENY
VARMA MD, BHUPINDER K — DAUPHIN
VASILOPOULOS MD, NICHOLAS N — ALLEGHENY
VASINRAPEE MD, PANUKORN — DELAWARE
VASQUEZ MD, RAMON A — ALLEGHENY
VASSALLUZZO MD, FRANCIS J — BUCKS
VASSALLUZZO MD, JULIO E — BUCKS
VASSALLUZZO MD, PASQUALE D — PHILADELPHIA
VASSALUTTI MD, STEPHEN B — PHILADELPHIA
VASSALUTTI-CONRAD MD, MARGARET — MONTGOMERY
VASTINE MD, JOHN R — NORTHUMBERLAND
VASUDEVAN MD, GOPALAN — ALLEGHENY
VASUDEVAN MD, RAGHAVAN — LYCOMING
VAUGHAN 3RD MD, VICTOR C — PHILADELPHIA
VAUGHAN MD, WARD P — DELAWARE
VAUGHN JR MD, ARTHUR R — PHILADELPHIA
VAZUKA MD, JEAN T — PHILADELPHIA
VEENIS MD, CORNELIUS Y — ALLEGHENY
VEGA MD, ROGELIO E — ARMSTRONG
VELAYO MD, DANTE P — UNION
VELAYOS MD, EDUARDO J — LEHIGH
VELEZ-LONDONO MD, RODRIGO — MONTGOMERY
VELOSO MD, VICTOR V — WARREN
VELOSO MD, VIRGILIO J — DELAWARE
VENIER MD, LEON H — BERKS
VENIT MD, BETHANY A — DAUPHIN
VENKATAPPAN MD, RAJ R — BLAIR
VENTURA MD, SAMUEL R — LACKAWANNA
VENZON MD, NORMAN A — WESTMORELAND
VERA MD, LUIS F — PHILADELPHIA
VERBINSKI MD, TED — BERKS
VERBRUGGEN MD, HUGO C — NORTHAMPTON
VERDECCHIA MD, LEO M — ERIE
VERGNE MD, RAYMOND — ALLEGHENY
VERI MD, FRANK A — LANCASTER
VERMEIRE MD, DAVID A — MERCER
VERNICK MD, CLIFFORD G — LEHIGH
VERNICK MD, JEROME J — PHILADELPHIA
VERNINO MD, ROCCO A — ALLEGHENY
VERNOCY MD, WILLIAM G — INDIANA
VERNOCY MD, WM C — INDIANA
VERNON MD, WALTER G — CHESTER
VERNUSE MD, GERARD V — PHILADELPHIA
VERONESI DO, JOHN N — JEFFERSON
VERSAGE MD, JOS L — NORTHAMPTON
VESELY MD, JOHN A — WASHINGTON
VEY MD, EDWIN K — ALLEGHENY
VICK MD, EDWARD H — MONTGOMERY
VICTORIA MD, NENITA V — PHILADELPHIA
VIECHNICKI MD, MICHAEL B — LEHIGH
VIEK MD, NICHOLAS F — CHESTER
VIGGIANO MD, LOUIS X — DELAWARE
VIGGIANO MD, THOMAS R — ALLEGHENY
VIGILANTE MD, MICHAEL — LEHIGH
VIGLIONE MD, JOS P — MONROE
VILLA MD, FRANCISCO B — POTTER
VILLASENOR MD, MARIANO M — ALLEGHENY
VILLAVICENCIONOCHE M, LYDIA L — FAYETTE
VILLEGAS MD, ANTONIO C — MONTGOMERY
VILLEGAS MD, EMILIO — WESTMORELAND
VILLELLA MD, EDWARD R — ALLEGHENY
VILSACK MD, G RAY — ALLEGHENY
VINCENT MD, JOS E — LEHIGH
VINER MD, EDWARD D — PHILADELPHIA
VINUEZA MD, TIRSO L — CHESTER
VIOLA MO, PAUL R — PHILADELPHIA
VIOZZI MD, FRANCIS J — MONTOUR
VIRGILIO MD, LAWRENCE A — YORK
VISCHER MD, THOS J — PHILADELPHIA
VISPERAS MD, EMILIANA P — NORTHAMPTON
VISPERAS MD, MARIO F — CARBON
VITALE MD, LOUIS J — LACKAWANNA
VITORI MD, EUGENE F — ALLEGHENY
VITTONE MO, RONALD B — WESTMORELAND
VIZER MD, MARK B — NORTHAMPTON
VLACHOS MD, VASILIOS A — CHESTER
VLESSING MO, ELIAS — BUCKS
VOCI MD, GERARDO — PHILADELPHIA
VOEGELIN MD, ADRIAN W — PHILADELPHIA
VOGAN MD, WM R — MERCER
VOGEL JR MD, JULIUS A — BEAVER
VOGEL MO, ADOLPH W — DELAWARE
VOGEL MD, HAROLD B — PHILADELPHIA
VOGIN MD, EUGENE E — PHILADELPHIA
VOGLER JR MD, WILFRED E — NORTHAMPTON
VOLKIN MD, LEONARD B — ALLEGHENY
VOLLMER MD, EARL S — MONTGOMERY
VOLPETTI MD, GEORGE W — LUZERNE
VONSCHLICHTEN MD, ALEXANDER — DELAWARE
VOSSENBERG MD, FRANS J — MONTGOMERY
VOSSOUGHI MO, HOUSHANG — WESTMORELAND
VUYTEK MD, JOS J — WESTMORELAND
VOYTKO MD, RICHARD E — CAMBRIA
VRABEC MD, DONALD P — MONTOUR
VUCICEVIC MD, ZARKO M — PHILADELPHIA
VUJAN MD, ALEXANDER S — ALLEGHENY
VUJEVICH MD, MARION M — ALLEGHENY
VUKMER MD, GEORGE J — VENANGO

W

WACHS MD, HIRSH — ALLEGHENY
WADDELL MD, EDWARD H — ALLEGHENY
WADDINGTON MD, ARTHUR W — PHILADELPHIA
WADE MD, FRANKLIN G — LYCOMING
WADE MD, GEO R — CHESTER
WAUEMAN MD, ROSS L — BERKS
WADHWA MD, KAMAL P — LAWRENCE
WADHWA MD, RAJINDAR K — ALLEGHENY
WADHWA MD, SAROJ R — ALLEGHENY
WADHWANI MD, BHAGWAN J — WASHINGTON
WAGENHEIM MD, HARRY H — PHILADELPHIA
WAGENHEIM MD, HELEN S — PHILADELPHIA
WAGENSELLER MD, FRANK C — WASHINGTON
WAGGONER MD, IRVING M — CHESTER
WAGMAN MD, ALBERT D — PHILADELPHIA
WAGNER JR MD, FREDERICK B — PHILADELPHIA
WAGNER JR MD, JOHN H — ALLEGHENY
WAGNER JR MD, RICHARD S — LANCASTER
WAGNER JR MD, THOS E — DAUPHIN
WAGNER MD, DAVID K — PHILADELPHIA
WAGNER MD, IRA G — LANCASTER
WAGNER MD, J HUBER — ALLEGHENY
WAGNER MD, JOHN B — BERKS
WAGNER MD, JOHN M — LACKAWANNA
WAGNER MD, JOS A — PHILADELPHIA
WAGNER MD, KENNETH L — BUCKS
WAGNER MD, LOUIS J — VENANGO
WAGNER MD, ROBERT E — POTTER
WAGNER MD, ROBT A — VENANGO
WAGNER MD, SEYMOUR — PHILADELPHIA
WAGNER MD, TIBOR D — MONTGOMERY
WAGNER MD, W JOHN — LYCOMING
WAHHAB MD, ABDUL — SCHUYLKILL
WAHL MD, DAYNE F — BUTLER
WAIN MD, JOHN C — ALLEGHENY
WAINER MD, AMOS S — PHILADELPHIA
WAISBROT MD, EDWARD L — ALLEGHENY
WALBERG MD, HARRY W — ALLEGHENY
WALD MD, MICHAEL E — ALLEGHENY
WALD MD, NIEL — ALLEGHENY
WALDHAUSEN MD, JOHN A — DAUPHIN
WALDMAN MD, ABRAHAM L — MONTGOMERY
WALDMAN MD, JOS — PHILADELPHIA
WALDO MD, RALPH F — INDIANA
WALDRON MD, JEROME M — PHILADELPHIA
WALICHUCK MD, JOHN G — DELAWARE
WALINSKY MD, PAUL — PHILADELPHIA
WALKER JR MD, LEROY L — PHILADELPHIA
WALKER MD, A CARL — GREENE
WALKER MD, BARRY R — PHILADELPHIA
WALKER MD, HERBERT I — PHILADELPHIA
WALKER MD, JAMES F — ERIE
WALKER MD, JAMES M — PHILADELPHIA
WALKER MD, JOHN E — ALLEGHENY
WALKER MD, JON G — LANCASTER
WALKER MD, LEON R — BLAIR
WALKER MD, M LORENZO — PHILADELPHIA
WALKER MD, STANLEY R — NORTHAMPTON
WALKER MD, WM J — PHILADELPHIA
WALKER MD, WM W — BERKS
WALL MD, JAMES K — LEHIGH
WALL MD, JOHN N — ALLEGHENY
WALL MD, NORMAN M — SCHUYLKILL
WALLACE JR MD, JOS — DELAWARE
WALLACE MD, HERBERT W — PHILADELPHIA
WALLACE MD, HOMER D — ALLEGHENY
WALLACE MD, WILBUR S — ERIE
WALLACH MD, EDWARD E — PHILADELPHIA
WALLACK MD, ARMAND A — PHILADELPHIA
WALLEN MD, ALBERT D — PHILADELPHIA
WALLER MD, LOUIS C — LACKAWANNA
WALLER MD, LOUIS C — ALLEGHENY
WALLEY III MD, ROBT E — ALLEGHENY
WALLIA MD, TEGENDRA S — CLARION
WALLNER DO, PAUL E — PHILADELPHIA
WALLNER DO, ROBERT J — PHILADELPHIA
WALMER MD, JOHN D — LEBANON
WALNISTA MD, FRANK J — LACKAWANNA
WALP MD, FREDERIC M — LEHIGH
WALRATH 3RD MD, MARTIN H — ALLEGHENY
WALSH MD, ARTHUR C — ALLEGHENY
WALSH MD, JAMES C — LUZERNE
WALSH MD, JOHN J — ALLEGHENY
WALSH MD, JOHN J — PHILADELPHIA
WALSH MD, JOS M — ERIE
WALSH MD, MARTIN J — LUZERNE
WALTEMYER JR MD, WM C — MONTGOMERY
WALTER MD, C LEE — ALLEGHENY
WALTER MD, EARL R — MIFFLIN-JUNIATA
WALTER MD, WILLARD F — ALLEGHENY
WALTER MD, WM J — ALLEGHENY
WALTERS MD, WM H — SCHUYLKILL
WALTERS MD, WM S — WARREN
WALTMAN MO, CHAS A — NORTHAMPTON
WALTON MO, JOSEPH H — BUCKS
WALTZ MD, PAUL K — DAUPHIN
WALTZER MD, FREDERICK N — MONTGOMERY
WAMPLER MD, MERLE J — YORK
WANAMAKER MD, JOHN L — BRADFORD
WANCZYK MD, CASIMIR J — BERKS
WANDALOWSKI MD, JOHN G — LACKAWANNA
WANG MD, ANDREUS — BUCKS
WANG MD, CHEE-KUNG — NORTHAMPTON
WANG MD, GED C — DELAWARE
WANG MD, MONICA H — DELAWARE
WANG MD, SHEN-CHI — MERCER
WANG MD, TEI-CHEN — NORTHUMBERLAND
WANG MD, YEN — ALLEGHENY
WANSKI MD, Z JOSEPH — ALLEGHENY
WAPNER MD, JOHN M — LEHIGH
WAPNER MD, PAUL M — PHILADELPHIA
WARD MO, EDGAR H — ERIE
WARD MO, EDWARD J — DELAWARE
WARD MD, FREDERICK W — NORTHAMPTON
WARD MD, GED W — PHILADELPHIA
WARD MD, H RICHARD — UNION
WARD MD, MORTON — PHILADELPHIA
WARD MD, RICHARD A — NORTHAMPTON
WARD MD, SAML P — DAUPHIN
WARD MD, THOS A — NORTHAMPTON
WARDE MD, DONAL A — ALLEGHENY
WARDEN MD, JAMES R — ERIE
WARFEL MD, MARTIN C — ERIE
WARGO MD, PETER J — ALLEGHENY
WARGOVICH MO, RAYMOND M — ALLEGHENY
WARIKOO MD, SHIBAN K — CAMBRIA
WARING MD, CLARENCE W — ALLEGHENY
WARING MD, JOHN H — BERKS
WARNER MD, FRANCIS J — MONTGOMERY
WARNER MD, HOWARD F — PHILADELPHIA
WARNER MD, NORMAN M — CHESTER
WARNER MD, ROBT E — ALLEGHENY
WARNER MD, SILAS L — PHILADELPHIA
WARNICK MD, RICHARD D — PHILADELPHIA
WARREN MD, JONATHAN — NORTHAMPTON
WARREN MD, KENNETH C — MONTGOMERY
WARREN MD, WM J — MONTGOMERY
WARREN MD, WM L — CHESTER
WARRENDER MD, WILLIAM F — BUCKS
WARRICK JR MD, WM H — PHILADELPHIA
WARRINGTON JR MD, JOHN T — DELAWARE
WARTELLA JR MD, STEPHEN — LUZERNE
WARTONICK MD, WALTER — LUZERNE
WASHBURN MD, VIRGINIA E — ALLEGHENY
WASHICK MD, FRANK A — PHILADELPHIA
WASHINGTON MD, BUFORD S — PHILADELPHIA
WASILEWSKI JR MD, CHAS L — LYCOMING
WASKO MD, ROBT — LEHIGH
WASLEY MD, DOUGLAS C — DELAWARE
WASNICK MD, WM — LUZERNE
WASSERMAN MD, RONALD E — LEHIGH
WASSERMAN MD, THEODORE W — PHILADELPHIA
WASSIL JR MD, JOHN G — MERCER
WASSIL MD, JOHN G — MERCER
WATANABE MD, RICHARD K — PHILADELPHIA
WATERHOUSE MD, ROBT P — PHILADELPHIA
WATERS DO, PATRICK T — PHILADELPHIA
WATKIN JR MD, WALTER B — DAUPHIN
WATKIN MD, WALTER B — HUNTINGDON
WATKINS MD, DONALD R — MC KEAN
WATKINS MD, E LLOYD — PHILADELPHIA
WATROUS JR MD, JOSEPH B — SUSQUEHANNA
WATSON JR MD, WM R — MONTGOMERY
WATSON MD, ALAN D — PHILADELPHIA
WATSON MD, CHAS G — ALLEGHENY
WATSON MD, JAMES G — MONTGOMERY
WATSON MD, JAMES R — ALLEGHENY
WATSON MD, MELVIN E — ADAMS
WATSON MD, TOMPKINS G — MERCER
WATSON MD, WM G — ALLEGHENY
WATTERS MD, EDMOND C — ALLEGHENY
WATTERSON MD, SAML G — SOMERSET
WAUGH MD, ELIZABETH S — PHILADELPHIA
WAWRUSE MD, FREDERICK E — HUNTINGDON
WAXMAN MD, HAROLD E — ALLEGHENY
WAXMAN MD, HERBERT S — PHILADELPHIA
WAY MD, GED E — CAMBRIA
WAYLONIS MD, JOS R — ALLEGHENY
WAYNE MD, DENNIS O — ALLEGHENY
WEABER JR MD, THOS H — LEHIGH
WEADER MD, JOS A — MONTOUR
WEADER MD, WM M — NORTHUMBERLAND
WEANER JR MD, HOWARD H — LYCOMING
WEAR JR MD, ROLAND F — PHILADELPHIA
WEAVER MD, CHAS E — LANCASTER
WEAVER MD, DON K — LYCOMING
WEAVER MD, DONALD R — BRADFORD
WEAVER MD, FRANK M — YORK
WEAVER MD, HAROLD P — LEHIGH
WEAVER MD, JAMES D — ERIE
WEAVER MD, KENT E — BERKS
WEAVER MD, MARY F — BERKS
WEAVER MD, R CLAIR — LANCASTER
WEAVER MD, THOMAS D — ALLEGHENY
WEAVER MD, W RONALD — LANCASTER

WEBB MD, HENRY P	PHILADELPHIA	WELLS MD, MARGARET S	VENANGD	WIEDER JR MD, HENRY S	PHILADELPHIA
WEBB MD, MICHAEL J	DAUPHIN	WELSH JR MD, ALBERT E	PHILADELPHIA	WIENER MD, EUGENE S	ALLEGHENY
WEBBER MD, CAROL P	MONTGDMERY	WELSH MD, JAMES F	BERKS	WIENER MD, JACDB	PHILADELPHIA
WEBBER MD, JOHN B	PHILADELPHIA	WELSH MD, JOHN J	PHILADELPHIA	WIENER MD, STEPHEN G	BERKS
WEBER MD, GED W	DAUPHIN	WELSH MD, LDUIS W	PHILADELPHIA	WIESNER MD, IRVING S	DELAWARE
WEBER MD, GEDRGE L	DELAWARE	WELTY MD, JACK W	PHILADELPHIA	WIEST MD, HIRAM L	DAUPHIN
WEBER MD, JDHN E	ALLEGHENY	WELTY MD, JAMES A	VENANGD	WIEST MD, PHILIP R	BERKS
WEBER MD, JDHN I	PHILADELPHIA	WEMPLE MD, JAN B	NORTHAMPTDN	WIGERT MD, WALTER S	TIDGA
WEBER MD, JDSEPH A	SCHUYLKILL	WENDELL JR MD, JAMES I	MDNTGDMERY	WIGHT MD, SUSAN C	PHILADELPHIA
WEBER MD, MARTIN R	PHILADELPHIA	WENDELL MD, KATHLEEN K	MDNTGDMERY	WIGIDN MD, JDHN H	DELAWARE
WEBER MO, DTTD R	MDNRDE	WENDDRFF MD, HERMAN J	ALLEGHENY	WIKLER MD, LDUIS A	PHILADELPHIA
WEBER MD, RICHARD H	LANCASTER	WENG MD, SAM S	NDRTHAMPTDN	WILCKE MD, HARRY W	MDNTGDMERY
WEBER MD, WILLIAM C	NDRTHAMPTON	WENGER MD, JAY A	BUCKS	WILCDX JR MD, WINTHRDP P	LANCASTER
WEBER MD, WM H	UNIDN	WENGER MD, MARLIN E	LANCASTER	WILCOX MD, WILFRED W	LYCDMING
WEBSTER JR MD, MARSHALL W	ALLEGHENY	WENGER MD, NDRMAN E	LACKAWANNA	WILDBLUDD MD, HARRY M	YDRK
WEBSTER MD, GDRDDN W	DELAWARE	WENGER MD, SIDNEY U	PHILADELPHIA	WILDEN MD, BENJ F	PHILADELPHIA
WEBSTER MD, LANE H	TIDGA	WENGERT MD, PAUL A	DAUPHIN	WILDER MD, BRUCE L	ALLEGHENY
WEBSTER MD, PAUL F	BLAIR	WENGRUVITZ MD, PAUL H	CENTRE	WILDER MD, DAVID W	CAMBRIA
WECHSLER MD, HARRY L	ALLEGHENY	WENIGER MD, FREDERICK C	ALLEGHENY	WILDRICK MD, KENNETH H	NDRTHAMPTDN
WECHSLER MD, RICHARD L	ALLEGHENY	WENIGER MD, FREDERICK L	ALLEGHENY	WILEY MD, BERT C	BLAIR
WECHSLER MD, SYLVIA M	ALLEGHENY	WENNER MD, RDBT B	LUZERNE	WILF MD, HARDLD	PHILADELPHIA
WECHT MD, CYRIL H	ALLEGHENY	WENNERSTEN MD, JACK R	MDNTGDMERY	WILHELM MD, RDBERT D	NDRTHAMPTDN
WEDDE MD, THEDDDRE S	COLUMBIA	WENTZ JR MD, WALTER E	DELAWARE	WILHELM MD, WILLIAM C	ERIE
WEDDELL MD, HDWARD R	ALLEGHENY	WENTZ MD, CLARKSDN	PHILADELPHIA	WILKERSDN MD, DDNALD K	PHILADELPHIA
WEDDLE MD, WILLIAM E	LANCASTER	WENTZ MD, HENRY S	LANCASTER	WILKERSDN MD, JDSEPH L	DELAWARE
WEDEEN MD, RDBT S	CHESTER	WENTZEL JR MD, HARVEY E	DELAWARE	WILKIE MD, LDUIS J	BEAVER
WEDEMEYER MD, ANNE L	ALLEGHENY	WENTZEL MD, GEO R	NDRTHUMBERLAND	WILKINS MD, BYRDN D	LEHIGH
WEDEMEYER MD, PHILLIPS P	ALLEGHENY	WENTZLER MD, JAMES D	LYCDMING	WILKINS MD, DANL M	ALLEGHENY
WEE MD, CHDDNG Y	NDRTHUMBERLAND	WERES MD, JAMES	LEHIGH	WILKINSDN MD, DAVID M	MDNTOUR
WEE MD, ENG C	MERCER	WERLEY MD, CHAS W	NDRTHAMPTDN	WILKINSDN MD, HARDLD A	DELAWARE
WEED MD, ALLEN S	MONTGDMERY	WERLEY MD, JDHN D	NURTHAMPTDN	WILKINSDN MD, JDHN H	ALLEGHENY
WEIBEL MD, DAVID C	UNIDN	WERLEY MD, WALTER W	BERKS	WILKINSDN MD, RDSELISE H	DELAWARE
WEIBEL MD, RDBT E	DELAWARE	WERNER MD, DDNALD J	LACKAWANNA	WILKINSDN MD, WILLIAM H	DELAWARE
WEIDAW MD, HAROLD R	CARBDN	WERNER MD, GERHARD	ALLEGHENY	WILKDS MD, FRANCIS J	ERIE
WEIDENHAMER MD, JAY E	DELAWARE	WERT MD, ROY E	BRADFDRD	WILLARD III MD, WILLIS W	DAUPHIN
WEIONER MD, CALVIN C	NDRTHAMPTDN	WERTHAN MD, MERYLEE E	PHILADELPHIA	WILLARD MD, SAML B	BUCKS
WEIDNER MD, WM A	DAUPHIN	WERTHEN MD, NURMAN M	MDNTGDMERY	WILLAUER MD, GED J	PHILADELPHIA
WEIGAND MD, FRANKLIN A	ALLEGHENY	WERTIME MD, CLARA G	DAUPHIN	WILLENS MD, JDHN S	CHESTER
WEIGEL JR MD, JOHN E	ALLEGHENY	WERTS MD, RAYMUND A	CLINTDN	WILLIAMS JR MD, A CLAUDE	LYCDMING
WEIGEL MD, A LINN	ALLEGHENY	WERTZ MD, RDBT E	BLAIR	WILLIAMS JR MD, GDMER T	BUCKS
WEIGEL MD, JESSE A	ALLEGHENY	WERTZ MD, RDBT R	CAMBRIA	WILLIAMS JR MD, PHILIP D	ALLEGHENY
WEIGEL MD, JDS H	BEAVER	WESSEL MD, ISADDRE J	PHILADELPHIA	WILLIAMS JR MD, RICHARD B	FRANKLIN
WEIGHTMAN MD, JOS	UNION	WEST JR MD, CLIFTDN F	MDNTGDMERY	WILLIAMS MD, ANGELD M	ALLEGHENY
WEIGLE MD, KEITH E	BEDFDRD	WEST MD, EDWARD	CENTRE	WILLIAMS MD, BURTON L	DELAWARE
WEIGLER MD, RICHARD R	ALLEGHENY	WEST MD, MARION	MONTGOMERY	WILLIAMS MD, CHAS R	ADAMS
WEIKERS MD, NORBERT J	ALLEGHENY	WEST MD, WM B	HUNTINGDON	WILLIAMS MD, CLAUDE M	DELAWARE
WEILAND JR MD, THEODORE F	MERCER	WEST MD, WM J	CUMBERLAND	WILLIAMS MD, DAVID O	LEHIGH
WEILL JR MD, DAVID R	ALLEGHENY	WESTCOTT MD, RICHARD J	BERKS	WILLIAMS MD, DDNALD D	ERIE
WEIMER MD, RDBT E	ALLEGHENY	WESTCOTT MD, WM I	BUCKS	WILLIAMS MD, E HANFORD	DAUPHIN
WEIN MD, ALAN J	PHILADELPHIA	WESTENDORP MD, ANDRE C	BERKS	WILLIAMS MD, F MARIAN	PHILADELPHIA
WEINBERG MD, CARRDLL A	DELAWARE	WESTON MD, DAVID M	LANCASTER	WILLIAMS MD, GLENN L	PHILADELPHIA
WEINBERG MD, ETHEL M	PHILADELPHIA	WESTON MD, KENNETH R	LEHIGH	WILLIAMS MD, HARRY	TIDGA
WEINBERG MD, J DAVID	LANCASTER	WETMORE MD, STANLEY M	DAUPHIN	WILLIAMS MD, HENRY N	LANCASTER
WEINBERG MD, RICHARD A	DELAWARE	WETSCHLER MD, STANLEY S	ALLEGHENY	WILLIAMS MD, HERMAN J	BERKS
WEINBERG MD, RICHARD J	ALLEGHENY	WEXLAR MD, IRVING B	PHILADELPHIA	WILLIAMS MD, IRVING	UNION
WEINBERG MD, SAUL A	PHILADELPHIA	WEXLER MD, HARRY	PHILADELPHIA	WILLIAMS MD, JOHN C	PHILADELPHIA
WEINBERGER MD, EMANUEL M	PHILADELPHIA	WEXLIN MD, DUNALD J	MONTGOMERY	WILLIAMS MD, JOHN J	BERKS
WEINBERGER MD, IRVING G	ALLEGHENY	WEYAND MD, JAMES G	BEAVER	WILLIAMS MD, JOHN L	MDNTDUR
WEINBLATT MD, HOWARD A	PHILADELPHIA	WEYLAND MD, CHARLETTA K	LEBANON	WILLIAMS MD, KENNETH H	ALLEGHENY
WEINER MD, FRANK	INDIANA	WHALEN MD, THOMAS J	WASHINGTON	WILLIAMS MD, KIRKLEY R	PHILADELPHIA
WEINER MD, FREDRIC R	YDRK	WHAREN MD, ROBT E	LYCOMING	WILLIAMS MD, LEON R	ALLEGHENY
WEINER MD, GERALD H	LAWRENCE	WHARTON MD, STANLEY W	ERIE	WILLIAMS MD, MELVIN C	INDIANA
WEINER MD, HAROLD M	MONTGOMERY	WHEATLEY MD, EDWARD R	ALLEGHENY	WILLIAMS MD, NDRMAN S	ALLEGHENY
WEINER MD, HERMAN L	PHILADELPHIA	WHEATLY MD, WM K	LANCASTER	WILLIAMS MD, H HALLUCK	MONTGOMERY
WEINER MD, JACK	PHILADELPHIA	WHEELER MD, GLEN N	DAUPHIN	WILLIAMS MD, RUBT H	LYCOMING
WEINER MD, JEFFERY R	MONTGOMERY	WHEELING MD, GEO F	CAMBRIA	WILLIAMS MD, STEPHEN K	MONTGOMERY
WEINER MD, LEON J	PHILADELPHIA	WHEELING MD, GEO H	CAMBRIA	WILLIAMS MD, THOS L	NDRTHAMPTDN
WEINER MD, NORMAN D	PHILADELPHIA	WHEELOCK MD, GLENNIS R	CENTRE	WILLIAMS MD, VICTOR A	ALLEGHENY
WEINER MD, ROGER D	DELAWARE	WHELAN MD, STEPHEN T	DELAWARE	WILLIAMS MD, VIRGINIA M	DAUPHIN
WEINER MD, SIDNEY	ALLEGHENY	WHELAN MD, WM F	PHILADELPHIA	WILLIAMSON MD, EDWARD L	WESTMORELAND
WEINERT JR MD, CARL R	ALLEGHENY	WHILDIN MD, JAMES G	NORTHAMPTON	WILLIAMSON MD, ERNEST G	PHILADELPHIA
WEINERT MD, DDNNA W	ALLEGHENY	WHITAKER MD, H CRAIG	DELAWARE	WILLIAMSON MD, MARK E	ALLEGHENY
WEINGRAD MD, ALAN D	PHILADELPHIA	WHITAKER MD, LINTON A	PHILADELPHIA	WILLIAMSON MD, NEIHL J	LYCOMING
WEINSTEIN MD, BARBARA J	ALLEGHENY	WHITAKER MD, PAUL J	NORTHAMPTON	WILLIHNGANZ MD, WALTER D	MUNTGOMERY
WEINSTEIN MD, DAVID P	ALLEGHENY	WHITCOMB MD, CLARENCE A	PHILADELPHIA	WILLISON MD, RDBT W	ALLEGHENY
WEINSTEIN MD, GED L	PHILADELPHIA	WHITCOMB MD, LUTHER M	CUMBERLAND	WILLNER MD, DAVID L	CHESTER
WEINSTEIN MD, JACK H	PHILADELPHIA	WHITE JR MD, HEADLEY S	LEHIGH	WILLWERTH MD, JAMES W	BERKS
WEINSTEIN MD, JACK L	PHILADELPHIA	WHITE JR MD, RDBT H	LANCASTER	WILMUTH MD, CLIFFURD L	ALLEGHENY
WEINSTEIN MD, LEE	DAUPHIN	WHITE MD, ALBERT E	BUCKS	WILSKER MD, HERBERT B	LANCASTER
WEINSTEIN MO, SAUL F	PHILADELPHIA	WHITE MD, DAVID A	WASHINGTON	WILSON JR MD, CHAS R	ALLEGHENY
WEINSTEIN MO, STANLEY	PHILADELPHIA	WHITE MD, DAVID M	PHILADELPHIA	WILSON JR MD, H RANDDLPH	ALLEGHENY
WEINSTOCK MO, JEROME L	MONTGOMERY	WHITE MD, GEO S	CENTRE	WILSON JR MD, JOHN D	YORK
WEINSTOCK MO, RDBT M	PHILADELPHIA	WHITE MD, JACK C	CHESTER	WILSON JR MD, RDBT N	MONTGOMERY
WEINTRAUB MD, RICHARD A	ALLEGHENY	WHITE MD, JOS G	CHESTER	WILSON MD, ARTHUR R	ARMSTRONG
WEINTRAUB MD, SYDNEY E	NORTHAMPTON	WHITE MD, MAXWELL F	PHILADELPHIA	WILSON MD, DOROTHY G	NORTHUMBERLAND
WEIS MD, PAUL R	LEHIGH	WHITE MD, RICHARD K	LEHIGH	WILSON MD, FREDERICK S	MONTGOMERY
WEISBAND MO, BENJ J	ALLEGHENY	WHITE MD, RDBT A	DELAWARE	WILSON MD, G MCCLELLAND	CUMBERLAND
WEISBERG MD, EDWARD S	ALLEGHENY	WHITE MD, RDBT E	MC KEAN	WILSON MD, GEO M	PHILADELPHIA
WEISBERG MO, MARTIN	PHILADELPHIA	WHITE MO, WARREN F	CAMBRIA	WILSON MD, GEO W	ALLEGHENY
WEISBERG MD, PAUL B	PHILADELPHIA	WHITE MD, WESLEY R	LACKAWANNA	WILSON MD, JAMES A	LANCASTER
WEISBERG MO, RDBT A	BUCKS	WHITE MD, WM L	ALLEGHENY	WILSON MD, JAMES L	TIOGA
WEISBROD MD, LAWRENCE M	LEHIGH	WHITELEY MD, JOHN P	YORK	WILSON MD, JOHN F	PHILADELPHIA
WEISEL JR MD, WM F	BUCKS	WHITELEY MD, WM H	PHILADELPHIA	WILSON MD, JOHN S	WESTMORELAND
WEISHAAR MD, LEO G	YDRK	WHITESIDE MD, VIRGINIA E	ALLEGHENY	WILSON MD, JUHN W	CAMBRIA
WEISS JR MD, WM	PHILADELPHIA	WHITING MD, ROY K	DAUPHIN	WILSON MD, JOS W	ALLEGHENY
WEISS MO, CARL B	MONROE	WHITMAN MD, JOHN C	CLINTON	WILSON MD, PAUL B	LAWRENCE
WEISS MD, CHAS	PHILADELPHIA	WHITMAN MO, MARK A	MONTGOMERY	WILSON MD, RAY A	YORK
WEISS MD, EDWARD	PHILADELPHIA	WHITMAN MD, ROBT S	ALLEGHENY	WILSON MD, RAYMOND N	WESTMORELAND
WEISS MD, GEO H	MONTGOMERY	WHITMAN MD, VICTOR	DAUPHIN	WILSON MO, RICHARD A	ARMSTRONG
WEISS MD, GEOFFREY R	PHILADELPHIA	WHITMORE MD, JOHN T	BEDFORD	WILSON MD, RICHARD C	LEHIGH
WEISS MO, JEFFREY C	PHILADELPHIA	WHITMORE MD, MASON	DELAWARE	WILSON MD, ROBT J	ALLEGHENY
WEISS MD, LAURENCE B	PHILADELPHIA	WHITSON MD, DAVID W	LEHIGH	WILSON MD, RUTH W	BEAVER
WEISS MD, MALCOLM S	ALLEGHENY	WHITTAKER MD, RICHARD P	MONTGOMERY	WILSON MD, THOS W	LAWRENCE
WEISS MD, SIDNEY	PHILADELPHIA	WHITTEN MD, WARREN L	INDIANA	WILSON MD, WALTER N	ALLEGHENY
WEISSER MD, C WILLIAM	ALLEGHENY	WHOLEY MD, MARK H	ARMSTRONG	WILSON MD, WM L	ALLEGHENY
WEISSMAN MD, JERRY	BUTLER	WIBLE MD, CLAIRE E	YORK	WILSON MD, WM W	PHILADELPHIA
WEISSMAN MD, MARCUS I	PHILADELPHIA	WIBLE MO, LEROY C	ALLEGHENY	WILT MD, HAROLD L	FAYETTE
WEITZEL MD, WM K	ALLEGHENY	WIBULOUTAI MD, BOONTERM	BEAVER	WILT MD, JOHN W	BRADFORD
WELCH MD, JOHN G	LANCASTER	WICK MD, JOHN L	BUTLER	WILT MD, KENNETH E	YORK
WELCH MD, ROBERT A	PHILADELPHIA	WICKERHAM JR MD, EARL P	ALLEGHENY	WILTON MD, EDWARD A	MONTGOMERY
WELDON MO, JOHN F	WASHINGTON	WICKIS MD, FRED T	DELAWARE	WINANS MD, LEWIS E	BERKS
WELLENBACH MD, BURTON L	PHILADELPHIA	WICKRAMASINGHE MD, EARDLY K	ERIE	WINDERMAN MD, MARJORIE M	DELAWARE
WELLER MD, CARL A	NORTHUMBERLAND	WICKS MD, WM A	LUZERNE	WINEBURGH MO, GEORGE S	PHILADELPHIA
WELLER MO, RUSSELL W	CHESTER	WIDODWSON MD, HAROLD R	DELAWARE	WINEGRAD DO, LEONARD	PHILADELPHIA
WELLER MD, WILLIAM F	PHILADELPHIA	WIDER MD, SAUL	PHILADELPHIA	WINEY MD, WILFRED H	CAMBRIA
WELLMAN MD, RICHARD H	BUTLER	WIDERMAN MD, ARNOLD H	PHILADELPHIA	WING MO, RAYMOND	NORTHAMPTON
WELLS JR MD, HAWEY A	VENANGO	WIDGE MD, TOERUNA S	LEHIGH	WINGERD MO, ROBT A	FRANKLIN
WELLS MD, E BUIST	ERIE	WIDMER MD, BLAISE A	BRADFORD	WINGERT JR MO, CHAS H	CENTRE
WELLS MD, HARRIET V	PHILADELPHIA	WIECK MD, EDWIN E	PHILADELPHIA	WINGERT JR MD, J PAUL	BLAIR

WINHELD MD, EDWARD B PHILADELPHIA
WINIARSKI MD, JANUSZ BLAIR
WINKLE MD, RICHARD J PHILADELPHIA
WINKLER JR MD, LOUIS H NORTHAMPTON
WINKLER MD, MARTIN ALLEGHENY
WINLOCK MD, RACHEL M PHILADELPHIA
WINN JR MD, CHAS L BUCKS
WINN MD, CHARLES DELAWARE
WINN MD, HAROLD PHILADELPHIA
WINNER MD, FORNEY D CLINTON
WINSKI MD, LEONARD A COLUMBIA
WINSUN MD, SAML G PHILADELPHIA
WINSTANLEY MD, ROBT A CAMBRIA
WINSTON MD, JOS M PHILADELPHIA
WINSTON MD, LINDLEY M PHILADELPHIA
WINSTON MD, NORMAN J BERKS
WINSTON MD, RALPH B BRADFORD
WINT MD, SAMUEL J CAMBRIA
WINTER 2ND MD, JOHN C LYCOMING
WINTER MD, CHAS R LANCASTER
WINTER MD, FRED S MONTGOMERY
WIRE MD, WILBUR H YORK
WIRTS JR MD, C WILMER PHILADELPHIA
WISE MD, JOHN R LEBANON
WISE MD, RICHARD J LUZERNE
WISHNEY MD, MARTIN A ALLEGHENY
WISS MD, RAYMOND J CUMBERLAND
WISSINGER MD, H ANDREW ALLEGHENY
WISSLER MD, ROBT U LANCASTER
WISWESSER MD, GED A BERKS
WITHERS MD, DONALD E YORK
WITHERSPOON MD, JOHN S ALLEGHENY
WITHERSPOON MD, ROBT G WESTMORELAND
WITKOWSKI MD, JOS A PHILADELPHIA
WITKOWSKI MD, JOS L CHESTER
WITMER MD, DONALD B LANCASTER
WITMER MD, ROBT H LANCASTER
WITOWSKI MD, JOHN J LACKAWANNA
WITT MD, DANL E COLUMBIA
WITTIG MD, ROBT L ALLEGHENY
WITTMAN MD, PAUL C PHILADELPHIA
WODNICKI MD, MOISES WASHINGTON
WOERTHWEIN MD, KENNETH F YORK
WOHL MD, GEO T PHILADELPHIA
WOHL MD, MILTON A PHILADELPHIA
WOJCIAK OD, RAYMOND J ALLEGHENY
WOJTOWYCH MD, MYKOLA PHILADELPHIA
WOLBACH JR MD, ALBERT B LANCASTER
WOLCOFF MD, FRANK E PHILADELPHIA
WOLDORF MD, NORMAN M DAUPHIN
WOLDOW MD, ASHER PHILADELPHIA
WOLOOW MD, IRVING PHILADELPHIA
WOLF JR MD, JOHN H PHILADELPHIA
WOLF MD, CHAS R CHESTER
WOLF MD, FRANKLIN M BERKS
WOLF MD, JAMES H DAUPHIN
WOLF MD, LEWIS R PHILADELPHIA
WOLF MD, MELVYN A MONTGOMERY
WOLF MD, STEPHEN H BUCKS
WOLFE MD, LEROY S NORTHAMPTON
WOLFE MD, SIDNEY M PHILADELPHIA
WOLFE MD, WM F DAUPHIN
WOLFERTH JR MD, CHAS C PHILADELPHIA
WOLFF MD, BRUCE R MERCER
WOLFF MD, CHAS R ALLEGHENY
WOLFF MD, REGIS A ALLEGHENY
WOLFGANG MD, GARY L MONTOUR
WOLFHUPE MD, BARBARA ALLEGHENY
WOLFINGER MD, WALTER L FRANKLIN
WOLFURD MD, JACK A ALLEGHENY
WOLFSON JR MD, SIDNEY K ALLEGHENY
WOLFSON MD, ALLAN B PHILADELPHIA
WOLFSON MD, BERNARD ALLEGHENY
WOLFSON MD, JEROME H ALLEGHENY
WOLFSON MD, ROBT J PHILADELPHIA
WOLGEMUTH JR MD, JOHN M LANCASTER
WOLGIN MD, WM PHILADELPHIA
WOLINSKY MD, ARTHUR P ALLEGHENY
WOLK MD, MELVYN H LACKAWANNA
WOLKOWICZ MD, MICHAL I PHILADELPHIA
WOLLMAN MD, HARRY PHILADELPHIA
WOLLMAN MD, MICHAEL R ALLEGHENY
WOLMAN MD, IRVING J PHILADELPHIA
WOLOSHIN MD, HENRY J PHILADELPHIA
WON MD, KWAN H DAUPHIN
WONG DO, HENRY H BEAVER
WONG JR MD, ALFONSO C ALLEGHENY
WONG JR MD, JAMES BERKS
WONG MD, ALBERT SOMERSET
WONG MD, HON-YUEN CLARION
WONG MD, JAMES S PHILADELPHIA
WONG MD, LING G CENTRE
WONG MD, MING Y PHILADELPHIA
WONG MD, MING-DER YORK
WONG MD, YORK Y PHILADELPHIA
WONGPAKDEE MD, SOBSAN POTTER
WONSETTLER MD, DONALD E MERCER
WOOD JR MD, HORATIO C PHILADELPHIA
WOOD MD, ERNEST M LANCASTER
WOOD MD, FRANCIS C PHILADELPHIA
WOOD MD, HOWARD P MONTGOMERY
WOOD MD, MARGARET G PHILADELPHIA
WOOD MD, MARY E ADAMS
WOOD MD, MELVIN N PHILADELPHIA
WOOD MD, WM H ALLEGHENY
WOODCOCK MD, CHAS H UNION
WOODCOCK MD, CHAS W DAUPHIN
WOODHOUSE MD, JAMES E MC KEAN
WOODINGS MD, SAML G MERCER
WOODMAN MD, THOS J BUCKS
WOODRING MD, ALBERT J MONTGOMERY
WOODRING MD, LEONARD R BERKS
WOODRUFF JR MD, D STRATTON MONTGOMERY
WOODRUFF MD, CHAS L PHILADELPHIA
WOODRUFF MD, FRIEDA W MONTGOMERY
WOODS MD, WM S INDIANA
WOODSIDE MD, JOHN A YORK
WOODWARD MD, DAVID A PHILADELPHIA
WOOLLEY JR MD, PAUL D CENTRE
WOOLRIDGE JR MD, J HAYES VENANGO
WOOLSLAYER MD, PAUL R SOMERSET
WORLEY MD, CARL M ALLEGHENY
WORNAS MD, CHRISTIAN G BERKS
WOROBEC MD, RUSSELL N LYCOMING
WORRALL MD, V THOMAS ALLEGHENY
WORRILOW MD, SUZANNE H LEBANON
WORSHTIL MD, MARK E WASHINGTON
WORTHAM JR MD, G FORREST MONTGOMERY
WORTHINGTON MD, JOHN J MONTGOMERY
WOTHING MD, JOHN M BERKS
WOYNAROWSKI MD, JOHN A BERKS
WOZNIAK MD, JOHN DELAWARE
WRIGHT JR MD, ALFRED E FAYETTE
WRIGHT JR MD, GED J ALLEGHENY
WRIGHT MD, DAVID L VENANGO
WRIGHT MD, ELEANORE R CHESTER
WRIGHT MD, F MALCOLM YORK
WRIGHT MD, FREDERICK W YORK
WRIGHT MD, GED C ALLEGHENY
WRIGHT MD, L ALAN ALLEGHENY
WRIGHT MD, LANCE S PHILADELPHIA
WRIGHT MD, RAY FORD E CAMBRIA
WRIGHT MD, RICHARD E ALLEGHENY
WRIGHT MD, ROBT E LACKAWANNA
WRIGHT MD, SAMUEL PHILADELPHIA
WRIGHT MD, THOS S MONTGOMERY
WRIGHT MD, WM C COLUMBIA
WRIGHT MD, WM R LAWRENCE
WRIGLEY MD, MICHAEL S PHILADELPHIA
WROBLESKI MD, HARRY F ALLEGHENY
WU MD, CHAU H ELK-CAMERON
WU MD, JUN-YI LACKAWANNA
WULFMAN MD, WM A CRAWFORD
WUMMER MD, BRIAN A BERKS
WUNDERLICH JR MD, J ANDREAS ALLEGHENY
WURTELE MD, LESTER H PHILADELPHIA
WUSTRUW MD, HEINZ J BLAIR
WYMAN MD, NEWTON A DELAWARE
WYMER MD, RALPH M BUTLER

Y

YAGNIK MD, PRATAP M DELAWARE
YAGNIK MD, REKHA P DELAWARE
YALLA MD, SUMITRA S PHILADELPHIA
YAMASHITA MD, TAKEO LEHIGH
YAMULLA MD, STANLEY J LUZERNE
YANA MD, DAVID V MONTGOMERY
YANG MD, DONG S ERIE
YANG MD, JAE-TAEK ARMSTRONG
YANG MD, JAU-HSIN ALLEGHENY
YANG MD, UN-TAEK MONTGOMERY
YANITY MD, EUGENE J MONTGOMERY
YANKELEVICH MD, RAUL DELAWARE
YANKEVITCH JR MD, JOHN J LUZERNE
YANKOSKY MD, JEAN A SCHUYLKILL
YANNACCONE MD, ROBT UNION
YANOFF MD, MYRON PHILADELPHIA
YANOVSKI MD, ALEXANDER G PHILADELPHIA
YAO MD, FRANCISCO C MERCER
YARBORO MD, THEODORE L MERCER
YARNALL MD, G WINFIELD DAUPHIN
YAROS MD, JOHN G ALLEGHENY
YARRINGTON MD, RONALD M YORK
YARROW MD, MORRIS W PHILADELPHIA
YASUI MD, ROBT S LYCOMING
YATES MD, ADOLPH J ALLEGHENY
YATES MD, ANTHONY P ALLEGHENY
YATES MD, JAMES A DAUPHIN
YATES MD, WM A CAMBRIA
YAVIL OD, JULES S LANCASTER
YAZDANFAR MD, SHAHRIAR PHILADELPHIA
YEAGER MD, HENRY C LACKAWANNA
YEAGER MD, JAMES P CUMBERLAND
YEAGLEY MD, HEBER E BERKS
YEAGLEY MD, WM B INDIANA
YEAKEL MD, ALLEN E LANCASTER
YEALY MD, WENDELL H LYCOMING
YEAW MD, SCOTT C NORTHAMPTON
YEE MD, ROBT A BEAVER
YELLENIK MD, ANDREW C ALLEGHENY
YEN MD, CONCEPTION T LEHIGH
YERG MD, A FOLLMER WARREN
YERGER MD, JOHN F CAMBRIA
YEUTTER MD, CHAS H PHILADELPHIA
YEVITZ MD, MICHAEL G LACKAWANNA
YINGLING MD, NATHANIEL D CLEARFIELD
YINGVORAPANT MD, SOMCHAD ALLEGHENY
YIP MD, LUKE C LEHIGH
YUCKEY MD, ROBT H ARMSTRONG
YUCKEY MD, WM B ALLEGHENY
YODER MD, MORRIS L DELAWARE
YUH MD, HAROLD N BERKS
YOHE MD, WM C YORK
YONG MD, ARLENE PHILADELPHIA
YOO MD, HYUN S PHILADELPHIA
YOO MD, TAI Y JEFFERSON
YUDD MD, NORMAN L DELAWARE
YODN MD, CHAN LYCOMING
YUST MD, CHAS S COLUMBIA
YOST MD, ROBT M MONTGOMERY
YOUNOT MD, LUKE B BERKS
YOUNG MD, FREDERICK F LAWRENCE
YOUNG MD, GERALDINE P PHILADELPHIA
YOUNG MD, HENRY A ERIE
YOUNG MD, IRVING PHILADELPHIA
YOUNG MD, JACK A LEHIGH
YOUNG MD, JAMES F LANCASTER
YOUNG MD, JAMES L ALLEGHENY
YOUNG MD, JOS M WESTMORELAND
YOUNG MD, LIONEL W ALLEGHENY
YOUNG MD, WILLIAM W LANCASTER
YOUNGBERG MD, GORDEN A LYCOMING
YOUNGKIN MD, JAMES F COLUMBIA
YOUNGS JR MD, HARRY H FRANKLIN
YOUNGUE JR MD, EUGENE L ALLEGHENY
YOUNIS MD, MOHAMMED T PHILADELPHIA
YOUNT MD, JOHN A ALLEGHENY
YOURD MD, RAYMOND A MERCER
YOUSHAW MD, DENNIS G BLAIR
YOW MD, MICHAEL V DELAWARE
YOXTHEIMER MD, ROBT L CHESTER
YU MD, PAUL T NORTHAMPTON
YU MD, SHAO PHILADELPHIA
YUDIS MD, MELVIN MONTGOMERY
YUKEVICH MD, JOHN P BEAVER
YUM MD, KEUK Y DELAWARE
YUN MD, DANL D PHILADELPHIA
YUN MD, JAE K BERKS
YUND MD, LOWELL C BERKS
YUSKA MD, KENNETH H DAUPHIN

Z

ZACCARDI MD, JAMES P ALLEGHENY
ZADECKY MD, LEONARD B WASHINGTON
ZADEH MD, MEHDI L ERIE
ZAEPFEL MD, JOS P LANCASTER
ZAFAR MD, SYED A ALLEGHENY
ZAFAR MD, TASNEEM S WASHINGTON
ZAGER MD, RUTH P PHILADELPHIA
ZAHORCHAK MD, JOS A ALLEGHENY
ZAIDAN MD, FRED WESTMORELAND
ZAIDAN MD, JAMES G FAYETTE
ZAJDOWICZ MD, THADDEUS R BERKS
ZAKHARY MD, GEO S SCHUYLKILL
ZAKRESKI MD, MATTHEW J PHILADELPHIA
ZALADONIS MD, JOS J LEHIGH
ZALADONIS MD, SYLVIA P LEHIGH
ZALAMEA MD, PETRONIO F BEAVER
ZALE MD, ANTHONY G LACKAWANNA
ZAMBARANO MD, THOS J DAUPHIN
ZAMMERILLA MD, CHARLES A FAYETTE
ZAMORA MD, DANILO D PHILADELPHIA
ZAMUSTIEN MD, BERNARD B PHILADELPHIA
ZANGHILLI MD, JAMES G ALLEGHENY
ZANGWILL MD, DONALD P ALLEGHENY
ZANKMAN MD, NATHAN BUCKS
ZANNI MD, ANTHONY L BUCKS
ZAPPACOSTA MD, FRANK H PHILADELPHIA
ZARFOS MD, MORGAN L YORK
ZASLOW MD, JERRY PHILADELPHIA
ZATUCHNI MD, JACOB PHILADELPHIA
ZAVAHIR MD, M FEIZAL BLAIR
ZECCA MD, RALPH J PHILADELPHIA
ZECCARDI MD, JOSEPH A PHILADELPHIA
ZEEMAN MD, STANLEY E LEHIGH
ZEGLEN MD, ARTHUR F PHILADELPHIA
ZEHEL MD, WENDELL E ALLEGHENY
ZEHR MD, RALPH D BRADFORD
ZEIGERMAN MD, JOS H PHILADELPHIA
ZEIGLER JR MD, MAURICE L DAUPHIN
ZEILER MD, WM B ALLEGHENY
ZEIT MD, ROBERT M PHILADELPHIA
ZEITLIN MD, MARK H NORTHAMPTON
ZEITLIN MD, WARREN M SCHUYLKILL
ZEKAN MD, JULIUS G WARREN
ZELESNICK MD, GABRIEL YORK
ZELEZNIK MD, MIROSLAV WESTMORELAND
ZELEZNUCK MD, WM A ALLEGHENY
ZELIS MD, ROBT F DAUPHIN
ZELKOVIC MD, AUDREY A ALLEGHENY
ZELLER MD, ERWIN R CHESTER
ZELLER MD, HARRY R ALLEGHENY
ZELLER MD, THEODORE C ALLEGHENY
ZELLEY MD, LEE S MONTGOMERY
ZELLIS DO, JOSEPH PHILADELPHIA
ZELUCK MD, MARTIN PHILADELPHIA
ZEMBLE DO, HERBERT PHILADELPHIA
ZEMEL MD, REUBEN ALLEGHENY
ZEMLIN MD, RICHARD D MONTGOMERY
ZEMO MD, PETER DAUPHIN
ZEMO MD, PETER L YORK
ZENOUZI MD, SIROUS BUCKS
ZERBE MD, GROVER F DAUPHIN
ZERITSKY MD, SAML A PHILADELPHIA
ZERNE MD, GUSTAVE E CHESTER
ZERNICH JR MD, STEPHEN BEAVER
ZERNICH MD, MICHAEL R BEAVER
ZERNICH MD, WALLACE BEAVER
ZERVANOS MD, NIKITAS J LANCASTER
ZERVOS MD, DENIS G PHILADELPHIA
ZEVENEY JR MD, DENNIS J LUZERNE
ZIBELMAN MD, MARK DELAWARE
ZIDD MD, ALBERT J ALLEGHENY
ZIEGLER MD, ANNA E CHESTER
ZIEGLER MD, ANNA M LEHIGH
ZIEGLER MD, MORITZ M PHILADELPHIA
ZIEMER MD, HARRY S LANCASTER
ZIEMIANSKI MD, MATTHEW C ALLEGHENY
ZIENTEK MD, LEON T BERKS
ZIENOT MD, DAVID K CUMBERLAND
ZIEVE MD, GERALD LAWRENCE
ZIEZIULA MD, RONALD F ERIE
ZIGERMAN DO, HERBERT L PHILADELPHIA
ZIKRIA MD, EMIR A ALLEGHENY
ZILLWEGER MD, WM C ALLEGHENY
ZIMM MD, EDWARD J ERIE
ZIMMER MD, CYNTHIA S MONTOUR
ZIMMER MD, FREDERICK E MONTOUR
ZIMMERMAN JR MD, FRANKLIN D LEBANON
ZIMMERMAN MD, A LEONARD BLAIR
ZIMMERMAN MD, CHAS W ALLEGHENY
ZIMMERMAN MD, DAVID S DAUPHIN
ZIMMERMAN MD, KARL ALLEGHENY
ZIMMERMAN MD, LAMAR T MONTGOMERY
ZIMMERMAN MD, RICHARD P CAMBRIA
ZIMMERMAN MD, ROBT A PHILADELPHIA
ZIMMERMAN MD, RONALD L ALLEGHENY

ZIMMERMANN MO, ALBERT W	MONTGOMERY	ZOGBY MO, ALBERT J	LUZERNE	ZUCKER MD, ELI W	MONTGOMERY
ZIMMING MD, DAVID	PHILADELPHIA	ZOLFAGHARI MO, ROKNEDIN	PHILADELPHIA	ZUCKERMAN MD, NATHAN	BUCKS
ZINNAMOSCA DO, JOHN B	CRAWFORD	ZOLGHADRI MD, SIAVASH	BERKS	ZUG 3RD MD, CHAS K	NORTHAMPTON
ZINSSER MD, HARRY F	PHILADELPHIA	ZONE MO, DONALD D	ERIE	ZUKOSKI MO, JOS T	MONTGOMERY
ZINTL MD, WM J	DELAWARE	ZOSA MO, ANGELO M	MONTGOMERY	ZULICK JR MO, THOS C	NORTHAMPTON
ZIOBROWSKI MD, FRANK G	FRANKLIN	ZOURAS MO, NICHOLAS L	DELAWARE	ZUMOFF MD, BERTRAM	DAUPHIN
ZISERMAN MD, ABRAHAM J	PHILADELPHIA	ZUBCHEVICH MO, EMIRA O	WASHINGTON	ZURHORST MD, EDWARD W	ALLEGHENY
ZISKIND MD, ZELDA	ALLEGHENY	ZUBRITZKY MO, DESIDERIUS I	ALLEGHENY	ZWALLY MD, ARNOLD H	LANCASTER
ZISSERMAN MD, LOUIS	PHILADELPHIA	ZUBRITZKY MO, PAUL D	ALLEGHENY	ZWEIG MD, JACOB H	PHILADELPHIA
ZITNER MO, GEO L	ALLEGHENY	ZUBRITZKY MO, STEPHEN A	ALLEGHENY	ZWEIG MD, NEAL	ALLEGHENY
ZLUPKO MD, GEORGE M	DELAWARE	ZUBROW MD, SIDNEY N	PHILADELPHIA	ZWEIZIG MD, HELEN Z	PHILADELPHIA
ZOBEL JR MO, ARTHUR C	LACKAWANNA	ZUCK MD, GEO A	ALLEGHENY	ZWERLING MO, HERMANN	SCHUYLKILL
ZOBEL MD, ARTHUR C	CAMBRIA	ZUCK MD, WALTER N	WESTMORELAND	ZWERLING MD, ISRAEL	PHILADELPHIA
ZOBIAN MO, EDWARD J	BERKS				